

Statement of Organization Recipient Committee

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CALIFORNIA FORM 410

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MAR 3 2023

Statement Type [] Initial [x] Amendment [] Termination - See Part 5
Not yet qualified [] or [] Date qualification threshold met

Date qualification threshold met Date of termination

1. Committee Information I.D. Number 961877 2. Treasurer and Other Principal Officers AMADOR COUNTY ELECTIONS

NAME OF COMMITTEE Amador County Republican Central Committee
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
Pioneer, CA 95666
MAILING ADDRESS (IF DIFFERENT) Jackson, CA 95642
FAX / E-MAIL ADDRESS
COUNTY OF DOMICILE Amador JURISDICTION WHERE COMMITTEE IS ACTIVE Amador County

NAME OF TREASURER Vincent L. Destigter
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
Pioneer, CA 95666
NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
NAME OF PRINCIPAL OFFICER(S) Dwight Floyd
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
Pioneer, CA 95640

Attach additional information on appropriately labeled continuation sheets

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 2/12/2023 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

Amador County Republican Central Committee

I. D. NUMBER

961877

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

NAME OF FINANCIAL INSTITUTION Bank of Marin	AREA CODE/PHONE (916)851-0123	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 422 Sutter Street	CITY Jackson, CA	STATE ZIP CODE 95642-2001

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 "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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COMMITTEE NAME

Amador County Republican Central Committee

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961877

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

To promote Republican ideals and candidates in Amador County

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OF AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date Qualified

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.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

FORM	REFERENCE	NOTES
CA 410	Cover	

NAME OF FILER
Amador County Republican Central Committee

I.D. NUMBER
961877

FORM	REFERENCE	NOTES
CA 410	Cover - Additional Officers	NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE Vincent L. Destigter
		STREET ADDRESS [REDACTED]
		CITY STATE ZIP CODE AREA CODE/PHONE Pioneer, CA 95666 [REDACTED]
CA 410	Cover - Additional Officers	NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE Jessica Fussell
		STREET ADDRESS [REDACTED]
		CITY STATE ZIP CODE AREA CODE/PHONE Pioneer, CA 95666