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Statement of Organization Recipient Committee

Statement Type

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

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California  
**JUL 18 2022**

**CALIFORNIA FORM 410**  
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**RECEIVED**  
 AUG - 5 2022

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Vallecillo for City Council 2022				NAME OF TREASURER Paul Myer				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) 210 Main St.				CITY [REDACTED]				STATE ZIP CODE AREA CODE/PHONE [REDACTED]			
CITY Winters		STATE CA		ZIP CODE 95694		AREA CODE/PHONE 530 902 6242		NAME OF ASSISTANT TREASURER, IF ANY Albert Vallecillo			
FULL MAILING ADDRESS (IF DIFFERENT) 210 Main St.				STREET ADDRESS (NO P.O. BOX) 210 Main St				CITY STATE ZIP CODE AREA CODE/PHONE Winters CA 95694 530 902 6242			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				NAME OF PRINCIPAL OFFICER(S) Albert Vallecillo				STREET ADDRESS (NO P.O. BOX) 210 Main St.			
COUNTY OF DOMICILE Yolo		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Winters		CITY STATE ZIP CODE AREA CODE/PHONE Winters CA 95694 530 902 6242				[REDACTED]			
Attach additional information on appropriately labeled continuation sheets.								[REDACTED]			

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 7-9-22 By Paul D Myer  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/8/2022 By [Signature]  
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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Vallecillo for City Council	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION PENDING	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

**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		
Albert Vallecillo	City Council, Winters, CA	2022	Nonpartisan <input checked="" type="checkbox"/>	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