

1442207

Statement of Organization Recipient Committee

Statement Type

Initial, Amendment, Termination - See Part 5. Includes checkboxes and date fields for qualification and termination.

Date Stamp: RECEIVED AND FILED Office of the Secretary of State of the State of California NOV 03 2021

CALIFORNIA FORM 410

For Official Use Only: COUNTY OF DORADO RECEIVED NOV 18 2021 ELECTIONS DEPT PLACERVILLE, CA

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE: DeVille for Assessor 2022. STREET ADDRESS: 3987 Missouri Flat Road, Ste. 340 - 426, Placerville, CA 95667. P.O. Box 850 Wilton, CA 95693. E-MAIL ADDRESS: vonac@comcast.net. COUNTY OF DOMICILE: El Dorado County.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Eric Russi. STREET ADDRESS: 3987 Missouri Flat Road, Ste. 340 - 426, Placerville, CA 95667. NAME OF ASSISTANT TREASURER, IF ANY: Vona L. Copp. STREET ADDRESS: 10093 Davis Road, Wilton, CA 95693.

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 11/1/21 By Eric Russi (Signature)
Executed on 11/1/21 By Jon DeVille (Signature)
Executed on \_\_\_\_\_ By \_\_\_\_\_
Executed on \_\_\_\_\_ By \_\_\_\_\_

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

DeVilleville for Assessor 2022

I.D. NUMBER

- 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		
ADDRESS 550 S. Hope Street, Ste. 100	CITY Los Angeles	STATE CA	ZIP CODE 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 CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
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

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COMMITTEE NAME

DeVille for Assessor 2022

I.D. NUMBER

**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.