



Rejected: IM / 3-15-22
Returned: _____

P09
1446369



Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or
 Date qualified as committee 3/8/22 Date qualified as committee (if amending to provide this date) _____ Date of termination _____

1. Committee Information I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Lesley Barlow Games for Superior Court Judge 2022

NAME OF TREASURER
Charles A. Games MAR 21 2022

CITY STATE ZIP CODE AREA CODE/PHONE
[Redacted]
Placerville CA 95667 530 683-7298

STREET ADDRESS (NO P.O. BOX)
[Redacted]
Cameron Park CA 95682 530 676-1297

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
chuck@cgames.com / 530 676-1754

NAME OF ASSISTANT TREASURER, IF ANY
Lesley Barlow Games

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

STREET ADDRESS (NO P.O. BOX)
Confidential
Placerville CA 95667 530 391-8974

1446369

Attach additional information on appropriate labeled continuation sheets.

3. Verification
I have used all reasonable diligence in preparing this statement and information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the

Executed on 3/8/22 By _____
Executed on 3/8/22 By _____
Executed on 3/8/22 By _____ as assistant treasurer
Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT



**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410	
Page 2	
I.D. NUMBER	

COMMITTEE NAME
Lesley Barlow Gomes for Superior Court Judge 2022

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <u>Wells Fargo</u>	AREA CODE/PHONE <u>530 622-5694</u>	BANK ACCOUNT NUMBER <u>5269537535</u>
ADDRESS <u>186 Placerville Drive</u>	CITY <u>Placerville</u>	STATE <u>CA</u>
		ZIP CODE <u>95667</u>

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."
- 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
<u>Lesley Barlow Gomes</u>	<u>Superior Court Judge Seat 7</u>	<u>2022</u>	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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 (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>



**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM	410
Page 3	
I.D. NUMBER	

COMMITTEE NAME
Lesley Barlow Gomez for Superior Court Judge 2022

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

N/A

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR <u>N/A</u>	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.



497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Charles A. Gomes		Date of This Filing 4/30/22	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530 683-7298	I.D. NUMBER (if applicable) 1446369	Report No. 1		
STREET ADDRESS 2053 Riesling Way		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Cameron Park	STATE CA	ZIP CODE 95682	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
3/29/22	Deborah G. Lomando 3111 Bel Air Drive Unit 20H Las Vegas, NV 89109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$4000.00 <input type="checkbox"/> Check If Loan _____% Provide Interest rate
3/29/22	Deborah G. Lomando 3111 Bel Air Drive Unit 20H Las Vegas, NV 89109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$216.21 <input type="checkbox"/> Check If Loan _____% Provide Interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check If Loan _____% Provide Interest rate

Reason for Amendment: _____

****Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee