

Statement of Organization Recipient Committee

Type or print in ink.

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____ Date qualified as committee

_____ Date qualified as committee (if applicable)

Termination - See Part 5

List I.D. number:

1445431

12/31/2022

_____ Date of Termination

Date Stamp RECEIVED JAN 24 2023	CALIFORNIA FORM 410
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1. Committee Information

NAME OF COMMITTEE

LUBENKO FOR SUPERVISOR 2022

STREET ADDRESS (NO P.O.BOX)

CITY

FIDDLETOWN

STATE ZIP CODE

CA 95629

AREA CODE / PHONE

MAILING ADDRESS (IF DIFFERENT)

_____ FIDDLETOWN, CA 95629

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Amador

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Karen Gish

STREET ADDRESS

CITY

FIDDLETOWN

STATE ZIP CODE

CA 95629

AREA CODE / PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE ZIP CODE

AREA CODE / PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE ZIP CODE

AREA CODE / PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/17/2023 DATE

Executed on 1/17/2023 DATE

Executed on _____ DATE

Executed on _____ DATE

By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

LUBENKO FOR SUPERVISOR 2022

I.D. NUMBER

1445431

● **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION

El Dorado Savings Bank

AREA CODE / PHONE

(800) 888-7739

BANK ACCOUNT NUMBER

ADDRESS

PO Box 669

CITY

Plymouth

STATE

CA

ZIP CODE

95669

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan".
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICE HOLDER/STATE MEASURE PROPONENT	EFFECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Janet Lubenko	Other: Supervisor Jurisdiction: County Description: District 5	2022	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
LUBENKO FOR SUPERVISOR 2022

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
STREET ADDRESS	CITY STATE ZIP CODE

Small Contributor Committee

Date qualified Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

 By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.