

RECEIVED
 AUG 25 2020
 E. A. Sobel

**Statement of Organization
 Recipient Committee**

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

Date of termination
 Date Stamp
CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information	I.D. Number	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE ERICKA CHIRREA, DAKDALE CITY COUNCIL		NAME OF TREASURER Kathryn M. Rogers
CITY Dakdale	STATE CA	STREET ADDRESS (NO PO BOX) Dakdale CA 95301
CITY Dakdale	STATE CA	CITY Dakdale
CITY Dakdale	STATE CA	STATE CA
CITY Dakdale	STATE CA	ZIP CODE 95301
CITY Dakdale	STATE CA	AREA CODE/PHONE
CITY Dakdale	STATE CA	STREET ADDRESS (NO PO BOX)
CITY Dakdale	STATE CA	NAME OF ASSISTANT TREASURER, IF ANY
CITY Dakdale	STATE CA	CITY
CITY Dakdale	STATE CA	STATE
CITY Dakdale	STATE CA	ZIP CODE
CITY Dakdale	STATE CA	AREA CODE/PHONE

3. Verification	4. Principal Officers
Attach additional information on appropriately labeled continuation sheets.	NAME OF PRINCIPAL OFFICERS ERICKA CHIRREA
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 information provided is correct.	CITY Dakdale
Executed on <u>8/25/2020</u> By <u>[Signature]</u> SIGNATURE OF TREASURER OR ASSISTANT TREASURER	STATE CA
Executed on <u>8/25/2020</u> By <u>[Signature]</u> SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	ZIP CODE 95301
Executed on <u>8/25/2020</u> By <u>[Signature]</u> SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	AREA CODE/PHONE
Executed on <u>8/25/2020</u> By <u>[Signature]</u> SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on <u>8/25/2020</u> By <u>[Signature]</u> SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	

EMAIL ADDRESS (REQUIRED) / (FOR OFFICIAL USE ONLY)
Chirrea@DakdaleCA.gov

COUNTY OF DOMICILE
Shasta

JURISDICTION WHERE COMMITTEES ACTIVE
City of Dakdale

FPPC Form 410 (August 2018)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME
ERICKA CHARRA, OAKDALE CITY COUNCIL CANDIDATE

ID NUMBER

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

NAME OF FINANCIAL INSTITUTION Oak Valley Community Bank	AREA CODE/PHONE 209 848 2265	BANK ACCOUNT NUMBER 001035924
ADDRESS 125 N THIRD AVE	CITY OAKDALE	STATE CA
	ZIP CODE 95361	

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)
ERICKA CHARRA	Oakdale City Council	2020	<input checked="" type="checkbox"/> Nonpartisan <input type="checkbox"/> 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
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM
410

Page 3

COMMITTEE NAME

ERICKA CHIRRA, DAKOTE CITY COUNCIL CANDIDATE

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

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

One qualified

5. Termination Requirements

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