

1476647

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input type="checkbox"/> Amendment Date qualification threshold met ____/____/____	<input type="checkbox"/> Termination – See Part 5 Date of termination ____/____/____
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Secretary of State
OCT 24 2024

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R / RLM

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE Repair, Renovate, Renew-Yes on J Committee				NAME OF TREASURER Heatherigarta				
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Corning		STATE CA	ZIP CODE 96021	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) heatherigarta@gmail.com				AREA CODE/PHONE 530.638.9165				
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY SheilaBlankenship				
CITY Corning	STATE CA	ZIP CODE 96021	AREA CODE/PHONE 530.586.1800	STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Corning	STATE CA	ZIP CODE 96021
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) heatherigarta@gmail.com				E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) sheila.ballou@yahoo.com		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				
[REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Corning	STATE CA	ZIP CODE 96021
Attach additional information on appropriately labeled continuation sheets.				E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) tiffanydietzz@gmail.com		AREA CODE/PHONE 530.526.8507		
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	_____	By	_____
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME

Repair, Renovate, Renew-Yes on J Committee

I.D. NUMBER

• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS OF FINANCIAL INSTITUTION	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)
			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	
Repair, Renovate, Renew-Yes on J Committee	Corning Union Elementary School District	SUPPORT ✓	OPPOSE
		SUPPORT	OPPOSE

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COPY

Statement of Organization Recipient Committee

Statement Type

☐ Initial☐ Not yet qualified
or☐ Date qualification threshold met

____/____/____

☒ Amendment

Date qualification threshold met

11 / 14 / 2024

☐ Termination – See Part 2

Date of termination

____/____/____

Date Stamp

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of the State of California

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FORM 410

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TEHAMA COUNTY ELECTIONS

1. Committee Information

I.D. Number
(if applicable)

1476647

NAME OF COMMITTEE

Repair, Renovate, Renew-Yes on J Committee

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Corning	CA	96021	530.586.1800

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

heatherigarta@gmail.com

COUNTY OF DOMICILE

Tehama

JURISDICTION WHERE COMMITTEE IS ACTIVE

Corning Union Elementary School District

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Heather Igarta

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Corning

STATE

CA

ZIP CODE

96021

EMAIL ADDRESS OF TREASURER (REQUIRED)

heatherigarta@gmail.com

AREA CODE/PHONE

530.638.9165

NAME OF ASSISTANT TREASURER, IF ANY

Sheila Blankenship

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Corning

STATE

CA

ZIP CODE

96021

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

sheila.ballou@yahoo.com

AREA CODE/PHONE

530.321.6605

NAME OF PRINCIPAL OFFICER(S)

Tiffany Dietz

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Corning

STATE

CA

ZIP CODE

96021

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

tiffanydietzz@gmail.com

AREA CODE/PHONE

530.526.8507

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 11.15.2024

DATE

By

[REDACTED]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2023)

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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Repair, Renovate, Renew-Yes on J Committee	I.D. NUMBER 1476647
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- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Umpqua Bank	AREA CODE/PHONE 530.824.5417	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Corning	STATE CA	ZIP CODE 96021

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.
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			Nonpartisan	Partisan	(list political party below)

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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