ZIP CODE ZIP CODE 21P	Statement of Organization Recipient Committee	ation			Date Stamp	CALIFORNIA 410	
O Not yet qualified O Date qualification threshold met I.D. Number	Ш		lendment [☐ Termination – See Part 5	RECEIVED	For Official Use Only	_
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FPPC Form 4.10 (August/2018)

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

www.fppc.ca.gov

Recipient Committee Statement of Organization

INSTRUCTIONS ON REVERSE

Youngblood for Town Council 2022

COMMITTEE NAME

All committees must list the financial institution where the campaign bank account is located STATE BANK ACCOUNT NUMBER ZIP CODE Page 2 I.D. NUMBER 1448944

Controlled Committee

4. Type of Committee Complete the applicable sections.

ADDRESS

First Northern Bank NAME OF FINANCIAL INSTITUTION

530-885-5009 AREA CODE/PHONE

Auburn

CA

95603

- 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.

Stephanie T. Youngblood NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT Loomis Town Council, District 3 ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) YEAR OF ELECTION Nonpartisan Nonpartisan CHECK ONE PARTY Partisan Partisan (list political party below) (list political party below)

Primarily Formed Committee

 \mid 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)

SUPPORT SUPPORT CHECK ONE OPPOSE **OPPOSE**

Statement of Organization

Recipient Committee	FORM	410
INSTRUCTIONS ON REVERSE	Page 3	
COMMITTEE NAME	I.D. NUMBER	
4. Type of Committee (Continued)		All the state of t
General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: ☐ CITY Committee ☐ CITY Committee		
PROVIDE BRIEF DESCRIPTION OF ACTIVITY		
Sponsored Committee List additional sponsors on an attachment.		
NAME OF SPONSOR		
STREET ADDRESS NO. AND STREET ZIP CODE	AREA CODE/PHONE	
Small Contributor Committee		
Date qualified	entre en	Artifold in superior contrast of the second

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer 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.
- Government Code Section 89519. There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to
- I 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.