

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

FEB 28 2022

CALIFORNIA
FORM

410

For Official Use Only

RECEIVED

1. Committee information

ID Number
(If applicable)

1309029

NAME OF COMMITTEE

Plumas County Republican Central Committee (State)

STREET ADDRESS (NO P.O. BOX)

CITY

Graeagle, CA 96103

STATE

ZIP CODE

AREA CODE/PHONE

415 250-4036

FAX / E-MAIL ADDRESS

tom@politicalcommunicationsinc.com

COUNTY OF DOMICILE

Plumas

JURISDICTION WHERE COMMITTEE IS ACTIVE

Plumas County

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Thomas Montgomery

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Rafael, CA 94903

415 250-4036

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Megan Dahle

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Bieber, CA 96009

530 299-3223

Attach additional information on appropriately labeled continuation sheets

3. Verification

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

Executed on 2/21/22 By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA **410**
FORM

Page 2

COMMITTEE NAME

Plumas County Republican Central Committee (State)

I. D. NUMBER

1309029

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

NAME OF FINANCIAL INSTITUTION

Plumas Bank

AREA CODE/PHONE

530-832-4405

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

Portola, CA 96122-8414

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."
- 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
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM **410**

Page 3

COMMITTEE NAME

Plumas County Republican Central Committee (State)

I. D. NUMBER

1309029

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

To promote Republican values and ideals in Plumas County

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OF AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

☐

Date Qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.