Statement of Organization				Date Stamp	CALIFORNIA 440			
Recipient Con	nmittee	RECEIVED	FORM 4 U					
Statement Type	☐ Initial	✓ Amendment	☐ Termination – See Part 5	TY CLERK/HUMAN RESOURCE	For Official Use Only			
	O Not yet qualified	Amendment	Termination - See Part 5	CED of coor	For Official Use Only			
	or or			SEP 2 5 2024				
	O Date qualification threshold met	Date qualification threshold met	Date of termination	CITY OF PLACERVILLE 3101 CENTER STREET				
	//	09 / 11 / 2024	//	PLACERVILLE, CA 95667				
1. Committee I	nformation I.D. Numbe	1470313	2. Treasurer and O	ther Principal Officers				
NAME OF COMMITTEE			NAME OF TREASURER					
Jackie Neau for	City Council 2024		Jackie Neau					
			STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE			
				Placerville	CA 95667			
STREET ADDRESS (NO P.C	n povi		EMAIL ADDRESS OF TREASURE	R (REQUIRED)	AREA CODE/PHONE			
STREET ADDRESS (NO P.C	J. BOX)							
CITY			NAME OF ASSISTANT TREASUR	ER, IF ANY				
Placerville	STATE	ZIP CODE AREA CODE/PHONE	Dolly Wager					
FULL MAILING ADDRESS	(IE DIFFERENT)	95667	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE			
FOLE WAILING ADDRESS	(IF DIFFERENT)			Placerville	CA 95667			
E-MAIL ADDRESS OF COA	MMITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE			
E MAIE ADDRESS OF COM	MMITTEE (REQUIRED) / FAX (OPTIONAL)				,			
COUNTY OF DOMICILE	JURISDICTION WHERE O	ONIMITTEE IS ASTRON	NAME OF PRINCIPAL OFFICER(S)				
El Dorado County	City of Placerville		Jackie Neau					
Li Dorado County	City of Flace ville		STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE			
				Placerville	CA 95667			
Attach additional in	nformation on appropriately labe	led continuation sheets	EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA CODE/PHONE			
	y a manufacture of appropriately labe	rea communion sneets.	II .					
3. Verification				A Service				
I have used all reas	onable diligence in preparing this	s statement and to the best of	my knowledge the information	n contained berein is true and	complete cortifuender			
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.								
09/24	Jackie N		Digitally signed by Jackie Near	ı.				
Executed on	DATE By By		Date: 2024.09.24 13:54:50-07 URE OF TREASURER OR ASSISTANT TREASURER	.00,				
Executed on09/24/	/2024 By Jackie N		Digitally signed by Jackie Near Date: 2024.09.24 13:55:25-07					
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT								
Executed on	By							
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT								
Executed on By								

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

Statement of Organization **Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER
4.00000

COMMITTEE NAME				rage 2	
				I.D. NUMBER 1470313	
All committees must list the financial institution where the campaign bank account	ount is located and	the person(s) authorize	ed to obtain ban	records.	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS El Dorado Savings		AREA CODE/PHONE 530/6220833	BANK ACCOUR	NT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION P.O. Box 1054	city Placervill	le	STATE CA	ZIP CODE 95667	

4. Type of Committee Complete the applicable sections.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

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.

			S.E.SATITE		SUPPORT	OPPOSE
		P 117,-111,	2 11/15V2			
	-	sever med			SUPPORT	OPPOSE
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE' IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.		HT OR HELD OR MEASL O., CITY OR COUNTY, AS	RE(S) JURISDICTI APPLICABLE)	ОИ	CHEC	KONE
Primarily Formed Committee Primarily formed to support or o	oppose specific candidates or measures in a si	ngle election. Lis	below:			
						,,
			Nonpartisan	Partisan	(list political pa	arty below)
		12021	1			
Jackie Neau	City Council	2024	Nonpartisan	Partisan	(list political pa	arty below)
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(INCLUDE DISTRICT NUMBER IF APPLICABLE)	ELECTION	CHECK			

ELECTIVE OFFICE SOUGHT OR HELD

C. The Later Market of Pone Cola KECHMED

YEAR OF

PARTY

FPPC Form 410 (October/2023)

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www.fppc.ca.gov

A. Type of Committee (Continued) General Purpose 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	Statement of Organizate Recipient Committee INSTRUCTIONS ON REVERSE	tion			CALIFORNIA 410
Not formed to support or oppose specific candidates or measures in a single election. Check only one box: CITY Committee	COMMITTEE NAME	24			I.D. NUMBER
CITY Committee COUNTY Committee STATE Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee List additional sponsors on an attachment.	4. Type of Committee (Con	tinued)			
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 box:
NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE Small Contributor Committee	PROVIDE BRIEF DESCRIPTION OF ACTIVITY				
STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE Small Contributor Committee	Sponsored Committee List	additional sponsors on an attachm	ent.		
Small Contributor Committee	NAME OF SPONSOR		INDUSTRY GROUP OR AFF	ILIATION OF SPONSOR	
	STREET ADDRESS NO. AND ST	TREET	CITY	STATE ZIF	CODE AREA CODE/PHONE
	Small Contributor Committee	Date qualified		-	

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.