Statement of Organization
Recipient Committee

Statement Type

☑ **Initial** → ○ Not yet qualified or ○ Date qualification threshold met 01/28/2022

☐ **Amendment** — Date qualification threshold met ____/____/____

☐ **Termination – See Part 5** — Date of termination ____/____/____

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
FEB 28 2022

CALIFORNIA FORM 410
For Official Use Only
FILED
MAR 17 2022
ROSE GALLO-VASQUEZ
COLUSA COUNTY CLERK-RECORDER

1. Committee Information

I.D. Number 1444437 *(if applicable)*

NAME OF COMMITTEE
Committee to Elect Janice Bell for District 5 Supervisor 2022

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Colusa	CA	95932	530-821-9561

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
janicecesa@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Colusa	Colusa County

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Janice Anne Bell

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Colusa	CA	95932	530-821-9561

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY / STATE / ZIP CODE / AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

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 foregoing is true and correct.

Executed on 01/28/2022 (DATE) By [redacted] (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)

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

12
L 06 1444437

Statement of Organization
Recipient Committee

Statement Type ☑ Initial (Not yet qualified ☐ or) ☐ Amendment (List I.D. number: #_____) ☐ Termination – See Part 5 (List I.D. number: #_____)

01/28/2022 — Date qualified as committee

_____ — Date qualified as committee (If applicable)

_____ — Date of Termination

Date Stamp

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
FEB 03 2022

CALIFORNIA FORM 410

For Official Use Only

FILED
MAR 17 2022
ROSE GALLO-VASQUEZ
COLUSA COUNTY CLERK-RECORDER

1. Committee Information

NAME OF COMMITTEE
Committee to Elect Janice Bell for District 5 Supervisor 2023

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Colusa | CA | 95932 | 530-821-9561

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
janicecesa@gmail.com

COUNTY OF DOMICILE: Colusa

JURISDICTION WHERE COMMITTEE IS ACTIVE: Colusa County

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Janice Anne Bell

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Colusa | CA | 95932 | 530-821-9561

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

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 foregoing is true and correct.

Executed on 01/28/2022 (DATE) By [redacted]

Executed on _____ (DATE) By _____

Executed on _____ (DATE) By _____

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
Committee to Elect Janice Bell for District 5 Supervisor 2023

I.D. NUMBER
874629352

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
TriCounties Bank	530 458-2031	121135045 661068309

ADDRESS	CITY	STATE	ZIP CODE
844 Bridge 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.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- 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
Janice Bell	Colusa County Supervisor District 5	2022	☑ Nonpartisan
			☐ 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
Committee to Elect Janice Bell for District 5 Supervisor 2023

I.D. NUMBER
874629352

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.

Copy - Candidate Mailed Original to SOS

Statement of Organization
Recipient Committee

Statement Type

☑ **Initial** Not yet qualified ☐ or

☐ **Amendment** List I.D. number: #

☐ **Termination – See Part 5** List I.D. number: #

01 / 28 / 2022
Date qualified as committee

Date qualified as committee (If applicable)

Date of Termination

Date Stamp

FILED
JAN 28 2022
ROSE GALLO-VASQUEZ
COLUSA COUNTY CLERK-RECORDER

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Committee to Elect Janice Bell for District 5 Supervisor 2023

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Colusa | CA | 95932 | 530-821-9561

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
janicecesa@gmail.com

COUNTY OF DOMICILE: Colusa

JURISDICTION WHERE COMMITTEE IS ACTIVE: Colusa County

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Janice Anne Bell

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Colusa | CA | 95932 | 530-821-9561

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

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 Stat[illegible] that the foregoing is true and correct.

Executed on 01/28/2022 (DATE) By [redacted]
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

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
Committee to Elect Janice Bell for District 5 Supervisor 2023

I.D. NUMBER
874629352

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
TriCounties Bank	530-458-2030	121135045 661068309

ADDRESS	CITY	STATE	ZIP CODE
844 Bridge 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.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- 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
Janice Bell	Colusa County Supervisor District 5	2022	☑ Nonpartisan
			☐ 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
Committee to Elect Janice Bell for District 5 Supervisor 2023

I.D. NUMBER
874629352

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.

Officeholder and Candidate Campaign Statement Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

☒ Amendment (Explain Below)

Date Stamp

FILED
JAN 28 2022
ROSE GALLO-VASQUEZ
COLUSA COUNTY CLERK-RECORDER

CALIFORNIA FORM **470** SUPPLEMENT

For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling $2,000 or more or has made expenditures of $2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Janice Bell

STATE ZIP CODE

Colusa CA 95932

AREA CODE/DAYTIME PHONE NUMBER

530 · 821 · 9561

OPTIONAL: FAX / E-MAIL ADDRESS

janiccesa@gmail.com, 530.458.3131

2. Office Sought

OFFICE SOUGHT

Colusa County Supervisor District 5

DISTRICT NUMBER (IF APPLICABLE)

District 5

DATE OF ELECTION (MONTH, DAY, YEAR)

06.07.2022

3. Date Contributions Totaling $2,000 or More Were Received or Date Expenditures of $2,000 or More Were Made

1/24/2022

(MONTH, DAY, YEAR)

Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
06/07/2022		FILED JAN 04 2022 ROSE GALLO-VASQUEZ COLUSA COUNTY CLERK-RECORDER	For Official Use Only

1. **Statement Covers Calendar Year 20** 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Janice Anne Bell

[redacted] ZIP CODE

Colusa CA 95932

AREA CODE/DAYTIME PHONE NUMBER — OPTIONAL: FAX / E-MAIL ADDRESS

530-821-9561

3. Office Sought or Held

OFFICE SOUGHT OR HELD

District 5 Supervisor

JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
Colusa County	5

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $2,000 and that I will spend less than $2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on December 14, 2021
DATE

By [redacted]