1. Committee Info	rmation I.D. Number PENDING	2. Treasurer and Other Principal Offic		
NAME OF COMMITTEE	(у оррания)	NAME OF TREASURER		
Committee to Elect Tamara Wallace District 5 Supervisor - 2022		Allyssa Little		
		STREET ADDRESS (NO P.D. BOX)		
STREET ADDRESS (NO P.O. BOX)				
_	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
	530-545-2623			
FULL MAILING ADDRESS HE DIFFERE	NTT	STREET ADDRESS (NO P.O. BOX)		
E-MAIL ADDRESS (REQUIRED) / FAX (CITY STATE		
wallace4supervisor@gm	ıail.com			
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		
El Dorado	El Dorado County, California			
		STREET ADDRESS (NO P.O. BOX)		
Attach additional inforn	nation on appropriately labeled continuation sheets.	CITY STATE		
3. Verification				

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is to penalty of perjury under the laws of the State of California that the foregoing is true and correct.

1	penalty of perjary ander the laws of the state of camorina that the foregoing is true and correct.							
E	xecuted on	4/28/2021	By					
		DATE	R ASSISTANT TREASURER					
F	xecuted on	04/28/2021	R ₂					
-	Accured on							

	BANK ACCOUNT NUMBER	
CITY	STATE ZI	P CODE
ions.		
<u> </u>		
or state measure proponent. If candidate or of	ficeholder controlled	ı
	ncendider controlled	',
iber, if any, and the year of the election.		
didate is affiliated or check "nonpartisan." Stati	ing "No party prefere	ence'
didate is affiliated or check "nonpartisan." Stati	ing "No party prefere	ence'
)	ions.	i ons. or state measure proponent. If candidate or officeholder controllec

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(INCLUDE DISTRICT NUMBER IF APPLICABLE)	ELECTION	С
Tamara Wallace	Supervisor, District 5	2022	Nonpartis ✓
			Nonpartis

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

 ${\tt CANDIDATE(S)\ NAME\ OR\ MEASURE(S)\ FULL\ TITLE\ (INCLUDE\ BALLOT\ NO.\ OR\ LETTER)}$ IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISI (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLI