Statement of (Organization				
Recipient Con	nmittee			Date Stamp	CALIFORNIA 440
Statement Type	☐ Initial		RE	CEIVED AND FILED	FORN 410
		★ Amendment	☐ Termination - See Part 5	e office of the Secretary of State	
	O Not yet qualified or			of the State of California	For Official Use Only 2024
	O Date qualification threshold met	Date qualification through ald		JAN 02 2024	
	Total district	Dute qualification threshold met	Date of termination	JAN ON EVE	AMADOR COUNTY ELECTIONS
	/	12 / 29 / 23			1 her
1. Committee Ir	nformation I.D. Number	1465361		1 (1) 262 Service 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	916
NAME OF COMMITTEE			2. Treasurer and O	ther Principal Officers	
CARNELL	FOR AMADOR	COUNTY	NAME OF TREASURER	هـ ا	
DISTRICT	4 SUPERVISOR	2 2 7 4	STREET ADDRESS (NO P.O. BOX)	V Eloudine	
=(6) 1) te		2		CITY	STATE ZIP CODE
CTREET ADDRESS to a	, r		EMAIL ADDRESS OF TREASURER		E CA 95645
STREET ADDRESS (NO P.O.	BOX)		EMAIL ADDRESS OF TREASITRES	IDENTIBENT	AREA CODE/PHONE
-			H		
PINE GRO	STATE	ZIP CODE AREA CODE/PHONE		7 11 1111	
FULL MAILING ADDRESS (IF	OLE CA 6	5665	STREET ADDRESS (NO P.O. BOX)	CITY	
Do 808 502	DILL CO. C.			CITY	STATE ZIP CODE
E-MAIL ADDRESS OF COMM	PINE GROVE CA G	5645	EMAIL ADDRESS OF ASSISTANT T	REASURER (REQUIRED)	1000
				(NEQSINED)	AREA CODE/PHONE
COUNTY OF DOMINGILE	JURISDICTION WHERE CO	DANAUTTCC IC A TOWN	NAME OF PRINCIPAL OFFICER(S)		
AMADOR	1				
	AMON DO Ray CO	JUTY DISTRICT 4	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
					SINIE ZII CODE
Attach additional info	ormation on appropriately labele	ed continuation sheets.	EMAIL ADDRESS OF PRINCIPAL OF	FICER(S) (REQUIRED)	AREA CODE/PHONE
2 Vanificant					
3. Verification					
I have used all reason	nable diligence in preparing this der the laws of the State of Calif	statement and to the best of	ny knowlodgo the information		
penalty of perjury un	der the laws of the State of Calif	ornia that the foregoing is tru	and agreet	contained herein is true and c	omplete. I certify under
Executed on 12-2	29-23 By				4 4
- T	DATE		IT TREASURER		_ No. 2 0.00
Executed on 12 - 2	29 · 23 By		- SALASTICK		
. Y	DATE	SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE MEASU	RE PROPONENT	
Executed on	DATE By	SIGN IS			
Executed on		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE MEASUR	RE PROPONENT	
	DATE By	SIGNATURE OF CONTROLLING	G OFFICEHOLDER, CANDIDATE, OR STATE MEASUR		
			OF STATE MEASUR	RE PROPONENT	=

FPPC Form 410 (October/2023)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)