

**Statement of Organization
Recipient Committee**

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
FILED
SENDA PEREZ, COUNTY CLERK
MAR 11 2022
 BY _____ DEPUTY

CALIFORNIA FORM 410
 For Official Use Only

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 ZIP CODE AREA CODE/PHONE CA 95963 (530) 520-5354			
CITY STATE ZIP CODE AREA CODE/PHONE Orland CA 95963 (530) 520-1156				NAME OF ASSISTANT TREASURER, IF ANY Justin Gibbs				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT)				CITY STATE ZIP CODE AREA CODE/PHONE Orland CA 95963 (530) 520-1156				NAME OF PRINCIPAL OFFICER(S)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) jgibbs7710@yahoo.com				STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY STATE ZIP CODE AREA CODE/PHONE Orland CA 95963 (530) 520-1156			
COUNTY OF DOMICILE Glenn		JURISDICTION WHERE COMMITTEE IS ACTIVE Glenn County		STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY STATE ZIP CODE AREA CODE/PHONE			
<i>Attach additional information on appropriately labeled continuation sheets.</i>											

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>3/8/22</u> DATE	By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on <u>3/8/22</u> DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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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INSTRUCTIONS ON REVERSE

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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.