Statement of Organization 52 Recipient Committee 14766		547	Date Stamp	CALIFORNIA 410		
or			DIGITALLY RECEIVED AND FILED in the office of the California Secretary of State OCT 24 2024	For Official Use Only		
/.		//		R / RLM		
1. Committee Information	I.D. Number (if applicable)	2. Treasurer and Ot	her Principal Officers			
NAME OF COMMITTEE Repair, Renovate, Renew-Y		NAME OF TREASURER Heatherligarta				
		STREET ADDRESS (NO P.O. BOX)	Corning	STATE ZIP CODE CA 96021		
STREET ADDRESS (NO P.O. BOX)		heatherigarta@gmail.	com	AREA CODE/PHONE 530.638.9165		
CITY Corning	STATE ZIP CODE AREA CODE/PHONE CA 96021 530.586.1800	SheilaBlankenship				
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)	Corning	STATE ZIP CODE CA 96021		
E-MAIL ADDRESS OF COMMITTEE (REQUIR) heatherigarta@gmail.com	ED) / FAX (OPTIONAL)	sheila.ballou@yahoo.		AREA CODE/PHONE 530.321.6605		
COUNTY OF DOMICILE Tehama	JURISDICTION WHERE COMMITTEE IS ACTIVE Corning Union Elementary School District	NAME OF PRINCIPAL OFFICER(S) TiffanyDietz		727		
]	STREET ADDRESS (NO P.O. BOX)	CITY Corning	STATE ZIP CODE CA 96021		
Attach additional information or	appropriately labeled continuation sheets.	tiffanydietzz@gmail.	, , , , , , , , , , , , , , , , , , , ,	AREA CODE/PHONE 530.526.8507		
3. Verification						
I have used all reasonable diliger penalty of perjury under the law	nce in preparing this statement and to the best of my as of the State of California that the foregoing is true a	knowledge the information	contained herein is true and o	complete. I certify under		
Executed on DATE	By	OF TREASURER OR ASSISTANT TREASURER		_		
Executed on	By	FFICEHOLDER, CANDIDATE, OR STATE MEAS	URE PROPONENT	_		
Executed onOATE	By SIGNATURE OF CONTROLLING OF	FFICEHOLDER, CANDIDATE, OR STATE MEAS	SURE PROPONENT			
Executed on	By SIGNATURE OF CONTROLLING OF	FFICEHOLDER, CANDIDATE, OR STATE MEAS	SURE PROPONENT	<u> </u>		

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee NSTRUCTIONS ON REVERSE							CALIFORNIA 410			
committee name Repair,Renovate,Renew≄Yes≉on ∜ ¢ommittee	I.D. NUMBER									
All committees must list the financial institution where the campaig	n bar	k account is located and t	he person(s) a	uthorized	to obtain bai	nk records.				
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS		AREA CODE/PHONE	E	BANK ACCOUNT NUMBER						
ADDRESS OF FINANCIAL INSTITUTION	CITY			STATE ZIP (CODE			
Controlled Committee List the name of each controlling officeholder, candidate, or state metalso list the elective office sought or held, and district number, if any, List the political party with which each officeholder or candidate is affected. If this committee acts jointly with another controlled committee, list to the NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	and tifiliate	he year of the election. d or check "nonpartisan."	Stating "No par nber of the oth	ty prefere		e.	(list political par (list political par			
Primarily formed Committee 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. Repair, Renovate, Renew-Yes on J Committee	e spec	CANDIDATE(S) OF	FICE SOUGHT OR HE ISTRICT NO., CITY O	LD OR MEASU R COUNTY, AS	RE(S) JURISDICTI	ON	CHECK SUPPORT SUPPORT	ONE OPPOSE		

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Statement of 0				Date Stamp	CALIFORNIA	440	
Recipient Con					FORM	410	
Statement Type	☐ Initial	☑ Amendment	☐ Termination – See Part	ECEIVED AND FILED	For Official Use RECEIVE	Orly	
	O Not yet qualified or		În	he office of the Secretary of State of the State of California	TIEGETT		
		et Date qualification threshold met			NOV 2 7	2024	
		11 / 14 / 2024	/	NOV 18 2024	TEHAMA COUNTY ELECTIONS		
1. Committee I	nformation I.D. Numb	er ₁₄₇₆₆₄₇	2. Treasurer and O	ther Principal Officers	MARKET STORY		
NAME OF COMMITTEE	19.00		NAME OF TREASURER				
Repair, Renova	te, Renew-Yes on J Comm	ittee	Heather Igarta				
_			STREET ADDRESS (NO P.O. BOX		STATE	ZIP CODE	
				Corning	CA	96021	
STREET ADDRESS (NO P.C) BOV			EMAIL ADDRESS OF TREASURER (REQUIRED)			
STREET ADDRESS (NO F.C	. 50%		heatherigarta@gmail.co		530.638	.9165	
CITY	STATE	ZID CODE ADEA CODE/DUONE	NAME OF ASSISTANT TREASUR	ER, IF ANY			
Corning	CA	zip code Area code/phone 96021 530.586.1800	Sheila Blankenship				
FULL MAILING ADDRESS		330.300.1000	STREET ADDRESS (NO P.O. BOX		STATE	ZIP CODE	
	,			Corning	CA AREA COD	96021	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) sheila.ballou@yahoo.com			
heatherigarta@gma	ail.com		NAME OF PRINCIPAL OFFICER(S		530.321	.6605	
COUNTY OF DOMICILE	JURISDICTION WHERE	COMMITTEE IS ACTIVE	Tiffany Dietz	5)			
Tehama	Corning Union	Elementary School District	STREET ADDRESS (NO P.O. BOX) CITY	STATE	710 CODE	
	· ·		STREET ADDRESS (NO 1.0. BOX	Corning	CA	ZIP CODE 96021	
			EMAIL ADDRESS OF PRINCIPAL		AREA COD		
Attach additional ii	nformation on appropriately lab	eled continuation sheets.		tiffanydietzz@gmail.com			
			tilially dictzz (wgilial	i.com	550.52	6.8507	
3. Verification		EN PART TO A TELL			OUT OF ARREST	Course of the	
		Antoniae o care la sea ave	riginal in de Melo belgingenso.	A SECOND DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR	3 5 4 4 4 6 6 6	States of Sun	
I have used all reas	onable diligence in preparing the	nis statement and to the best o	of my knowledge the information	on contained herein is true and	complete. I certify u	nder	
	under the laws of the State of C	allfornia that the foregoing is t	rue and correct				
Executed on 11.15.	By						
5	DATE	SIGNA	TURE OF TREASURER OR ASSISTANT TREASURER				
Executed on	DATE By	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT			
Executed on	D.		, , , ,				
	DATE By	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT			
Executed on	By						
	DATE	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT			

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Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE					CALIF FO	ORNIA 4	10			
						Page 2				
COMMITTEE NAME Repair, Renovate, Renew-Yes on J Committee	I.D. NUMBER 1476647									
 All committees must list the financial institution where the campa 	ign bank account is located and t	the person(s) au	thorized '	to obtain bar	nk records.					
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS		AREA CODE/PHONE BANK ACCOU			UNT NUMBER					
Umpqua Bank		530.824.5417								
ADDRESS OF FINANCIAL INSTITUTION	CITY			STATE	ZI	P CODE				
	Corning	Corning			96021					
4. Type of Committee Complete the applicable sections.		tradicion laste t	10 P & B	21 MB (S. S.)	May No. 1	SEE ANTEN				
Controlled Committee							CONT. DOMEST			
 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 YEAR OF ELECTION C			PARTY ECK ONE					
2				Nonpartisan	Partisan	(list political par	ty below)			
				Nonpartisan	Partisan	(list political par	ty 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) OFF (INCLUDE D	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK ONE								
						SUPPORT	OPPOSE			
						SUPPORT	OPPOSE			

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