

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>11 / 19 / 2021</u>	Date of termination ____ / ____ / ____

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in the office of the Secretary of State
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Date Stamp
DEC 15 2021

CALIFORNIA FORM 410
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RECEIVED
DEC 22 2021
ELECTIONS
DEPT. OF STATE
PLACERVILLE, CA

1. Committee Information	I.D. Number (if applicable) 1442207	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
DeVille for Assessor 2022

STREET ADDRESS (NO P.O. BOX)
3987 Missouri Flat Road, Ste. 340 - 426

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Placerville	CA	95667	(530) 681-0283

FULL MAILING ADDRESS (IF DIFFERENT)
P.O. Box 850 Wilton, CA 95693

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
vonac@comcast.net

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
El Dorado County	El Dorado County

NAME OF TREASURER
Eric Russi

STREET ADDRESS (NO P.O. BOX)
3987 Missouri Flat Road, Ste. 340 - 426

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Placerville	CA	95667	(916) 812-0300

NAME OF ASSISTANT TREASURER, IF ANY
Vona L. Copp

STREET ADDRESS (NO P.O. BOX)
10093 Davis Road

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Wilton	CA	95693	(916) 686-1815

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Attach additional information on appropriately labeled continuation sheets.

3. Verification

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.

Executed on 11/19/21 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/7/21 By [Signature]
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 _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME DeVille for Assessor 2022	I.D. NUMBER 1442207
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213) 228-1709	BANK ACCOUNT NUMBER 5799670798
ADDRESS 550 S. Hope Street, Ste. 100	CITY Los Angeles	STATE ZIP CODE CA 90071

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		(list political party below)
			CHECK ONE		
Jon D. DeVille	Assessor El Dorado County	2022	Nonpartisan X	Partisan	(list political party below)
			Nonpartisan	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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

DeVille for Assessor 2022

I.D. NUMBER

1442207

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

_____/_____/_____
Date qualified

5. Termination Requirements

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

**Additional Comments
For Form 410**

ADDITIONAL COMMENTS

**CALIFORNIA
FORM 410**

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COMMITTEE NAME

DeVille for Assessor 2022

I.D. NUMBER

1442207

Amendment to add qualification date and bank information.