

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination -- See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	_____ / _____ / _____	12 / 31 / 2022

Date Stamp FILED SENDY PEREZ, COUNTY CLERK JAN 03 2023 BY: <u>[Signature]</u> 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 TREASURER Kerri Warren			
NAME OF COMMITTEE Committee to re-elect Richard Warren Sheriff 2022				STREET ADDRESS (NO P.O. BOX) [Redacted]			
STREET ADDRESS (NO P.O. BOX) [Redacted]				CITY Willows	STATE CA	ZIP CODE 95988	AREA CODE/PHONE 530-330-0360
CITY Willows	STATE CA	ZIP CODE 95988	AREA CODE/PHONE 530-867-3402	NAME OF ASSISTANT TREASURER, IF ANY Richard Warren			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX) [Redacted]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) reelectsheriffwarren@gmail.com				CITY Willows	STATE CA	ZIP CODE 95988	AREA CODE/PHONE 530-867-3402
COUNTY OF DOMICILE Glenn	JURISDICTION WHERE COMMITTEE IS ACTIVE Glenn County			NAME OF PRINCIPAL OFFICER(S)			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX)			
				CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 information is true and correct.

Executed on 12/30/2022 By [Redacted]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT