

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met <u>3</u> / <u>8</u> / <u>2022</u>	<input type="checkbox"/> Amendment Date qualification threshold met _____ / _____ / _____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____ / _____ / _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------

Date Stamp FILED REGISTRAR OF VOTE MAR 11 2022 DONNA M. JOHNSTON DEPUTY CLERK	CALIFORNIA FORM 410 For Official Use Only
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------

I.D. Number <i>(if applicable)</i>		DEPUTY CLERK			
NAME OF COMMITTEE Courtney Ortega for Supervisor 2022		NAME OF TREASURER Courtney Ortega			
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)			
CITY Yuba City		STATE CA	ZIP CODE 95991	AREA CODE/PHONE 530-953-1575	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) info@electcourtneyortega.com		NAME OF ASSISTANT TREASURER, IF ANY			
COUNTY OF DOMICILE Sutter		JURISDICTION WHERE COMMITTEE IS ACTIVE Sutter County		STREET ADDRESS (NO P.O. BOX)	
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
CITY Yuba City		STATE CA	ZIP CODE 95991	AREA CODE/PHONE 530-953-1575	
Attach additional information on appropriately labeled continuation sheets.		NAME OF PRINCIPAL OFFICER(S)			
		STREET ADDRESS (NO P.O. BOX)			
		CITY			
		STATE	ZIP CODE	AREA CODE/PHONE	

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 3/9/22 By _____ TREASURER

Executed on 3/9/22 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
FORM 410**

Page 2

COMMITTEE NAME Courtney Ortega for Supervisor 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 530-755-3700	BANK ACCOUNT NUMBER	
ADDRESS	CITY Yuba City	STATE CA	ZIP CODE 95991

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		
Courtney Ortega	Sutter County Supervisor District 2	2022	Nonpartisan <input checked="" type="checkbox"/>	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

FPPC Advice:

FPPC Form 410 (August/2018)
(866/275-3772)