

**Statement of Organization
Recipient Committee**

1445919

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
MAR 10 2022

CALIFORNIA FORM 410
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RECEIVED
SENDY PEREZ, COUNTY CLERK
MAR 25 2022
 BY _____ DEPUTY

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Justin Gibbs For Glenn County Sheriff 2022				NAME OF TREASURER Lisa Gibbs				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Orland	STATE CA	ZIP CODE 95963	AREA CODE/PHONE (530) 520-5354	NAME OF ASSISTANT TREASURER, IF ANY Justin Gibbs			
CITY Orland	STATE CA	ZIP CODE 95963	AREA CODE/PHONE (530) 520-1156	STREET ADDRESS (NO P.O. BOX) [REDACTED]				NAME OF PRINCIPAL OFFICER(S)			
FULL MAILING ADDRESS (IF DIFFERENT)				CITY Orland	STATE CA	ZIP CODE 95963	AREA CODE/PHONE (530) 520-1156	STREET ADDRESS (NO P.O. BOX) [REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) jgibbs7710@yahoo.com				CITY Orland				STATE CA	ZIP CODE 95963	AREA CODE/PHONE (530) 520-1156	
COUNTY OF DOMICILE Glenn		JURISDICTION WHERE COMMITTEE IS ACTIVE Glenn County		STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Orland			
Attach additional information on appropriately labeled continuation sheets.				STATE CA				ZIP CODE 95963	AREA CODE/PHONE (530) 520-1156		

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 3/8/22 By [REDACTED] OF TREASURER OR ASSISTANT TREASURER

Executed on 3/8/22 By [REDACTED] 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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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Justin Gibbs For Glenn County Sheriff 2022

• 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

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I.D. NUMBER

COMMITTEE NAME

Justin Gibbs For Glenn County Sheriff 2022

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 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.