

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>04</u> / <u>04</u> / <u>2022</u>	Date of termination ____ / ____ / ____

Date Stamp  
FILED  
SENDA PEREZ, COUNTY CLERK  
APR 05 2022  
BY [REDACTED] DEPUTY

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information** I.D. Number 1445919 (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
**Justin Gibbs For Glenn County Sheriff 2022**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Orland	CA	95963	(530) 520-1156

FULL MAILING ADDRESS (IF DIFFERENT)  
[REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
jgibbs7710@yahoo.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Glenn	Glenn County

*Attach additional information on appropriately labeled continuation sheets.*

NAME OF TREASURER  
Lisa Gibbs

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Orland	CA	95963	(530) 520-5354

NAME OF ASSISTANT TREASURER, IF ANY  
Justin Gibbs

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Orland	CA	95963	(530) 520-1156

NAME OF PRINCIPAL OFFICER(S)  
[REDACTED]

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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**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 4/04/2022 By [REDACTED] TREASURER OR ASSISTANT TREASURER

Executed on 4/04/2022 By [REDACTED] CHAIRMAN, 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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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Justin Gibbs For Glenn County Sheriff 2022	I.D. NUMBER 1445919
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Tri Counties Bank	AREA CODE/PHONE (530) 865-5524	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	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		
Justin Gibbs	Sheriff-Coroner	2022	Nonpartisan	Partisan <input checked="" type="checkbox"/>	(list political party below) Republican
			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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Justin Gibbs For Glenn County Sheriff 2022

I.D. NUMBER

1445919

**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

Managing campaign activities and funding

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date qualified

**5. Termination Requirements**

By stating the termination, the treasurer, assistant treasurer and/or candidate, officeholder, or parent party 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.