Statement of Organization
Recipient Committee

Statement Type

☐ **Initial**
○ Not yet qualified
or
○ Date qualification threshold met
____/____/____

☑ **Amendment**
Date qualification threshold met
02 / 15 / 2022

☐ **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 18 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 *(if applicable)* 1444313

NAME OF COMMITTEE
Richard Selover For Supervisor 2022

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Colusa | CA | 95932 | 530-308-0380

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
rselover@selovers.com fax 530-458-7427

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
Richard Selover
[redacted]
Colusa | CA | 95932 | AREA CODE/PHONE 530-308-0380

NAME OF ASSISTANT TREASURER, IF ANY
Lisa Selover
CITY | STATE | ZIP CODE | AREA CODE/PHONE
Colusa | CA | 95932 | 530-308-0382

NAME OF PRINCIPAL OFFICER(S)
N/A
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

Executed on Febuary 15 2022 (DATE) By [redacted]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on Febuary 15 2022 (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	I.D. NUMBER
Richard Selover For Supervisor 2022	1444313

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Umpqua Bank	530-458-670	4861964692	
ADDRESS	**CITY**	**STATE**	**ZIP CODE**
655 Fremont 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." 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		
Richard Selover	Colusa County Supervisor District 5	2022	Nonpartisan ✓	Partisan	(list political party below)
			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

Rejected: ____/____/____
Returned: CP 01/25/2022

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

R'06 1444313

Statement of Organization
Recipient Committee

CALIFORNIA FORM 410

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State of the State of California
JAN 24 2022

For Official Use Only
In the office of the Secretary of State of the State of California
JAN 31 2022

Statement Type

- ☑ **Initial**
  - ◉ Not yet qualified
  - or
  - ○ Date qualification threshold met ____/____/____
- ☐ **Amendment** — Date qualification threshold met ____/____/____
- ☐ **Termination – See Part 5** — Date of termination ____/____/____

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
Richard Selover For Supervisor 2022

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Colusa	CA	95932	530-308-0380

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
rselover@selovers.com /530-458-7427

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
Richard Selover

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Colusa	CA	95932	530-308-0380

NAME OF ASSISTANT TREASURER, IF ANY
Lisa Selover

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Colusa	CA	95932	530-308-0382

NAME OF PRINCIPAL OFFICER(S)
N/A

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 January 18 2022 (DATE) By [redacted]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on January 18 2022 (DATE) By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ (DATE) By _____
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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

COMMITTEE NAME	I.D. NUMBER
Richard Selover For 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
Umpqua Bank	530-458-6700	PENDING

ADDRESS	CITY	STATE	ZIP CODE
655 Freemont Street	Colusa	CA	95932

4. Type of Committee Complete the applicable sections.

Controlled Committee

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		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

FILED
1444313
FEB 09 2022
ROSE GALLO-VASQUEZ
COLUSA COUNTY CLERK RECORDER

Returned: CD / 01/25/2022

Statement of Organization
Recipient Committee

Statement Type

☑ Initial	☐ Amendment	☐ Termination – See Part 5
◐ Not yet qualified or ○ Date qualification threshold met ____/____/____	Date qualification threshold met ____/____/____	Date of termination ____/____/____

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in the office of the Secretary of State
of the State of California
JAN 31 2022

1. Committee Information

I.D. Number (if applicable) 1444313

NAME OF COMMITTEE
Richard Selover For Supervisor 2022

[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Colusa	CA	95932	530-308-0380

FULL MAILING ADDRESS (IF DIFFERENT)

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NAME OF ASSISTANT TREASURER, IF ANY
Lisa Selover

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Colusa	CA	95932	530-308-0382

NAME OF PRINCIPAL OFFICER(S)
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Executed on ____ (DATE) By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ____ (DATE) By
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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

COMMITTEE NAME	I.D. NUMBER
Richard Selover For Supervisor 2022	

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NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
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ADDRESS	CITY	STATE	ZIP CODE
655 Freemont Street	Colusa	CA	95932

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Statement of Organization
Recipient Committee

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Date of termination ____/____/____

Date Stamp
FILED
FEB 04 2022
ROSE GALLO-VASQUEZ
COLUSA COUNTY CLERK-RECORDER

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
Richard Selover For Supervisor 5

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Colusa | CA | 95932 | 530-308-0380

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rselover@selovers.com /530-458-7427

COUNTY OF DOMICILE: Colusa

JURISDICTION WHERE COMMITTEE IS ACTIVE: Colusa County

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[redacted]
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NAME OF ASSISTANT TREASURER, IF ANY
Lisa Selover

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Colusa | CA | 95932 | 530-308-0382

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SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

COMMITTEE NAME	I.D. NUMBER
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ADDRESS	CITY	STATE	ZIP CODE
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			Nonpartisan	Partisan	(list political party below)

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		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME

I.D. NUMBER

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 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.