

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	1 / 31 / 2021

Date Stamp RECEIVED SENDY PEREZ, COUNTY CLERK FEB 01 2021 BY _____ DEPUTY	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information				I.D. Number 1432508 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE Coach Joe Schykerynec for Orland School Board 2020				NAME OF TREASURER Andrew Meredith				STREET ADDRESS (NO P.O. BOX)					
STREET ADDRESS (NO P.O. BOX)				CITY Flournoy				STATE CA		ZIP CODE 96029		AREA CODE/PHONE 916-	
CITY Orland				STATE CA		ZIP CODE 95963		AREA CODE/PHONE 916-					
FULL MAILING ADDRESS (IF DIFFERENT) _____, Flournoy, CA 96029				NAME OF ASSISTANT TREASURER, IF ANY Serena Meredith				STREET ADDRESS (NO P.O. BOX)					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) electcoachjoe2020@gmail.com				CITY Flournoy				STATE CA		ZIP CODE 96029		AREA CODE/PHONE 530-	
COUNTY OF DOMICILE Glenn		JURISDICTION WHERE COMMITTEE IS ACTIVE Glenn/Tehama		NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)					
Attach additional information on appropriately labeled continuation sheets.				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 information contained herein is true and complete.

Executed on ~~09/11/2020~~ 1/31/21 By _____
DATE

Executed on ~~09/11/2020~~ 1/31/21 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1432508

COMMITTEE NAME Coach Joe Schykerynec for Orland School Board 2020
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION US Bank	AREA CODE/PHONE 530-865-6760	BANK ACCOUNT NUMBER Pending	
ADDRESS 32 East Walker Street	CITY Orland	STATE CA	ZIP CODE 95963

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		
Joseph Schykerynec	Orland Unified School District Gov. Board	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(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	OPPOSE
		SUPPORT	OPPOSE