

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met ____/____/____	Date of termination 12 / 31 / 2020


Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JAN 11 2021


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JAN 19 2020

1. Committee Information				I.D. Number 1430298 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Yes on Measure S 2020 - Keep Auburn Safe				NAME OF TREASURER Aldo Pineschi				STREET ADDRESS (NO P.O. BOX) 1873 Stone Canyon Drive			
STREET ADDRESS (NO P.O. BOX) 266 Electric Street				CITY Roseville		STATE CA		ZIP CODE 95661		AREA CODE/PHONE 916.532.8079	
CITY Auburn		STATE CA		ZIP CODE 95603		AREA CODE/PHONE 916.532.8079		NAME OF ASSISTANT TREASURER, IF ANY Melissa Gee			
FULL MAILING ADDRESS (IF DIFFERENT) PO Box 5803, Auburn, CA 95604				STREET ADDRESS (NO P.O. BOX) 1017 Matthews Run Way				CITY Roseville			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) safety4auburn@gmail.com				STATE CA		ZIP CODE 95747		AREA CODE/PHONE 916.205.6433		NAME OF PRINCIPAL OFFICER(S) Lynne Tinel	
COUNTY OF DOMICILE Placer		JURISDICTION WHERE COMMITTEE IS ACTIVE Auburn		STREET ADDRESS (NO P.O. BOX) 266 Electric Street				CITY Auburn			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STATE CA		ZIP CODE 95603		AREA CODE/PHONE 916.532.8079			

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 12/21/2020 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/21/2020 By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME Yes on Measure S 2020 - Keep Auburn Safe	I.D. NUMBER 1430298
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION First Northern Bank	AREA CODE/PHONE 916.787.8510	BANK ACCOUNT NUMBER -----	
ADDRESS 2270 Douglas Boulevard #100	CITY Roseville	STATE CA	ZIP CODE 95661

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)
			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	
Yes on Measure S 2020 - Keep Auburn Safe	A sales tax measure to fund police, fire and public works in Auburn, CA	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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COMMITTEE NAME

Yes on Measure S 2020 - Keep Auburn Safe

I.D. NUMBER

1430298

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 ponent 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.