

Rejected: _____
Returned: CD / 03 / 14 / 2022

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" 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 RECEIVED AND FILED In the Office of the Secretary of State of the State of California MAR 10 2022	CALIFORNIA FORM 410 For Official Use Only RECEIVED APR 13 2022 <u>CD</u>
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1. Committee Information		I.D. Number (if applicable)
NAME OF COMMITTEE COMMITTEE TO ELECT CINDIE FROGGATT ASSESSOR 2022		
STREET ADDRESS (NO P.O. BOX) [REDACTED]		
CITY Quincy	STATE CA	ZIP CODE 95971
AREA CODE/PHONE 530/927-8423		
FULL MAILING ADDRESS (IF DIFFERENT) PO Box 3075 Quincy CA 95971		
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Cindiefroggatt4assessor@yahoo.com		
COUNTY OF DOMICILE Plumas	JURISDICTION WHERE COMMITTEE IS ACTIVE Plumas	
Attach additional information on appropriately labeled continuation sheets.		

2. Treasurer and Other Principal Officers			
NAME OF TREASURER AMELIA FROGGATT			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Quincy	STATE CA	ZIP CODE 95971	AREA CODE/PHONE 530/927-8423
NAME OF ASSISTANT TREASURER, IF ANY			
STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME OF PRINCIPAL OFFICER(S) TOM FROGGATT			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Quincy	STATE CA	ZIP CODE 95971	AREA CODE/PHONE 530/249-2222

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 <u>3/3/2022</u> DATE	By _____
Executed on <u>3-4-2022</u> DATE	By _____
Executed on <u>3/4/2022</u> DATE	By _____
Executed on _____ DATE	By _____

[REDACTED SIGNATURE]

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

I.D. NUMBER

COMMITTEE NAME

COMMITTEE TO ELECT CINDIE FROGGATT-ASSESSOR 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

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

CINDIE FROGGATT	PLUMAS COUNTY ASSESSOR 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

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) <u>6/7/2022</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp FIL MAR 08 2022 PLUMAS COUNTY BY [REDACTED]	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

CYNTHIA L FROGGATT

STREET ADDRESS

[REDACTED]

STATE

ZIP CODE

QUINCY

CA

95971

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

PLUMAS COUNTY ASSESSOR

JURISDICTION (LOCATION)

PLUMAS COUNTY, CA

DISTRICT NUMBER
(IF APPLICABLE)

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
COMMITTEE TO ELECT CINDIE FROGGATT - ASSESSOR	PO Box 3675 QUINCY CA 95971	Amelia J. Froggatt

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 information provided is true and correct.

Executed on

3/4/2022

DATE

By

[REDACTED]

OR CANDIDATE

Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
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BY	

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

FROGGIATT CYNTHIA L

DAYTIME TELEPHONE NUMBER

(530) 283-6152

FAX NUMBER (optional)

()

EMAIL (optional)

cindie.froggiatt@assessor@gmail.com
cindie@the-froggiatts.org

STREET ADDRESS

[REDACTED]

CITY

Quincy

STATE

CA

ZIP CODE

95971

OFFICE POSITION (If different from title)

County Assessor

AGENCY NAME

Plumas County

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2022
(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

☒ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On, ____/____/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on

3/2/2022
(month, day, year)

Signature

[REDACTED]