Desiries Agency Man		COVER PAGE		
Recipient Committee Campaign Statement Cover Page			Date Stamp FILED	california 460 form
э 8	Statement covers period from 12-31-21	Date of election if applicable: (Month, Day, Year)	REGISTRAR OF VOTE APR 2 8 2022	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>4-28-22</u>		DONNAM, JOHNSTO BY W X M S DEPUTY CLERK	Ni Ni
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.		2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	t ; ermination)	Quarterly Statement Special Odd-Year Report
3. Committee information	NUMBER 1397459	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Re-Elect Brandon Barnes for Sutter County Sheriff		NAME OF TREASURER Jennifer D Barnes MAILING ADDRE		
STREET ADDRESS (NO P.O. BOX)		CITY Live Oak		IP CODE AREA CODE/PHONE 95953 530-8-70-6634
CITY STATE ZIP COL	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		
Live Oak CA 95953 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	530-870-6634	MAILING ADDRESS		
CITY STATE ZIP COE Live Oak CA 95953	DE AREA CODE/PHONE 530-870-6634	CITY	STATE Z	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	330-070-0034	OPTIONAL: FAX / E-MAIL ADDRE	ESS	
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C Executed on Executed on Executed on Date Executed on Date	California that the foregoing is true By	nowledge the information contained	110dSule)	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on -

Executed on -

Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov