| Statement of C Recipient Com | - | | | | | Date Stamp RECEIVED | CALIFORNIA 410 |
|---------------------------------|-----------------------------|-----------------------------|------------------------|----------------------------------|------------|-----------------------------------|-------------------------------|
| Statement Type | ☐ Initial | ⊠ Amen | dment | ☐ Termination – See | Part 5 | 100000 | For Official Use Only |
| | Not yet qualified | | | | | JUL 0 3 2024 | |
| | or O Date qualification th | reshold met Date qualif | ication threshold met | Date of termination | | | |
| | //- | | / 09 / 2008 | // | — кі | NGS COUNTY ELECTIONS | |
| 1. Committee l | | D. Number | 350 | 2. Treasurer a | and O | ther Principal Officers | |
| NAME OF COMMITTEE | (4 - | трриковие) 1303. | 250 | NAME OF TREASURER | | | |
| | | | | Danny Trujil | 110 | | |
| Valle for Superv | isor 2024 | | | STREET ADDRESS (NO | P.O. BOX) | CITY | STATE ZIP CODE |
| | | | | | | Corcoran | CA 93212 |
| | | | | EMAIL ADDRESS OF TR | REASURER | (REQUIRED) | AREA CODE/PHONE |
| STREET ADDRESS (NO P.O. | . BOX) | | | trujillo.tro | o.danny | y@gmail.com | (559)380-5704 |
| | | | | NAME OF ASSISTANT T | REASURE | R, IF ANY | |
| CITY | | STATE ZIP CODE | AREA CODE/PHONE | Denise Lewis | 3 | | _ |
| Corcoran | | CA 93212 | (559) 992-87 | 99 STREET ADDRESS (NO | P.O. BOX) | CITY | STATE ZIP CODE |
| FULL MAILING ADDRESS (| IF DIFFERENT) | | | | | Sacrament | O CA 95841 |
| Post Office Box | 751 Corcoran, CA 9 | 3212 | | EMAIL ADDRESS OF AS | SISTANT | TREASURER (REQUIRED) | AREA CODE/PHONE |
| E-MAIL ADDRESS OF COM | IMITTEE (REQUIRED) / FAX (O | PTIONAL) | | denise@rcbs. | us | | (916)348-9100 |
| campaigns@rcbs.u | s / (916)348-9111 | | | NAME OF PRINCIPAL O | FFICER(S) | | · · · · |
| COUNTY OF DOMICILE | JURISDIC | TION WHERE COMMITTEE IS | ACTIVE | | | | |
| Kings | Kin | gs County | | STREET ADDRESS (NO | P.O. BOX) | CiTY | STATE ZIP CODE |
| | • | | | | | | |
| Attach additional in | nformation on approp | riately labeled continu | uation sheets. | EMAIL ADDRESS OF PR | RINCIPAL (| DFFICER(S) (REQUIRED) | AREA CODE/PHONE |
| 3. Verification | | | | | | | |
| | _ | | | - | rmatio | n contained herein is true and co | omplete. I certify under |
| penalty of perjury (| under the laws of the | State of California tha | it the foregoing is ti | rue and correct. | | | |
| Executed on | 06/28/2024 By | / | TANDIZ | URE OF TREASURER OR ASSISTANT TO | REASURER | | <u> </u> |
| Executed on | 06/28/2024 By | 10050 9010 17590 WAS 101011 | SIGNATURE OF CONTROLL | ING OFFICEHOLDER, CANDIDATE, OR | STATE MEA | SURE PROPONENT | _ |
| Executed on | Executed on By | | | | | SURE PROPONENT | |
| Executed on | DATE BY | / | SIGNATURE OF CONTROLL | ING OFFICEHOLDER, CANDIDATE, OR | STATE MEA | SURE PROPONENT | EDDC Form 410 (Ortobox /2022) |

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

| COMMITTEE NAME Valle for Supervisor 2024 | • | | 1.1 | Page 2 of 3 D. NUMBER 1303250 | | | |
|---|--|--------------------------|---|-------------------------------------|--|--|--|
| All committees must list the financial institution where the campaign bank a | ccount is located and | the person(s) authorized | d to obtain bank | records. | | | |
| NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS | DRIZED TO OBTAIN BANK RECORDS AREA CODE/PHONE BANK ACC | | | | COUNT NUMBER | | |
| First Foundation Bank Marissa Russell | | (916)724-24 | 24 | | | | |
| ADDRESS OF FINANCIAL INSTITUTION | CITY | | STATE | ZIP CODE | | | |
| | Rosev | ille | CA | 95661 | | | |
| 4. Type of Committee Complete the applicable sections | | | 160000000000000000000000000000000000000 | | eroko este este este este este este este est | | |

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 OF INCLUDE DISTRI | FICE SOUGHT CT NUMBER I | | | AR OF ECTION | PARTY CHECK ONE | | | |
|---|-------------|-------------------------------|----------------------------|-------------------|-------------|-----------------|--------------------|----------|---------------------|---------------|
| Richard Valle | County 2 | Supervisor | Kings C | ounty Distri | | 024 | Nonpartisan X | Partisan | (list political par | ty below) |
| · | | • | | | | | Nonpartisan | Partisan | {list political par | ty 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) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION | | | | | | | | | | |
| IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | | <u> </u> | (INCL | JDE DISTRICT NO., | CITY OR COL | JNTY, AS | APPLICABLE) | | CHECK SUPPORT | ONE OPPOSE |
| | | | | | | | | | | |
| | | | | | | | | | SUPPORT | OPPOSE |

Statement of Organization **Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM

Page 3 of 3

I.D. NUMBER 1303250

| COMMITTEE NAME Valle for Supervisor 2024 | | | | I.D. NUMBER 1303250 |
|---|----------------------------------|---|--|------------------------|
| 4. Type of Committee (con | tinued) | | | |
| General Purpose Committee | Not formed to support or op | opose specific candidates or measures in COUNTY Committee | n a single election. Check only one box: | |
| PROVIDE BRIEF DESCRIPTION OF ACTIVITY | | | | |
| Sponsored Committee Lis | t additional sponsors on an atta | chment. | | |
| NAME OF SPONSOR | | INDUSTRY GROUP OR AFFILIAT | TION OF SPONSOR | |
| STREET ADDRESS NO. AND S | TREET | СІТУ | STATE ZIP CODE | AREA CODE/PHONE |
| Small Contributor Committee | | _ | | |
| | Pate qualified | | | |

· 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

5. Termination Requirements

- 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.

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

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.