

**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>03</u> / <u>30</u> / <u>2022</u>	Date of termination ____ / ____ / ____

Date Stamp RECEIVED SENDY PEREZ, COUNTY CLERK APR 04 2022 DEPUTY	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1446430 <small>(if applicable)</small>							
NAME OF COMMITTEE Committee to re-elect Richard Warren Sheriff 2022				NAME OF TREASURER Kerri Warren			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY STATE ZIP CODE AREA CODE/PHONE Willows CA 95988 (530)867-3402				CITY STATE ZIP CODE AREA CODE/PHONE Willows CA 95988 (530)330-0360			
NAME OF ASSISTANT TREASURER, IF ANY Richard Warren				NAME OF PRINCIPAL OFFICER(S) Richard Warren			
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) reelectsheriffwarren@gmail.com				CITY STATE ZIP CODE AREA CODE/PHONE Willows CA 95988 (530)867-3402			
COUNTY OF DOMICILE Glenn		JURISDICTION WHERE COMMITTEE IS ACTIVE Glenn County		STREET ADDRESS (NO P.O. BOX) [REDACTED]			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				CITY STATE ZIP CODE AREA CODE/PHONE Willows CA 95988 (530)867-3402			

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 <u>03/30/2022</u>	By [REDACTED]	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on <u>03/30/2022</u>	By [REDACTED]	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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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Committee to re-elect Richard Warren Sheriff 2022	I.D. NUMBER 1446430
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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)934-2191	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY Willows	STATE CA
		ZIP CODE 95988

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		
Richard L. Warren Jr.	Sheriff	2022	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

**Statement of Organization
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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

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
NO. AND STREET	STATE
	ZIP CODE
	AREA CODE/PHONE

Small Contributor Committee _____/_____/_____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.