

Statement of Organization
Recipient Committee

Statement Type

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

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
JUL 01 2021

CALIFORNIA FORM 410
For Official Use Only
RELATIONS
MARIETTA, GA

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE
Elect Leikau for Sheriff 2022

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

AREA CODE/PHONE
(916) 686-1815

FULL MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

vonac@comcast.net / (866) 637-2679

COUNTY OF DOMICILE
El Dorado County

JURISDICTION WHERE COMMITTEE IS ACTIVE
El Dorado County

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Vera L. Copp

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

AREA CODE/PHONE
(916) 686-1815

NAME OF PRINCIPAL OFFICER(S)
Logan D. Copp

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

AREA CODE/PHONE
(916) 686-1815

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

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

Executed on 6/29/21 By [REDACTED]

Executed on 05/28/21 By [REDACTED]

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Elect Leikauf for Sheriff 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 | CITY | STATE | ZIP CODE | | |

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) |
| Jeff Leikauf | Sheriff El Dorado County | 2022 | X | | |
| | | | 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 |
| | | | |
| | | SUPPORT | OPPOSE |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Elect Leikauf for Sheriff 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.