Rob 1447640

Statement of Organization Recipient Committee

CALIFORNIA FORM 410

For Official Use Only

FILED

MAY 09 2022

ROSE GALLO-VASQUEZ

COLUSA COUNTY CLERK-RECORDER

Date Stamp

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

APR 21 2022

Statement Type

- ☑ **Initial**
  - ○ Not yet qualified
  - or
  - ✓ Date qualification threshold met 4/18/22
- ☐ **Amendment**
  - Date qualification threshold met ___/___/___
- ☐ **Termination – See Part 5**
  - Date of termination ___/___/___

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
Marilyn Acree for District 5 Supervisor-2022

STREET AI

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Colusa	Ca	95932	530-619-9317

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
macree1@frontier.com

COUNTY OF DOMICILE
Colusa

JURISDICTION WHERE COMMITTEE IS ACTIVE
Colusa

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Marilyn Acree

STREET AI

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Colusa	Ca	95932	530-619-93

NAME OF ASSISTANT TREASURER, IF ANY
—

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Marilyn Acree

[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Colusa	Ca	95932	530-619-9317

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 4-19-22 (DATE) By [redacted]

Executed on 4-19-22 (DATE) By [redacted] ...SURE PROPONENT

Executed on ______ (DATE) By [redacted] ...SURE PROPONENT

Executed on ______ (DATE) By ______________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME	I.D. NUMBER
Marilyn Acree for District 5 Supervisor 2022	

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Tri Counties Bank	530-456-2030	6610699739

ADDRESS	CITY	STATE	ZIP CODE
666 Market St	Colusa	Ca	95932

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		
			Nonpartisan	Partisan	(list political party below)
Marilyn Acree	Supervisor 5	2022	✓		
			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

Statement of Organization
Recipient Committee

Statement Type

☐ **Initial** — Not yet qualified ☐ or

_____/_____/_____
Date qualified as committee

☐ **Amendment**
List I.D. number:
1447640

_____/_____/_____
Date qualified as committee
(If applicable)

☒ **Termination – See Part 5**
List I.D. number:
1447640

06 /15 /22
Date of Termination

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
JUN 16 2022

CALIFORNIA FORM 410
For Official Use Only
FILED
JUN 27 2022
ROSE GALLO-VASQUEZ
COLUSA COUNTY CLERK-RECORDER

1. Committee Information

NAME OF COMMITTEE

[redacted]

[redacted] STATE ZIP CODE AREA CODE/PHONE

Colusa Ca 95932 530-619-9317
MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

macree1@frontier.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Colusa	Colusa

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Marilyn Acree

AREA CODE/PHONE

Colusa Ca 95932 530-619-9317
NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Marilyn Acree

CITY STATE ZIP CODE AREA CODE/PHONE

Colusa Ca 95932 530-619-9317

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 06/13/2022 (DATE) By

Executed on 06/13/2022 (DATE) By

Executed on 06/13/2022 (DATE) By

Executed on 06/13/2022 (DATE) By 06/11/2022 SIGNATURE OF CONTROLLING OFFICER

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME	I.D. NUMBER
Marilyn Acree for District 5 Supervisor 2022	1447640

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Tri-Counties Bank	530-458-2030	661069739

ADDRESS	CITY	STATE	ZIP CODE
600 Market Street	Colusa	Ca	95932

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.
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- 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
Marilyn Acree	Supervisor 5	2022	☒ Nonpartisan non-partisan
			☐ Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT ☐	OPPOSE ☐
		SUPPORT ☐	OPPOSE ☐

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME

Marilyn Acree for District 5 Supervisor 2022

I.D. NUMBER

1447640

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

Small Contributor Committee ☐ _____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.

Statement of Organization
Recipient Committee

Statement Type

☐ **Initial** — Not yet qualified ☐ or — _____/_____/_____ Date qualified as committee

☐ **Amendment** — List I.D. number: # 1447640 — _____/_____/_____ Date qualified as committee (If applicable)

☒ **Termination – See Part 5** — List I.D. number: # 1447640 — 06/15/22 Date of Termination

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

FILED
JUN 14 2022
ROSE GALLO-VASQUEZ
COLUSA COUNTY CLERK-RECORDER

1. Committee Information

NAME OF COMMITTEE

Marilyn Acree for District 5 Supervisor 2022

[redacted] AREA CODE/PHONE

Colusa Ca 95932 530-619-9317
MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

macree1@frontier.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Colusa	Colusa

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Marilyn Acree

AREA CODE/PHONE

Colusa Ca 95932 530-619-9317
NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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Marilyn Acree

AREA CODE/PHONE

Colusa Ca 95932 530-619-9317

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Executed on 06/13/2022 DATE By

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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

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			☐ Nonpartisan

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		SUPPORT ☐	OPPOSE ☐
		SUPPORT ☐	OPPOSE ☐

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME

Marilyn Acree for District 5 Supervisor 2022

I.D. NUMBER

1447640

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