127	K						
Statement of Organization Recipient Committee L 14703				Date Stamp	CALIFORNIA FORM	410	
Statement Type	✓ Initial  ✓ Not yet qualified  or  Date qualification threshold me	Amendment  t Date qualification threshold met	☐ Termination – See Part 5  Date of termination	RECEIVED AND FILED in the office of the California Secretary of State JUN 14 2024	UIIN 2 8 2024		
			/	4	3101 CENTER	STREET CAISSECT	
1. Committee I	nformation I.D. Numbe	er	2. Treasurer and O	ther Principal Officers			
NAME OF COMMITTEE			NAME OF TREASURER				
Jackie Neau for	City Council 2024		Jackie Neau	CITY	CTATE	710 6005	
			STREET ADDRESS (NO P.O. BOX)	Placerville	STATE	21P CODE 95667	
			EMAIL ADDRESS OF TREASURER		AREA COD	10.00000	
STREET ADDRESS (NO P.O	. BOX		EMAIL ADDRESS OF TREASURER	(REQUIRED)	AREA COD	E/PHONE	
			NAME OF ASSISTANT TREASURE	ER, IF ANY			
CITY	STATE	ZIP CODE AREA CODE/PHONE	Dolly Wager				
Placerville	CA	95667	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE	
FULL MAILING ADDRESS (	IF DIFFERENT)			Placerville	CA	95667	
			EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA COI	DE/PHONE	
E-MAIL ADDRESS OF COM	IMITTEE (REQUIRED) / FAX (OPTIONAL)						
COUNTY OF DOMICILE	LUDISDISTICAL	CONTRACT IS A STUDE	NAME OF PRINCIPAL OFFICER(S	)			
El Dorado County		COMMITTEE IS ACTIVE	Jackie Neau				
El Dolado County	City of Flacervii	ie	STREET ADDRESS (NO P.O. BOX)		STATE	ZIP CODE	
				Placerville	CA	95667	
Attach additional in	nformation on appropriately lab	peled continuation sheets.	EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA COD	DE/PHONE	
			2000年1月1日 - 1000年1月1日 - 1000年1月 - 1000年				
3. Verification	14 6 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
		nis statement and to the best of alifornia that the foregoing is tr		n contained herein is true and	complete. I certify u	ınder	
	Participation (Control of Control		Digitally signed by Jackie Nea	u .			
Executed on 06/15	/2024 By Jackie		Date: 2024.06.15 10:22:12 -07 URE OF TREASURER OR ASSISTANT TREASURER				
Executed on 06/15		Neau	Digitally signed by Jackie Nea Date: 2024.06.15 10:22:35 -07	2,00,			
Executed on	DATE By	SIGNATURE OF CONTROLLI	ING OFFICEHOLDER, CANDIDATE, OR STATE MEA	SURE PROPONENT			
Executed on	By	1					

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2023) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

## Statement of Organization Recipient Committee

CALIFORNIA 410

INSTRUCTIONS ON REVERSE				Page 2	
COMMITTEE NAME			***	I.D. NUMBER	
Jackie Neau for City Council 2024					
All committees must list the financial institution where the campaign bank account	nt is located and	the person(s) authorized to o	btain ban	ık records.	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS		AREA CODE/PHONE	BANK ACCOU	INT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION	CITY		STATE	ZIP CODE	*
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 APPLICAE	YEAR OF BLE) ELECTION	PART CHECK			
Jackie Neau	City Council	2024	Nonpartisan	Partisan	(list political par	rty below)
LB.			Nonpartisan	Partisan	(list political par	rty 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.  (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)						ONE
					SUPPORT	OPPOSE
					SUPPORT	OPPOSE

## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA 410

I.D. NUMBER

Jackie Neau for City Council 2024

ackie Neau for City Council 2024

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41	TO THE REAL PROPERTY.	100	A 100 PM	77.7	P (Contin	
-	PRES 18. 4 0 1 -	-ME - 1 HW -	4018816		二四月【何0]2]2	11/12/01

General Purpose Committee	Not formed to support or oppose specific candidates or measures in a single election. Check only one box:						
	☐ CITY Committee	□ cc	UNTY Committee	☐ STATE Comm	nittee		
PROVIDE BRIEF DESCRIPTION OF ACTIVITY							
Sponsored Committee List	additional sponsors on an attachment	t.				5	
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATION OF	SPONSOR			
	4		=				
STREET ADDRESS NO. AND ST	REET	CITY		STATE	ZIP CODE	AREA CODE/PHONE	
Small Contributor Committee	Ιп , ,						

## 5. Termination Requirements

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