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**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 3 / 8 / 2022	<input type="checkbox"/> Amendment Date qualification threshold met	<input type="checkbox"/> Termination - See Part 5 Date of termination
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Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of the State of California

MAR 14 2022

CALIFORNIA FORM 410
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R/LD

I.D. Number <i>(if applicable)</i>			
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
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) info@electcourtneyortega.com		STREET ADDRESS (NO P.O. BOX)	
COUNTY OF DOMICILE Sutter	JURISDICTION WHERE COMMITTEE IS ACTIVE Sutter County		
<i>Attach additional information on appropriately labeled continuation sheets.</i>		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 _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/9/22 By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME Courtney Ortega for Supervisor 2022			Page 2
			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		(list political party below)
			Nonpartisan	Partisan	
Courtney Ortega	Sutter County Supervisor District 2	2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE