

Statement of Organization Recipient Committee

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

CALIFORNIA
FORM 410

Statement Type

☐ Initial☐ Not yet qualified
or☐ Date qualification threshold met☒ Amendment

Date qualification threshold met

3 / 30 / 22

☒ Termination – See Part 5

Date of termination

DEC 05 2022

For Official Use Only

1. Committee Information		I.D. Number 1445941 <small>(if applicable)</small>		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) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Greenville		STATE CA	ZIP CODE 95947	AREA CODE/PHONE 530-616-1004	CITY Taylorsville		
FULL MAILING ADDRESS (IF DIFFERENT)				STATE CA			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) toddjohnsforsheriff@gmail.com				ZIP CODE 95983			
COUNTY OF DOMICILE Plumas		JURISDICTION WHERE COMMITTEE IS ACTIVE Plumas County		AREA CODE/PHONE 530-375-0464			
NAME OF PRINCIPAL OFFICER(S) Kira Wattenburg King				NAME OF ASSISTANT TREASURER, IF ANY			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX)			
CITY Greenville				STATE CA	ZIP CODE 95947	AREA CODE/PHONE 916-296-7513	
Attach additional information on appropriately labeled continuation sheets.							

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

12/2/22

DATE

Executed on

12/2/22

DATE

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Secretary/Treasurer

MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

I.D. NUMBER

COMMITTEE NAME

Todd Johns for Plumas County Sheriff 2022

- 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

ADDRESS

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 ✓	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

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 RECEIVED MAY 25 2022 PLUMAS CO. CLERK-RECORDER	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Greenville	STATE CA	ZIP CODE 95947		

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	3867.80
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 For Official Use Only
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____		
STREET ADDRESS <div style="background-color: black; width: 150px; height: 20px;"></div>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Greenville	STATE CA	ZIP CODE 95947		

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
05/24/2022	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 RECEIVED MAY 18 2022 PLUMAS CO. CLERK-RECORDER	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941		Report No. _____		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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 For Official Use Only
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____		
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 95661	<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 Employeed	\$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

* 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

Reason for Amendment: _____

Recipient Committee
Campaign Statement
Cover Page

COVER

Date Stamp

FILE

CALIFORNIA 460
FORM

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MAY 10 2022 For Official Use Only

PLUMAS COUNTY SHERIFF RECORDER

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from March 1, 2022

through April 30, 2022

Date of election if applicable:
(Month, Day, Year)

June 7, 2022

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1445941

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Todd Johns for Plumas County Sheriff 2022

STREET ADDRESS (NO P.O. BOX)

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

toddjohnsforsheriff@gmail.com

Treasurer(s)

NAME OF TREASURER

Suzette Marie Reed

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Taylorsville CA 95983 530-375-0464

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

quatercircleos@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement
certify under penalty of perjury under the laws of the State of California that the

Executed on 4.29.2022 Date

5/5/22 Date

Executed on Date

5/6/2022 Date

Executed on Date

Executed on Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

In the attached schedules is true and complete. I

Responsible Officer of Sponsor

Proponent

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
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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

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?

☐ YES ☐ 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?

☐ YES ☐ 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

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ 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> through <u>April 30, 2022</u>	CALIFORNIA FORM 460
	Page _____ of _____
	I.D. NUMBER 1445941

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Todd Johns for Plumas County Sheriff 2022

Contributions Received

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

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	\$ _____	\$ _____

Expenditures Made

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

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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

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

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
--	------

Cash Equivalents and Outstanding Debts

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

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).

*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 <u>March, 2022</u> through <u>April 30, 2022</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Todd Johns for Plumas County Sheriff

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
SUBTOTAL \$ 4,050.00 ✓						

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 <u>March, 2022</u> 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
SUBTOTAL \$ 2700.00 ✓						

*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 <u>March, 2022</u>	CALIFORNIA FORM 460
through <u>April 30, 2022</u>	
Page _____ of _____	

SEE INSTRUCTIONS ON REVERSE

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)
04/04/2022	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

- 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 <u>March, 2022</u> through <u>April 30, 2022</u>		CALIFORNIA FORM 460 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)
04/14/2022	Select Tech INC Blake Roath ██████████ Rocklin CA 95785	<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				
SUBTOTAL \$ 6,000.00						

*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
FORM **460**

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
SUBTOTAL \$ 1790.00						

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 Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>March, 2022</u>	CALIFORNIA FORM 460
through <u>April 30, 2022</u>	
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)
04/14/2022	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 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 ✓	25.00	25.00
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.

SCHEDULE A (CONT.)

Statement covers period from <u>March, 2022</u> through <u>April 30, 2022</u>		CALIFORNIA FORM 460
Page _____ of _____		
NAME OF FILER Todd Johns for Plumas County Sheriff 2022		I.D. NUMBER <u>1445941</u>

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] Blairden CA 96103	<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] Croanville 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 Croanville CA 96103	<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				
SUBTOTAL \$ 1100.00 ✓						

*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 E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>March, 2022</u> through <u>April 30, 2022</u>		CALIFORNIA FORM 460
Page _____ of _____		
NAME OF FILER Todd Johns for Plumas County Sheriff 2022		I.D. NUMBER 1445941

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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.).....	TOTAL \$ 9,795.82

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

497 Contribution Report

Amounts may be rounded to whole dollars.

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

1. Contribution(s) Received

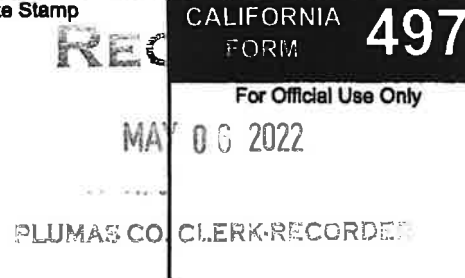
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/05/2022	Charlie and Mary Lynn Neer [REDACTED] Greenville, CA 95947	<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
05/08/2022	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 
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable)	Report No.		
STREET ADDRESS <div style="background-color: black; height: 20px; width: 100%;"></div>		<input type="checkbox"/> Amendment to Report No. (explain below)		
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 <div style="background-color: black; height: 15px; width: 80%;"></div> 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 <div style="background-color: black; height: 15px; width: 80%;"></div> 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)
 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 RECEIVED MAY 06 2022 PLUMAS CO. CLERK-RECORDED	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-816-1004	I.D. NUMBER (if applicable)	Report No.		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Greenville	STATE CA	ZIP CODE 95983		

1. Contribution(s) Received

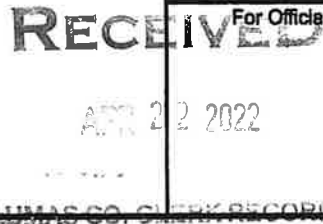
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/03/2022	Mike Walsh P.O. Box 672 Grass Valley, CA95945	<input checked="" 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 _____% Provide interest rate
05/03/2022	KM Construction Ken P.O. Box 1494 Portola, CA 98122	<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 _____% 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 _____% 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 For Official Use Only
AREA CODE/PHONE NUMBER 530-878-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____		
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	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 _____% 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 _____% 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 04/22/2022	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-878-1004	I.D. NUMBER (if applicable) 1445941	Report No.		
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 Ave. 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: _____

* 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

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 For Official Use Only RECEIVED APR 22 2022 PLUMAS CO. CLERK-RECORDED
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____		
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

☐ Initial

☒ Not yet qualified
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

☐ Termination - See Part 5

Date of termination

Date Stamp

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

APR 04 2022

CALIFORNIA FORM 410

For Official Use Only

RECEIVED

APR 15 2022

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)

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)

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

Greenville

STATE

CA

ZIP CODE

95947

AREA CODE/PHONE

916-296-7513

NAME OF PRINCIPAL OFFICER(S)

Kira Wattenburg King

STREET ADDRESS (NO P.O. BOX)

CITY

Greenville

STATE

CA

ZIP CODE

95947

AREA CODE/PHONE

916-296-7513

3. Verification

I have used all reasonable diligence in preparing 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

3-12-2022

By

Executed on

3/12/2022

By

Executed on

3/12/2022

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

ge the information contained herein is true and complete. I certify under

- TREASURER

OR ASSISTANT TREASURER

DATE

CANDIDATE, OR STATE MEASURE PROPONENT

ICER

CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

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

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

ADDRESS

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 ✓	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

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 3 / 30 / 22	Date of termination ____ / ____ / ____

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
APR 04 2022

CALIFORNIA FORM 410
RECEIVED
For Official Use Only
APR 15 2022

1. Committee Information		I.D. Number 1445941 (if applicable)		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) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Greenville		STATE CA	ZIP CODE 95947	AREA CODE/PHONE 530-616-1004	CITY Taylorsville		
FULL MAILING ADDRESS (IF DIFFERENT)				STATE CA			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) toddjohnsforsheriff@gmail.com				ZIP CODE 95983			
COUNTY OF DOMICILE Plumas		JURISDICTION WHERE COMMITTEE IS ACTIVE Plumas County		AREA CODE/PHONE 530-375-0464			
Attach additional information on appropriately labeled continuation sheets.				NAME OF ASSISTANT TREASURER, IF ANY			
				STREET ADDRESS (NO P.O. BOX)			
CITY Greenville				STATE CA			
ZIP CODE 95947				AREA CODE/PHONE 916-296-7513			

3. Verification	
I have used all reasonable diligence in preparing this statement and 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	Treasurer
Executed on 3/31/2022	Treasurer
Executed on 3/31/2022	Principal Officer
Executed on _____	Principal Officer
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent	

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">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		
Todd Johns	Plumas County Sheriff-Coroner	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

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 RECEIVED APR 15 2022 PLUMAS CO. CLERK-RECORDED	CALIFORNIA FORM 497 (For Official Use Only)
AREA CODE/PHONE NUMBER 530-818-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____		
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
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 <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 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941		Report No. _____		
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	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

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

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 04/15/2022	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No.		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Greenville	STATE CA	ZIP CODE 95947	No. of Pages 4 3	

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 Cllo, 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: _____

* 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		Date of This Filing 04/12/2022	Date Stamp RECEIVED APR 13 2022 PLUMAS CO. CLERK	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____		
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
04/08/2022	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: _____

* 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		Date of This Filing 04/12/2022	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-818-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____		
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
04/08/2022	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 _____% 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 _____% Provide interest rate
04/08/2022	Mavis Somers P.O. Box 85 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 _____% Provide interest rate

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

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 4/5/2022	Date Stamp RECEIVED APR 06 2022 PLUMAS CO. CLERK-RECORDS	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____		
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
04/04/2022	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

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

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 04/05/2022	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____		
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
04/05/2022	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
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 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 04/06/2022	Date Stamp RECEIVED APR 06 2022 PLUMAS CO. CLERK-RECORDS	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941	Report No. _____		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Greenville	STATE CA	ZIP CODE 95947		

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

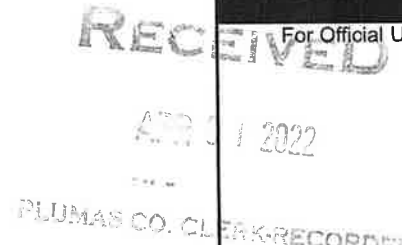
2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

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			Date of This Filing <u>4/01/2022</u>	Date Stamp 	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 530616-1004	I.D. NUMBER (if applicable) 1445941		Report No. <u>1</u>		
STREET ADDRESS <div style="background-color: black; height: 20px; width: 100%;"></div>			<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 Plumas County Sheriff			
OFFICE SOUGHT OR HELD Sheriff	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
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			Date of This Filing <u>03/29/2022</u>	Date Stamp <div style="font-size: 2em; font-weight: bold; margin: 0;">FILE</div> <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">MAR 30 2022</div> <div style="font-size: 0.8em; margin: 0;">PLUMAS COUNTY CLERK OF SUPERIOR COURT</div> <div style="font-size: 0.8em; margin: 0;">BY [REDACTED]</div>	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941		Report No. _____		
STREET ADDRESS <div style="background-color: black; color: black; height: 20px; width: 100%;"></div>			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Greenville	STATE CA	ZIP CODE 95947	No. of Pages <u>1</u>		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
03/28/2022	Beverly Hughes <div style="background-color: black; color: black; height: 15px; width: 100%;"></div> 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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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 FI MAR 28 2022	CALIFORNIA FORM 497
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)	PLUMAS COUNTY CLERK-RECORDER	
CITY Greenville	STATE CA	ZIP CODE 95947	BY [REDACTED]	
		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
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: _____

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 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 03/28/2022	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-616-1004	I.D. NUMBER (if applicable) 1445941		Report No. _____		
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
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

☒ Initial

☒ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination - See Part 5

Date of termination

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

MAR 10 2022

Hand Delivered, Sacramento

CALIFORNIA FORM 410

For Official Use Only

RECEIVED

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

Greenville

STATE

CA

ZIP CODE

95947

AREA CODE/PHONE

530-394-7804

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)

CITY

Taylorville

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

CITY

Greenville

STATE

CA

ZIP CODE

95947

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 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

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM

410

Page 2

I.D. NUMBER

COMMITTEE NAME

Todd Johns for Plumas County Sheriff 2022

- 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

STATE

ZIP CODE

CA

95971

ADDRESS

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 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	Nonpartisan	Partisan	
			Nonpartisan	Partisan	

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

**Statement of Organization
Recipient Committee**

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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, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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)

12415941

[REDACTED]

ZIP CODE

Greenville, CA 95947

Date of This Filing

Report No.

☐ Amendment to Report No. (explain below)

No. of Pages

Date Stamp

FILE

CALIFORNIA FORM

497

MAR 24 2022

For Official Use Only

PLUMAS CO. CLERK-RECORDER

BY

[REDACTED]

TY

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
3/22/2022	Guy McNet P.O. Box 222 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	Retired	\$250.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
3/22/2022	Rod DeCrona [REDACTED] 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	\$1,000.00 <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

FPPC Form 497 (Feb/2019)

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

www.fppc.ca.gov

Candidate Intention Statement

FILED

Date Stamp

MAR 08 2022

CALIFORNIA
FORM

501

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Check One: ☒ Initial ☐ Amendment (Explain) _____

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

ZIP CODE

95947

OFFICE SOUGHT (POSITION TITLE)

Sheriff - Coroner

AGENCY NAME

County of Plumas

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2022

(Year of Election)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ 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