

**Statement of Organization
Recipient Committee**

Statement Type

- Initial
 Not yet qualified
or
 Date qualification threshold met

Amendment

Date qualification threshold met
 09 / 25 / 22

Termination - See Part 5

Date of termination
 _____ / _____ / _____

For Official Use Only

RECEIVED

SEP 28 2022

TOWN OF LOOMIS

2. Treasurer and Other Principal Officers

1. Committee Information
 (if applicable)

NAME OF COMMITTEE Youngblood for Town Council 2022		NAME OF TREASURER Stephanie Youngblood	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY Loomis	STATE CA	CITY Loomis	STATE CA
ZIP CODE 95650	AREA CODE/PHONE 9163168492	ZIP CODE 95650	AREA CODE/PHONE 916-316-8492
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) stephyoungblood@sbcglobal.net		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
COUNTY OF DOMICILE Placer	JURISDICTION WHERE COMMITTEE IS ACTIVE District 3	CITY Loomis	STATE CA
Attach additional information on appropriately labeled continuation sheets.		ZIP CODE 95650	AREA CODE/PHONE 916-316-8492

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 9/25/22 By [REDACTED] SIGNATURE OF CONTROLLING OFFICER/CHIEF OF POLICE, CANDIDATE, OR STATE MEASURE PROponent

Executed on 9/25/22 By [REDACTED] SIGNATURE OF ASSISTANT TREASURER

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/CHIEF OF POLICE, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/CHIEF OF POLICE, CANDIDATE, OR STATE MEASURE PROponent

Statement of Organization Recipient Committee

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COMMITTEE NAME
Youngblood for Town Council 2022

I.D. NUMBER
1448944

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

NAME OF FINANCIAL INSTITUTION First Northern Bank	AREA CODE/PHONE 530-885-5009	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY Auburn	STATE CA
	ZIP CODE 95603	

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)
Stephanie T. Youngblood	Loomis Town Council, District 3		Nonpartisan <input checked="" type="checkbox"/>	
			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

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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

NO. AND STREET

CITY

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 orponent 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.