

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 Date qualification threshold met
 Amendment
 Termination - See Part 5

Date qualification threshold met: 11/23/2007
 Date of termination: / /

Date Stamp: Sutter
RECEIVED AND FILED
 In the office of the Secretary of State of the State of California
 DEC 24 2020
 CALIFORNIA 410 FORM
 2021 FEB 11 AM 10:15
 CAMPAIGN FINANCE
 FILED

1. Committee Information I.D. Number 13022267

NAME OF COMMITTEE: Live Oak Teachers Association Educational Improvement Fund
 STREET ADDRESS (NO P.O. BOX):
 CITY: Sutter STATE: CA ZIP CODE: 95982 AREA CODE/PHONE: (530) 701.5797
 FULL MAILING ADDRESS (IF DIFFERENT): Live Oak, CA 95953
 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): JillWilhelm71@gmail.com
 COUNTY OF DOMICILE: Sutter JURISDICTION WHERE COMMITTEE IS ACTIVE:

2. Treasurer and Other Principal Officers REGISTRAR OF VOTERS

NAME OF TREASURER: Jill Wilhelm
 STREET ADDRESS (NO P.O. BOX):
 CITY: Sutter STATE: CA ZIP CODE: 95982 AREA CODE/PHONE: (530) 701.5797
 NAME OF ASSISTANT TREASURER, IF ANY:
 STREET ADDRESS (NO P.O. BOX):
 CITY: Sutter STATE: CA ZIP CODE: 95982 AREA CODE/PHONE: (530) 701.5797
 NAME OF PRINCIPAL OFFICER(S): David Anderson
 STREET ADDRESS (NO P.O. BOX):
 CITY: Sutter STATE: CA ZIP CODE: 95948 AREA CODE/PHONE: (530) 588.4141

3. Verification

Attach additional information on appropriately labeled continuation sheets.

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 12/18/2020 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

13D32267

COMMITTEE NAME

Live Oak Teachers Association Educational Improvement Fund

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

NAME OF FINANCIAL INSTITUTION

Golden Pacific Bank, NA

AREA CODE/PHONE

(816) 828-4262

BANK ACCOUNT NUMBER

CA

ADDRESS

Live Oak

CITY

STATE

ZIP CODE

95953

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)
			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
	SUPPORT	OPPOSE

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COMMITTEE NAME

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I.D. NUMBER

4. Type of Committee *Live Oak Teachers Association Educational Improvement Fund* (continued) **13022267**

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

Live Oak Teachers Association

Teacher Union

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

[Redacted]

Sutter

CA

95982

(530) 701.5797

Small Contributor Committee

Date qualified

_____/_____/____

5. Termination Requirements

By signing the verifications, the treasurer, assistant treasurer and/or candidate, officer/holder, 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.