

**COPY**

**Statement of Organization  
Recipient Committee**

**Statement Type**

Initial

Not yet qualified  
or

Date qualification threshold met Date qualification threshold met

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amendment

Termination – See Part 5

3 / 30 / 22

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

DEC 05 2022

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information** **I.D. Number** 1445941  
(if applicable)

NAME OF COMMITTEE

Todd Johns for Plumas County Sheriff 2022

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Greenville

STATE

CA

ZIP CODE

95947

AREA CODE/PHONE

530-616-1004

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE

Plumas

JURISDICTION WHERE COMMITTEE IS ACTIVE

Plumas County

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Suzette Reed

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Taylorsville

STATE

CA

ZIP CODE

95983

AREA CODE/PHONE

530-375-0464

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

toddjohnsforsheriff@gmail.com

NAME OF PRINCIPAL OFFICER(S)

Kira Wattenburg King

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Greenville

STATE

CA

ZIP CODE

AREA CODE/PHONE

916-296-7513

**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

Executed on

12/2/22  
DATE

Secretary/Treasurer

ASURE PROPOSER

Executed on

12/2/22  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on

DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2

COMMITTEE NAME Todd Johns for Plumas County Sheriff 2022		I.D. NUMBER	
<ul style="list-style-type: none"> <li><b>All committees must list the financial institution where the campaign bank account is located.</b></li> </ul>			
NAME OF FINANCIAL INSTITUTION Plumas Bank	AREA CODE/PHONE 530-283-6800	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Quincy	STATE CA	ZIP CODE 95971

**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	
Todd Johns	Plumas County Sheriff-Coroner	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan
			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

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		Date of This Filing 05/25/2024	Date Stamp	CALIFORNIA FORM 496
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____	RECEIVED For Official Use Only MAY 25 2022 PLUMAS CO. CLERK-RECORDER	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Greenville	STATE CA	ZIP CODE 95947	No. of Pages 2	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Todd Johns				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Sheriff/Coronner	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/19/2022	Internet Banner	270.00
05/19/2022	Trifolds and mailers	3867.60
05/19/2022	Radio Ad	920.00
05/24/2022	Postcard mailer	2731.25

Reason for Amendment \_\_\_\_\_  
\_\_\_\_\_

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022				Date of This Filing 05/25/2024	Date Stamp	CALIFORNIA FORM 496
AREA CODE/PHONE NUMBER 530-618-1004		I.D. NUMBER (if applicable) 1445941		Report No. _____	For Official Use Only	
STREET ADDRESS [REDACTED]				<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Greenville	STATE CA	ZIP CODE 95947		No. of Pages 2		

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Todd Johns				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Sheriff/Coroner	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO/LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/24/2022	Graphic Design for mailers	600.88
05/24/2022	Buttons and Greeting Cards	223.69
05/24/2022	Trifolds	131.80

Reason for Amendment \_\_\_\_\_

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		Date of This Filing <u>05/18/2022</u>	Date Stamp	CALIFORNIA FORM <b>497</b>
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____	RECEIVED For Official Use Only MAY 8 2022	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	PLUMAS CO. CLERK-RECORDED	
CITY Greenville	STATE CA	ZIP CODE 95947	No. of Pages <u>2</u>	

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/17/2022	Ken and Linda Bailey [REDACTED] Taylorsville, CA 95983	Todd Johns for Plumas County Sheriff 2022	\$45.00	06/07/2022
05/17/2022	Andy Banchio P.O. Box 53 Taylorsville, CA 95983	Todd Johns for Plumas County Sheriff 2022	\$100.00	06/07/2022
05/17/2022	Don and Cheryl Stoy [REDACTED] Taylorsville, CA 95983	Todd Johns for Plumas County Sheriff 2022	\$100.00	06/07/2022

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		Date of This Filing 05/18/2022	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 530-816-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____	For Official Use Only	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Greenville	STATE CA	ZIP CODE 95947	No. of Pages 2	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/17/2022	David Spargo [REDACTED] Roseville, CA 95881	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$2000.00  <input type="checkbox"/> Check if Loan  % Provide interest rate
05/17/2022	Vernon Roberts P.O. Box 84 Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed	\$50.00  <input type="checkbox"/> Check if Loan  % Provide interest rate
05/17/2022	Jacqueline Johnson [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50.00  <input type="checkbox"/> Check if Loan  % Provide interest rate

Reason for Amendment: \_\_\_\_\_

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee



**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA 460  
FORM**

Page \_\_\_\_\_ of \_\_\_\_\_

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Todd Johns

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Plumas County Sheriff-Coroner

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Greenville CA 95947

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

\_\_\_\_\_

# Campaign Disclosure Statement

## Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>March 2022</u>	CALIFORNIA FORM <b>460</b>
through <u>April 30, 2022</u>	Page _____ of _____
I.D. NUMBER <u>1445941</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Todd Johns for Plumas County Sheriff 2022

### Contributions Received

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ <u>19,070.00</u>	\$ _____
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ <u>0</u>	_____
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ <u>19,070.00</u>	\$ _____
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ <u>0</u>	_____
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ <u>19,070.00</u>	\$ _____

### Expenditures Made

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ <u>9,795.82</u>	\$ _____
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ <u>0</u>	_____
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ <u>9,795.82</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) .....	<i>Schedule F, Line 3</i>	\$ <u>0</u>	_____
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ <u>0</u>	_____
11. TOTAL EXPENDITURES MADE .....	<i>Add Lines 8 + 9 + 10</i>	\$ <u>9,795.82</u>	\$ _____

### Current Cash Statement

12. Beginning Cash Balance .....	<i>Previous Summary Page, Line 16</i>	\$ <u>0</u>	
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	\$ <u>19,070.00</u>	
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	\$ <u>0</u>	
15. Cash Payments .....	<i>Column A, Line 8 above</i>	\$ <u>9,795.82</u>	
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>9,274.18</u>	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>	\$ <u>0</u>	
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### Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$ <u>0</u>	
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>	

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____
21. Expenditures Made	\$ _____

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	(If Subject to Voluntary Expenditure Limit)
Date of Election (mm/dd/yy)	Total to Date
_____ / _____ / _____	\$ _____
_____ / _____ / _____	\$ _____

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from March, 2022  
through April 30, 2022

CALIFORNIA **460**  
FORM

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Todd Johns for Plumas County Sheriff

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/25/2022	Annika Peacock [REDACTED] Chester, CA 96020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Plumas County Servant	50.00 ✓	50.00	50.00
03/25/2022	Elaine Darrah [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00 ✓	200.00	200.00
03/25/2022	Thomas Owens P.O. Box 1925 Quincy, CA 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00 ✓	300.00	300.00
03/28/2022	Deanna Clark [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00 ✓	500.00	500.00
03/28/2022	Beverly Hughes [REDACTED] Los Osos, CA 93402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	3000.00 ✓	3000.00	3000.00
<b>SUBTOTAL \$ 4,050.00 ✓</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ \_\_\_\_\_**

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
 from March, 2022  
 through \_\_\_\_\_

**CALIFORNIA FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_

NAME OF FILER

Todd Johns for Plumas County Sheriff 2022

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR * CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/05/2022	L.M. Walsh Sr P.o. Box 672 Grass Valley, CA 94945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employeed My Wall Ammo Business	2000.00 ✓	2000.00	2000.00
04/08/2022	Gloria A Shannon P.O. Box 102 Crescent Mills, CA 95934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Plumas County Behavioral Health	100.00 ✓	100.00	100.00
04/05/2022	Michael Rasner [REDACTED] Lake Almanor, CA 96137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00 ✓	100.00	100.00
04/08/2022	The Hub Fitness Center P.O. Box 511 Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business	250.00 ✓	250.00	250.00
04/08/2022	Country Breeze Cleaning P.O. Box 1883 Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business	250.00 ✓	250.00	250.00
<b>SUBTOTAL \$ 2700.00 ✓</b>						

\*Contributor Codes

IND – Individual

COM – Recipient Committee  
 (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
 to whole dollars.

SCHEDULE A

Statement covers period  
 from March, 2022  
 through April 30, 2022

CALIFORNIA **460**  
 FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Todd Johns for Plumas County Sheriff 2022

Page \_\_\_\_\_ of \_\_\_\_\_

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/04/2022	Edward A Olson P.O. Box 457 Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	50.00
04/05/2022	Matt Cerney [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	USFS	300.00	300.00	300.00
04/05/2022	Lawrence C Purdon [REDACTED] Reno, NV	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Flooring Business	500.00	500.00	500.00
04/08/2022	Mavis Somers P.O. Box 65 Canyon Dam, CA 95923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	440.00	440.00	440.00
04/14/2022	Scott Wagner [REDACTED] W. Sacramento, CA 95691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Works for OES	500.00	500.00	500.00

**SUBTOTAL \$ 1715.00**

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
 (Include all Schedule A subtotals.) .....\$ \_\_\_\_\_
2. Amount received this period – unitemized monetary contributions of less than \$100 .....\$ \_\_\_\_\_
3. Total monetary contributions received this period.  
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....**TOTAL \$ \_\_\_\_\_**

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
 to whole dollars.

Statement covers period  
 from March, 2022

through April 30,2022

SCHEDULE A (CONT.)

CALIFORNIA  
 FORM **460**

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NAME OF FILER

Todd Johns for Plumas County Sheriff 2022

I.D. NUMBER  
 1445941

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR * CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/14/2022	Select Tech INC Blake Roath [REDACTED] Rocklin CA 95725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed	5000.00	5000.00	5000.00
04/14/2022	Rodney Osterlund P.O. Box 91 Clio, CA 96106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000.00	1000.00	1000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$ 6,000.00</b>						

\*Contributor Codes

IND – Individual

COM – Recipient Committee  
 (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from March, 2022

CALIFORNIA **460**  
FORM

through April 30, 2022

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Todd Johns for Plumas County Sheriff 2022

I.D. NUMBER

1445941

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/04/2022	Edward A Olson P.O. Box 457 Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	50.00
04/05/2022	Matt Cerney [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	USFS	300.00	300.00	300.00
04/05/2022	Lawrence C Purdon [REDACTED] Reno, NV	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Flooring Business	500.00	500.00	500.00
04/08/2022	Mavis Somers P.O. Box 65 Canyon Dam, CA 95923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	440.00	440.00	440.00
04/14/2022	Scott Wagner [REDACTED] W. Sacramento, CA 95691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Works for OES	500.00	500.00	500.00
				<b>SUBTOTAL \$ 1790.00</b>		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) .....\$ \_\_\_\_\_

2. Amount received this period – unitemized monetary contributions of less than \$100 .....\$ \_\_\_\_\_

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....**TOTAL \$ \_\_\_\_\_**

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016))

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**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from March, 2022  
through April 30, 2022  
Page \_\_\_\_\_ of \_\_\_\_\_

CALIFORNIA **460**  
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Todd Johns for Plumas County Sheriff 2022

I.D. NUMBER

1445941

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/14/2022	Bob Johns [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	900.00 ✓	900.00	900.00
04/14/2022	John E. Papenhausen P.O. Box 367 Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00 ✓	250.00	250.00
04/14/2022	Clint Koble [REDACTED] Westwood, CA 96137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant	40.00 ✓	40.00	40.00
04/14/2022	Ed Winchester P.O. box 911 Inyokern, CA 93527	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00 ✓	500.00	500.00
04/20/2022	D. R. Morton [REDACTED] P.O. Box 1 Portola CA 96129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00 ✓	25.00	25.00
<b>SUBTOTAL \$ 1715.00 ✓</b>						

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ \_\_\_\_\_
2. Amount received this period – unitemized monetary contributions of less than \$100 .....\$ \_\_\_\_\_
3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....**TOTAL \$ \_\_\_\_\_**

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
 from March, 2022

CALIFORNIA FORM **460**

through April 30, 2022

Page        of       

NAME OF FILER

Todd Johns for Plumas County Sheriff 2022

I.D. NUMBER

1445941

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR * CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/20/2022	Terry Bergstrand Leanne Bergstrand [REDACTED] [REDACTED] CA 96102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Plumas County Sheriff	200.00	200.00	200.00
04/20/2022	J. Travis Rubke Gay S. Rubke [REDACTED] [REDACTED] CA 95017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	200.00
04/20/2022	John Chase Coleen Chase P.O. Box 162 [REDACTED] CA 96102	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	200.00
04/20/2022	Rick Joy Engineering Inc. P.O. Box 19219 Reno, NV 895011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed	500.00	500.00	500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$ 1100.00</b>						

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 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
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 SCC – Small Contributor Committee

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

CALIFORNIA  
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Todd Johns for Plumas County Sheriff 2022

Statement covers period

from March, 2022

through April 30, 2022

Page \_\_\_\_\_ of \_\_\_\_\_

I.D. NUMBER

1445941

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Quincy Rotary [REDACTED] Quincy, CA 95971	CMP		Tee Sponsorship	\$50.00
Wild Hare Signs [REDACTED] Quincy, CA 95971	CMP		Yard Signs	\$9,745.82

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 9,795.82**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 9,795.82
2. Unitemized payments made this period of under \$100.....	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$ 9,795.82</b>

FPPC Form 460 (Jan/2016))

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# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		Date of This Filing 04/06/2022	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 530-816-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____	RECEIVED For Official Use Only MAY 08 2022 PLUMAS CO. CLERK/RECORDED	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Greenville	STATE CA	ZIP CODE 955947	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/05/2022	Charlie and Mary Lynn Neer [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00  <input type="checkbox"/> Check If Loan  % Provide Interest rate
05/06/2022	Jared Pew JC Enterprises [REDACTED] Crescent Mills, CA 95934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed	\$900.00  <input type="checkbox"/> Check If Loan  % Provide Interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check If Loan  % Provide Interest rate

Reason for Amendment: \_\_\_\_\_

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		Date of This Filing 05/04/2022	Date Stamp REC	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 530-816-1004	I.D. NUMBER (if applicable)	Report No. _____	For Official Use Only MAY 06 2022	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	PLUMAS CO. CLERK-RECORDER	
CITY Greenville	STATE CA	ZIP CODE 95983	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/03/2022	Apperson Insulation Inc [REDACTED] Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Kennedy owner	\$500.00  <input type="checkbox"/> Check if Loan  % Provide interest rate
05/03/2022	Chris Moore [REDACTED] Pleasanton, CA 94588	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Police Chief/Consultant	\$300.00  <input type="checkbox"/> Check if Loan  % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan  % Provide interest rate

Reason for Amendment: \_\_\_\_\_

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
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# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		Date of This Filing 05/04/2022	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 530-816-1004	I.D. NUMBER (if applicable)	Report No. _____	RECEIVED	For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	MAY 06 2022	
CITY Greenville	STATE CA	ZIP CODE 95983	No. of Pages 1	PLUMAS CO. CLERK RECORDER

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/03/2022	Mike Walsh P.O. Box 672 Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Grass Valley Police Dept. SGT	\$2,000.00 <input type="checkbox"/> Check If Loan  <input type="checkbox"/> Provide Interest rate
05/03/2022	KM Construction Ken P.O. Box 1494 Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction Company Owner	\$200.00 <input type="checkbox"/> Check If Loan  <input type="checkbox"/> Provide Interest rate
05/03/2022	Ken Donnell P.O. Box 581 Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$99.00 <input type="checkbox"/> Check If Loan  <input type="checkbox"/> Provide Interest rate

Reason for Amendment: \_\_\_\_\_

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 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		Date of This Filing 04/22/2022	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 530-878-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____	RECEIVED APR 22 2022 PLUMAS CO. SHERIFF'S RECORDS	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	For Official Use Only	
CITY Greenville	STATE CA	ZIP CODE 95947	No. of Pages 2	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/20/2022	John Chase Coleen Chase P.O. Box 162 Graeagle, CA 98103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200.00 <input type="checkbox"/> Check If Loan  <input type="checkbox"/> Provide Interest rate
04/20/2022	Rick Joy Engineering Inc P.O. Box 19219 Reno, NV 895011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed	\$500.00 <input type="checkbox"/> Check If Loan  <input type="checkbox"/> Provide Interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check If Loan  <input type="checkbox"/> Provide Interest rate

Reason for Amendment: \_\_\_\_\_

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		Date of This Filing 04/22/2022	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 530-878-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____		For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Greenville	STATE CA	ZIP CODE 95947	No. of Pages 2	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/20/2022	D.R. Morton 180 W. Mohawk Awe. P.O. Box 1 Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$25.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
04/20/2022	Terry Bergstrand Leanne Berstrand [REDACTED] Blasden, CA 96103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
04/20/2022	J. Travis Rubke Gay S. Rubke [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200 <input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: \_\_\_\_\_

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 OTH - Other (e.g., business entity)  
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 SCC - Small Contributor Committee

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		Date of This Filing 04/22/2022	Date Stamp	CALIFORNIA FORM 496
AREA CODE/PHONE NUMBER 530-816-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____	For Official Use Only <b>RECEIVED</b> APR 22 2022 PLUMAS CO CLERK RECORDER	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Greenville	STATE CA	ZIP CODE 95947	No. of Pages 1	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Todd Johns				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Sheriff/Coroner	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO/LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
04/22/2022	Wild Hare Signs Company [REDACTED]	\$1217.29

Reason for Amendment \_\_\_\_\_

**Statement of Organization  
Recipient Committee**

**Statement Type**

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

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

**CALIFORNIA FORM 410**

For Official Use Only

**RECEIVED**

APR 15 2022

<b>1. Committee Information</b>		<b>I.D. Number</b> (if applicable)	<b>2. Treasurer and Other Principal Officers</b>			
NAME OF COMMITTEE		NAME OF TREASURER				
Todd Johns for Plumas County Sheriff 2022		Suzette Reed				
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)				
CITY	STATE	ZIP CODE	STATE	ZIP CODE	AREA CODE/PHONE	
Greenville	CA	95947	Taylorsville	CA	95983 530-375-0464	
AREA CODE/PHONE		NAME OF ASSISTANT TREASURER, IF ANY				
530-616-1004						
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		CITY				
toddjohnsforsheriff@gmail.com		STATE ZIP CODE AREA CODE/PHONE				
COUNTY OF DOMICILE		NAME OF PRINCIPAL OFFICER(S)				
Plumas	Kira Wattenburg King					
JURISDICTION WHERE COMMITTEE IS ACTIVE		STREET ADDRESS (NO P.O. BOX)				
Plumas County						
CITY		STATE	ZIP CODE	AREA CODE/PHONE		
Greenville		CA	95947	916-296-7513		
<i>Attach additional information on appropriately labeled continuation sheets.</i>						

**3. Verification**

I have used all reasonable diligence in preparing this statement of organization and declare under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

Executed on 3/12/2022 By \_\_\_\_\_

Executed on 3/12/2022 By \_\_\_\_\_

Executed on 3/12/2022 By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

- TREASURER

OR ASSISTANT TREASURER

DATE

CANDIDATE, OR STATE MEASURE PROPONENT

FICER

CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2

COMMITTEE NAME Todd Johns for Plumas County Sheriff 2022	I.D. NUMBER
---	-------------

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

NAME OF FINANCIAL INSTITUTION Plumas Bank	AREA CODE/PHONE 530-283-6800	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY Quincy	STATE CA
		ZIP CODE 95971

**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		(list political party below)
Todd Johns	Plumas County Sheriff-Coroner	2022	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input checked="" type="checkbox"/> 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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input checked="" type="checkbox"/> OPPOSE

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	3/30/22	____/____/____

Date Stamp

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

APR 04 2022

**CALIFORNIA  
FORM**

**410**

For Official Use Only

**RECEIVED**

APR 15 2022

**1. Committee Information**

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

1445941

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

Todd Johns for Plumas County Sheriff 2022

NAME OF TREASURER

Suzette Reed

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE  
Greenville CA 95947 530-616-1004

NAME OF ASSISTANT TREASURER, IF ANY

FULL MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS (NO P.O. BOX)

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

CITY STATE ZIP CODE AREA CODE/PHONE

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Plumas Plumas County

NAME OF PRINCIPAL OFFICER(S)  
Kira Wattenburg King

STREET ADDRESS (NO P.O. BOX)

Attach additional information on appropriately labeled continuation sheets.

CITY STATE ZIP CODE AREA CODE/PHONE  
Greenville CA 95947 916-296-7513

**3. Verification**

I have used all reasonable diligence in preparing this statement of organization and I declare under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under

Executed on 3/31/2022 DATE

Treasurer

Executed on 3/31/2022 DATE

DID ATG

Executed on 3/31/2022 DATE

STATE MEASURE PROponent

Executed on \_\_\_\_\_ DATE

Principal Officer

STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPO

FPPC Form 410 (August/2018)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM**

**410**

Page 2

COMMITTEE NAME Todd Johns for Plumas County Sheriff 2022		I.D. NUMBER	
<ul style="list-style-type: none"> <li>• All committees must list the financial institution where the campaign bank account is located.</li> </ul>			
NAME OF FINANCIAL INSTITUTION Plumas Bank	AREA CODE/PHONE 530-283-6800	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Quincy	STATE CA	ZIP CODE 95971

**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		(List political party below)
Todd Johns	Plumas County Sheriff-Coroner	2022	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(List political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		Date of This Filing 04/15/2022	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 530-618-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____	RECEIVED For Official Use Only	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 3	APR 15 2022	
CITY Greenville	STATE CA	ZIP CODE 95947	PLUMAS CO. CLERK-RECORDED	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/14/2022	Clint Koble [REDACTED] Westwood, CA 98137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant	\$40.00 <input type="checkbox"/> Check if Loan % Provide Interest rate
04/14/2022	Ed Winchester P.O. Box 911 Inyokern, CA 93527	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500.00 <input type="checkbox"/> Check if Loan % Provide Interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan % Provide Interest rate

Reason for Amendment: \_\_\_\_\_

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		Date of This Filing 04/15/2022	Date Stamp	CALIFORNIA FORM <b>497</b>
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____		For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Greenville	STATE CA	ZIP CODE 95947	No. of Pages <b>43</b>	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/14/2022	Mavis Somers P.O. Box 65 Canyon Dam, CA 95923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$40.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
04/14/2022	Bob Johns [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$900.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
04/14/2022	John E. Papenhausen P.O. Box 367 Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: \_\_\_\_\_

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# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		Date of This Filing 04/15/2022	Date Stamp	CALIFORNIA FORM <b>497</b>
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____		For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Greenville	STATE CA	ZIP CODE 95947	No. of Pages 43	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/14/2022	Scott Wagner [REDACTED] W Sacramento, CA 95691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Works for OES	\$500.00 <input type="checkbox"/> Check if Loan _____ % Provide Interest rate
04/14/2022	Select Tech, INC [REDACTED] Rocklin CA 95765 Blake Roath	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner of Select Tech, INC	\$5000.00 <input type="checkbox"/> Check if Loan _____ % Provide Interest rate
04/14/2022	Rodney Osterlund P.O. Box 91 Clio, CA 96106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000.00 <input type="checkbox"/> Check if Loan _____ % Provide Interest rate

Reason for Amendment: \_\_\_\_\_

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 SCC - Small Contributor Committee

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns		Date of This Filing 04/12/2022	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 530-618-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____	RECEIVED APR 13 2022 PLUMAS CO. CLERK	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	For Official Use Only	
CITY Greenville	STATE CA	ZIP CODE 95947	No. of Pages 2	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/08/2022	Gloria A Shannon P.O. Box 102 Crescent Mills, CA 955934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Plumas County Behavioral Health	\$100.00 <input type="checkbox"/> Check if Loan _____ % Provide Interest rate
04/05/2022	Michael Rasner [REDACTED] Lake Almanor, CA 96137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00 <input type="checkbox"/> Check if Loan _____ % Provide Interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide Interest rate

Reason for Amendment: \_\_\_\_\_

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 PTY - Political Party  
 SCC - Small Contributor Committee

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns		Date of This Filing 04/12/2022	Date Stamp	CALIFORNIA FORM <b>497</b>
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____	For Official Use Only	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>2</u>		
CITY Greenville	STATE CA	ZIP CODE 95947		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/08/2022	The Hub Fitness Center P.O. Box 511 Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner of this business	\$250.00  <input type="checkbox"/> Check If Loan  <input type="checkbox"/> Provide interest rate
04/08/2022	Country Breeze Cleaning P.O. Box 1883 Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner of this business	\$250.00  <input type="checkbox"/> Check If Loan  <input type="checkbox"/> Provide interest rate
04/08/2022	Mavis Somers P.O. Box 65 Canyon Dam, CA 95923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$400.00  <input type="checkbox"/> Check If Loan  <input type="checkbox"/> Provide interest rate

Reason for Amendment: \_\_\_\_\_

\* Contributor Codes  
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 PTY - Political Party  
 SCC - Small Contributor Committee

## 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	
STREET ADDRESS [REDACTED]		
CITY Greenville	STATE CA	ZIP CODE 95947

Date of This Filing 4/15/2022  
 Report No. \_\_\_\_\_  
 Amendment to Report No. \_\_\_\_\_  
 (explain below) \_\_\_\_\_  
 No. of Pages 2

Date Stamp \_\_\_\_\_

CALIFORNIA FORM **497**

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For Official Use Only  
APR 06 2022  
PLUMAS CO. CLERK-RECOR

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/04/2022	Edward A Olson P.O. Box 457 Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50 <input type="checkbox"/> Check if Loan % Provide interest rate
04/05/2022	Matt Cerney [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	USFS	\$300.00 <input type="checkbox"/> Check if Loan % Provide interest rate
04/05/2022	Lawrence C Purdon [REDACTED] Reno, NV 89511	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Flooring Business	\$500 <input type="checkbox"/> Check if Loan % Provide interest rate

Reason for Amendment: \_\_\_\_\_

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# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		Date of This Filing 04/05/2022	Date Stamp	CALIFORNIA FORM <b>497</b>
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____		For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>2</u>		
CITY Greenville	STATE CA	ZIP CODE 95947		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/05/2022	L.M. Walsh Sr, P.O. Box 672 Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	My Wall Ammo Business	\$2,000 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: \_\_\_\_\_

### \* Contributor Codes

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- OTH - Other (e.g., business entity)
- PTY - Political Party
- SCC - Small Contributor Committee

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		Date of This Filing <u>04/06/2022</u>	Date Stamp	CALIFORNIA FORM <b>496</b>
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____	RECEIVED For Official Use Only APR 06 2022 PLUMAS CO. CLERK-RECORDE	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Greenville	STATE CA	ZIP CODE 95947	No. of Pages <u>1</u>	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Todd Johns				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Plumas County Sheriff - Coroner	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
04/06/2022	Signs from Wild Hare Signs	\$3,620.76

Reason for Amendment \_\_\_\_\_

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		
AREA CODE/PHONE NUMBER 530616-1004	I.D. NUMBER (if applicable) 1445941	
STREET ADDRESS [REDACTED]		
CITY Greenville	STATE CA	ZIP CODE 95947

Date of This Filing 4/01/2022  
Report No. 1  
 Amendment to Report No. \_\_\_\_\_  
(explain below)  
No. of Pages 1

Date Stamp

**RECEIVED**  
APR 1 2022  
PLUMAS CO. CLERK RECORDING

CALIFORNIA FORM **496**  
For Official Use Only

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED

Todd Johns

OFFICE SOUGHT OR HELD

Sheriff

DISTRICT NO.

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED

Plumas County Sheriff

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
03/25/2022	Sponsor sign for the Quincy Rotary Golf Tournament	\$50.00
3/31/2022	Signs	\$2,494.64

Reason for Amendment \_\_\_\_\_

## 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	
STREET ADDRESS [REDACTED]		
CITY Greenville	STATE CA	ZIP CODE 95947

Date of This Filing 03/29/2022  
 Report No. \_\_\_\_\_  
 Amendment to Report No. \_\_\_\_\_  
 (explain below)  
 No. of Pages 1

Date Stamp **FIL** CALIFORNIA FORM **497**  
 For Official Use Only  
 MAR 30 2022  
 PLUMAS CO. CLERK RECORDER  
 BY [REDACTED] DEPUTY

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/28/2022	Beverly Hughes [REDACTED] Los Osos, CA 93402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$3,000 <input type="checkbox"/> Check if Loan % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan % Provide interest rate

Reason for Amendment: \_\_\_\_\_

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER  
Todd Johns for Plumas County Sheriff 2022

Date of  
This Filing 3-28-2022

Date Stamp

Report No. \_\_\_\_\_

CALIFORNIA FORM **497**

For Official Use Only

Amendment  
to Report No. \_\_\_\_\_  
(explain below)

MAP 28 2022

No. of Pages 2

PLUMAS COUNTY CLERK-RECORDER

BY \_\_\_\_\_

AREA CODE/PHONE NUMBER  
530-616-1004

I.D. NUMBER (if applicable)  
1445941

STREET ADDRESS  
[REDACTED]

CITY  
Greenville

STATE  
CA

ZIP CODE  
95947

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/25/2022	Annika Peacock [REDACTED] Chester, CA 96020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Plumas County Servant	\$50.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
03/25/2022	Elaine Darrah [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
03/25/2022	Thomas Owens P.O. Box 1925 Quincy, CA 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$300.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: \_\_\_\_\_

### \* Contributor Codes

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Todd Johns for Plumas County Sheriff 2022		Date of This Filing 03/28/2022	Date Stamp
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No.	CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Greenville	STATE CA	ZIP CODE 95947	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/28/2022	Deanna Clark [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: \_\_\_\_\_

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

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		
<input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
_____	_____	_____

1445941

Date Stamp  
RECEIVED AND FILE  
the office of the Secretary of State  
of the State of California

MAR 10 2022

CALIFORNIA  
FORM

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MAR 20 2022

1. Committee Information

I.D. Number  
(if applicable)

NAME OF COMMITTEE

Todd Johns for Plumas County Sheriff 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Greenville CA 95947 530-394-7804

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Plumas Plumas County

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Suzette Reed

PLUMAS CO. CLERK-RECORDER

STREET ADDRESS (NO P.O. BOX)

CITY

Taylorsville

STATE

CA

ZIP CODE  
95983

AREA CODE/PHONE  
530-375-0464

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

NAME OF PRINCIPAL OFFICER(S)  
Kira Wattenburg King

STATE

CA

ZIP CODE  
95947

AREA CODE/PHONE

AREA CODE/PHONE  
916-296-7513

STREET ADDRESS (NO P.O. BOX)

CITY

Greenville

STATE

CA

ZIP CODE  
95947

3. Verification

I have used all reasonable diligence in preparing this statement 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 3.4.2022 DATE

Executed on 3/1/2022 DATE

Executed on 3/1/2022 DATE

Executed on \_\_\_\_\_ DATE

Treasurer

ER OR ASSISTANT TREASURER

CANDIDATE

ER, CANDIDATE, OR STATE MEASURE PROPOSER

Princip al officer

ER, CANDIDATE, OR STATE MEASURE PROPOSER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

FPPC Form 410 (August/2018)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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Page 2

I.D. NUMBER

COMMITTEE NAME Todd Johns for Plumas County Sheriff 2022			
<ul style="list-style-type: none"> <li><b>All committees must list the financial institution where the campaign bank account is located.</b></li> </ul>			
NAME OF FINANCIAL INSTITUTION Plumas Bank	AREA CODE/PHONE 530-283-6800	BANK [REDACTED]	STATE ZIP CODE CA 95971
ADDRESS [REDACTED]	CITY Quincy		

**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 PROPOINTER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Todd Johns	Plumas County Sheriff-Coroner	2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	(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
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input checked="" type="checkbox"/>

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
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Page 3

I.D. NUMBER

COMMITTEE NAME

## 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, orponent 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.

## 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Todd Johns for Plumas County Sheriff 2022</i>	AREA CODE/PHONE NUMBER <i>(530) 466-1004</i>	I.D. NUMBER (if applicable) <i>1445941</i>
		ZIP CODE <i>95947</i>

Date of This Filing \_\_\_\_\_  
 Report No. \_\_\_\_\_  
 Amendment to Report No. \_\_\_\_\_  
 (explain below)  
 No. of Pages \_\_\_\_\_

FIL

CALIFORNIA FORM

497

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MAR 24 2022

PLUMAS CO. CLERK-RECORDER

BY \_\_\_\_\_ JUTY

*Greenville, CA 95947*

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
<i>3/22/2022</i>	<i>Guy McNet P.O. Box 222 Crescent Mills, CA 95934</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retired</i>	<i>\$250.00</i> <input type="checkbox"/> Check if Loan _____ % Provide interest rate
<i>3/22/2022</i>	<i>Rod DeCrona [REDACTED] Quincy, CA 95971</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retired</i>	<i>\$1,000.00</i> <input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: \_\_\_\_\_

## \* Contributor Codes

- IND - Individual
- COM - Recipient Committee (other than PTY or SCC)
- OTH - Other (e.g., business entity)
- PTY - Political Party
- SCC - Small Contributor Committee

# Candidate Intention Statement

FILED

Date Stamp

CALIFORNIA  
FORM

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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

MAR 08 2022

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PLUMAS CO. CLERK-RECORDER

BY

DEPUTY

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Johns, Todd

DAYTIME TELEPHONE NUMBER

(530) 394-7804-616-1004

FAX NUMBER (optional)

EMAIL (optional)

toddjohnsforsheriff@gmail.com

STREET ADDRESS

\_\_\_\_\_

CITY

Greenville

STATE

CA 95947

OFFICE SOUGHT (POSITION TITLE)

Sheriff - Coroner

AGENCY NAME

County of Plumas

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

State (Complete Part 2.)

2022

PRIMARY / GENERAL

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

SPECIAL / RUNOFF

## 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 foregoing is true and correct.

Executed on 03 01 2022  
(month, day, year)

Signature

\_\_\_\_\_