¥.,		R 52	147	'5926	-ex.*		
	of Organizati Committee	on L	± 17	3320	Date Stamp  DIGITALLY	CALIFORNIA FORM	410
Statement Ty	Not yet que		Amendment  Date qualification threshold met	☐ Termination – See Part 5  Date of termination	RECEIVED AND FILED in the office of the California Secretary of State OCT 01 2024	For Official Use	Only R/JM
1 Campain	/_	I.D. Numbe	99-5014495	7 Treasurer and C	Other Principal Officers		
NAME OF COMMIT	tee Information TTEE r Red Bluff High	(if applicable)	77-3014473	name of treasurer Debb Gibson			
				STREET ADDRESS (NO P.O. BOX	Red Bluff	STATE CA  AREA COD	ZIP CODE 96080 E/PHONE
STREET ADDRESS (	(NO P.O. BOX)			debbgibson68@gmail.c	com	530-520	5-8224
Red Bluff	DRESS (IF DIFFERENT)	STATE CA	zip code	Dee Himes  STREET ADDRESS (NO P.O. BOX	CITY Los Molino	STATE CA	ZIP CODE 96055
P.O. Box 1281	1, Red Bluff, CA. 90 OF COMMITTEE (REQUIRE			EMAIL ADDRESS OF ASSISTANT bdhimes21@gmail.com	T TREASURER (REQUIRED)		DE/PHONE
debbgibson68 соинту оғ домі Tehama	•		COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICERS  Mandi Owens  STREET ADDRESS (NO P.O. BOX		STATE	ZIP CODE
Attach additio	onal information on	appropriately lab	eled continuation sheets.	email address of principal mnswebdesigns@y:	Red Bluff OFFICER(S) (REQUIRED)		96080 DE/PHONE 22-5847
3. Verificat	ion						
	I reasonable diliger rjury under the law		is statement and to the best of	of my knowledge the informatio	on contained herein is true and	complete. I certify ι	ınder
Executed on	10/1/2024 DATE	Ву	SIGN	ATURE OF TREASURER OR ASSISTANT TREASURER	3		
Executed on	DATE	Ву	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT	-	
Executed on	DATE	Ву	SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT		
Executed on	DATE	Ву	SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE ME	EASURE PROPONENT	FPPC Form 410	(October/2023

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Statement of Organization Recipient Committee							ORNIA 4	10
INSTRUCTIONS ON REVERSE						Page 2		
COMMITTEE NAME Citizens for Red Bluff High - Yes on L 99-5014495								
All committees must list the financial institution where the camp	paign bar	nk account is located and t	he person(s) a	uthorized	to obtain ba	nk records		
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORD	S		AREA CODE/PHON	E	BANK ACCO	OUNT NUMBER		
ADDRESS OF FINANCIAL INSTITUTION		CITY			STATE	2	ZIP CODE	
4. Type of Committee Complete the applicable sections.		建造是 计设备 医复数						
Controlled Committee								
<ul> <li>List the name of each controlling officeholder, candidate, or state also list the elective office sought or held, and district number, if a</li> </ul>			r officeholder o	ontrolled,				
List the political party with which each officeholder or candidate is	s affiliate	ed or check "nonpartisan."	Stating "No par	rty prefere	nce" is accep	otable.		
• If this committee acts jointly with another controlled committee, l	list the n	ame and identification nun	nber of the oth	er controll	ed committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(	ELECTIVE OFFICE SOUGHT OR H INCLUDE DISTRICT NUMBER IF APP		YEAR OF ELECTION	PAR CHECK			
					Nonpartisan	Partisan	(list political par	ty below)
					Nonpartisan	Partisan	(list political par	rty below)
Primarily Formed Committee Primarily formed to support or opp	onse sned	rific candidates or measure	es in a single ele	ection List	helow:			
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) OF	FICE SOUGHT OR HE	LD OR MEASU	RE(S) JURISDICT	ION	U. CHECK	CONF
Measure L		Red Bluff High School Di					SUPPORT	OPPOSE
							SUPPORT	OPPOSE

## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA 410

Page 3

I.D. NUMBER

<b>4.</b> Type of Committee (	(Continued)				
General Purpose Committee	Not formed to support or o	ppose specific candidates or measu	ures in a single election. Chec		
ROVIDE BRIEF DESCRIPTION OF ACTIV	YTIY				
Sponsored Committee	List additional sponsors on an att	achment.			
NAME OF SPONSOR		INDUSTRY GROUP OR A	efiliation of sponsor		
STREET ADDRESS NO. AF	ND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committe	e	_			
	Date qualified				

- 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

5. Termination Requirements

- 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.

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

 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.

Statement of C	Nama minatia m	52			Date Stews			
Statement of C	_				Date Stamp	CALIFORNIA	4	10
Recipient Committee  Statement Type  Initial  Not yet qualified or  Date qualification threshold met		✓ Amendment		Termination – See Part 5	DIGITALLY RECEIVED AND FILED in the office of the California Secretary of State	FORM For Official U		. •
		Date qualification threshold met Date of		Date of termination	OCT 12 2024			
1. Committee li	nformation I.D. Numbe	99-5014495		2. Treasurer and O	ther Principal Officers			
NAME OF COMMITTEE  Citizens for Red	Bluff High - Yes on L			name of treasurer Debb Gibson				
	J			STREET ADDRESS (NO P.O., BOX)	CITY Red Bluff	STATE CA		CODE 6080
STREET ADDRESS (NO P.O.	BOX)			email address of treasurer debbgibson68@gmail.co			DE/PHOP	

STREET A NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE AREA CODE/PHONE Dee Himes Red Bluff CA 96080 530-526-8224 STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE STATE FULL MAILING ADDRESS (IF DIFFERENT) Los Molinos CA 96055 P.O. Box 1281 EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) bdhimes21@gmail.com 530-524-7447 debbgibson68@gmail.com NAME OF PRINCIPAL OFFICER(S) COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Mandi Owens Red Bluff Joint Union High School District Tehama County STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE Red Bluff CA 96080 AREA CODE/PHONE EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) Attach additional information on appropriately labeled continuation sheets. mnswebdesigns@yahoo.com 530-722-5847

#### 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	10/11/2024	Ву	SIGNALUNE UF TREASURER UR ASSISTANT TREASURER
Executed on	DATE	Ву	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	Ву	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	Ву	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2023)

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

Statement of Organization Recipient Committee		CALIFORNIA 410		
INSTRUCTIONS ON REVERSE			Page 2	
COMMITTEE NAME Citizens for Red Bluff High - Yes on L			I.D. NUMBER 99-5014495	
All committees must list the financial institution where the campaign ban	k account is located and the person(s) aut	horized to obtain ba	nk records.	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCO	DUNT NUMBER	
Cornerstone Community Bank	530-528-4716			
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE	
1.	Red Bluff	CA	96080	
4. Type of Committee Complete the applicable sections.				
Controlled Committee				
<ul> <li>List the name of each controlling officeholder, candidate, or state measure palso list the elective office sought or held, and district number, if any, and the</li> </ul>		itrolled,		
• List the political party with which each officeholder or candidate is affiliated	d or check "nonpartisan." Stating "No party	preference" is accep	otable.	
If this committee acts jointly with another controlled committee, list the na	me and identification number of the other	controlled committe	ee.	

	NAME OF CAND: DATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PART CHECK		
				Nonpartisan	Partisan	(list political party below)
				Nonpartisan	Partisan	(list pclitical party below)
D.	rimarily formed to support or opp	ase specific candidates or measures in a single	election List	t below:		

ed Committee Primarily formed to support or oppose specific candidates or measures in a single elec-

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

Measure L	Red Bluff High School District G.O. Bond	SUFPORT	OPPOSE
		SUPPORT	OPPOSE

## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA 410

Page 3

I.D. NUMBER

4. Type of Committee (Contin	rued)						P. Mary Street
General Purpose Committee	Not formed to support or oppose specific CITY Committee		ndidates or measures in a si UNTY Committee	_	on. Check		
PROVIDE BRIEF DESCRIPTION OF ACTIVITY							
Sponsored Committee List a	additional sponsors on an attachment.						
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATION O	F SPONSOR			
STREET ADDRESS NO. AND STR	REET	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.

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp  RECEIVED	CALIFORNIA 460
1668881	Statement covers period from09/22/2024	Date of election if applicable: (Month, Day, Year)	DEC 3 0 2024	Page1 of4 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/19/2024	11/05/2024	TEHAMA COUNTY ELECT	rions
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)		Spe Spe Sup State	orterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
3. Committee information	D. NUMBER 1475926	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Citizens for Red Bluff High Yes on L  STREET ADDRESS (NO P.O. BOX)	· · · · · · · · · · · · · · · · · · ·	NAME OF TREASURER Debb Gibson MAILING ADDRESS CITY	STATE ZIP C	
CITY STATE ZIP C	ODE AREA CODE/PHONE	Red Bluff NAME OF ASSISTANT TREASU		080
Red Bluff CA 960	30	Dee Himes		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	BOX	MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP (	CODE AREA CODE/PHONE
		Los Molinos	CA 96	055
OPTIONAL: FAX / E-MAIL ADDRESS debbgibson68@gmail.com		OPTIONAL: FAX / E-MAIL ADDR		
4. Verification  I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ  Executed on	ia that the foregoing is true and correct.  ByDebb_Gibsor		rein and in the attached sched	
Date	ο,	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	FPPC Form 460 (Jan/2016)

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### Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
	ORNIA DRM	4	60					
Page _	_2_	of	4					

Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballo	t Measure Committee	9	
NAME OF OFFICEHOLDER OR CANDIDATE	-	NAME OF BALLOT MEASURE Citizens for Red Bluff	High - Yes on L		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF AF	PPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION  Red Bluff High School		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	Identify the controlling office	ceholder, candidate, or s	tate measure	proponent, if any.
Related Committees Not Included in this Statement: List	t any committees	NAME OF OFFICEHOLDER, CANI	DIDATE, OR PROPONENT		
not included in this statement that are controlled by you or are primarily contributions or make expenditures on behalf of your candidacy.	formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME I.D. NUMBER	_				
NAME OF TREASURER  CONTROLLED O	COMMITTEE?	Primarily Formed Cand officeholder(s) or candidate(s)			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  CONTROLLED  YES  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	COMMITTEE?	NAME OF OFFICEHOLDER OR C.	ANDIDATE OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE AI	REA CODE/PHONE	Attac	h continuation sheets if	necessary	•

### **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period CALIFORNIA FORM 09/22/2024 10/19/2024 Page \_\_\_3 \_\_ of \_\_\_4\_ through \_ I,D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citizens for Red Bluff High Yes on L 1475926

Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$ 6,500.00	\$	6,500.00	
2. Loans Received Schedule B, Line 3	0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 6,500.00	\$	6,500.00	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 6,500.00	\$	6,500.00	Made \$ \$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 0.00	\$	0.00	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 0.00	\$	0.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 0.00	\$	0.00	/\$
Current Cash Statement				
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0.00	To	calculate Column B, add	
13. Cash Receipts	6,500.00		mounts in Column A to the presponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fre	om Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	0.00		port. Some amounts in olumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6,500.00	fig	jures that should be	ľ
If this is a termination statement, Line 16 must be zero.		pe	ubtracted from previous period amounts, If this is	l
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	fo	e first report being filed r this calendar year, only arry over the amounts	
Cash Equivalents and Outstanding Debts		fre	om Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$ 0.00	1		l
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00	1		ļ
		ı		FPPC Form 460 (Jan/201

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Schedule Monetary	A Contributions Received		s may be rounded whole dollars.	Statement cove		CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE			through10/19/26	024	Page4 of4	
NAME OF FILER					1	.D. NUMBER	
Citizens for	r Red Bluff High Yes on L				:	1475926	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAL (JAN. 1 - DEC. 31	R TO DATE	
10/07/2024	California Design West Sacramento, CA 95818	□IND □COM 図OTH □PTY □SCC		4,000.00	4,000	0.00	
10/07/2024	Schreder & Associates Chico, CA 95973	☐IND ☐COM 図OTH ☐PTY ☐SCC		1,500.00	1,500	0.00	
10/10/2024	Ray Dalton Paradise, CA 95969	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	retired Self	1,000.00	1,000	0.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 6,500.00			
Amount re (Include al	A Summary ceived this period – itemized monetary contributions.  I Schedule A subtotals.)			6,500.00	IND~In COM-I	outor Codes dividual Recipient Committee (other than PTY or SCC) Other (e.g., business entity)	

2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$

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SCC - Small Contributor Committee

PTY - Political Party

3. Total monetary contributions received this period.

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 460
1669308	Statement covers period from10/20/2024	Date of election if applicable: (Month, Day, Year)	DEC 3 0 2024	Page 1 of 4  For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/27/2024	11/05/2024	TEHAMA COUNTY ELECTIV	505
<ul> <li>State Candidate Election Committee</li> <li>Recall         (Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> </ul>	omplete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	Speciermination) State	rterly Statement sial Odd-Year Report blemental Preelection ement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Citizens for Red Bluff High Yes on L	D. NUMBER 1475926	Treasurer(s)  NAME OF TREASURER  Debb Gibson  MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP C	ODE AREA CODE/PHONE	Red Bluff NAME OF ASSISTANT TREASU	STATE ZIP C CA 960 RER, IF ANY	
Red Bluff CA 960 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.		Dee Himes MAILING ADDRESS		
OPTIONAL: FAX / E-MAIL ADDRESS debbgibson68@gmail.com	ODE AREA CODE/PHONE	CITY Los Molinos  OPTICNAL: FAX / E-MAIL ADDI debbgibson68@gmail.co		
Verification     I have used all reasonable diligence in preparing and reviewir under penalty of perjury under the laws of the State of Californ Executed on	ia that the foregoing is true and correct.	owledge the information contained he		ules is true and complete. I certify
Executed on	By	Signature of Treasurer or Assistant introlling Officeholder, Candidate, State Measure Pro		
Executed on	By	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	
Date	Фу	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	

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www.fppc.ca.gov

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		OUMINIALLIAOL
Statem	ent covers period	CALIFORNIA 460
from	10/20/2024	FORM TOO
through _	12/27/2024	Page3 of4
		I,D. NUMBER

CLIMANADY DACE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citizens for Red Bluff High Yes on L 1475926 Column A Column B Calendar Year Summary for Candidates Contributions Received CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 6,500.00 1. Monetary Contributions Schedule A, Line 3 \$ \_\_\_\_\_\_ 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received Schedule B, Line 3 20. Contributions SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ 0.00 6,500.00 Received 0.00 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 0.00 6,500.00 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ \_\_\_\_\_ **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ 9,100.00 \$ 9,100.00 **Candidates** 0.00 0.00 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ 9,100.00 9,100.00 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 9,100.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ \_\_\_\_\_6,500.00 To calculate Column B, add 0.00 amounts in Column A to the corresponding amounts \*Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 9,100.00 Column A may be negative -2,600.00 figures that should be 16. ENDING CASH BALANCE ......... Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00

0.00

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www.fppc.ca.gov

# Schedule E

Amounts may be rounded

	SCHEDULE B
Statement covers period	CALIFORNIA 460
from10/20/2024	FORM TOO
through12/27/2024	Page4 of4
	I.D. NUMBER
	1475926

Payments Made	to whole d	ollars.		from10/20/2024	FOR	FORM TOO		
SEE INSTRUCTIONS ON REVERSE				through12/27/2024	Page 4	of4		
NAME OF FILER					I.D. NUMB	ER		
Citizens for Red Bluff High Yes on L					1475926			
CODES: If one of the following codes accurately describes  CMP campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  ND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating survey resea ivery and me	es	RAD radio airtime and productive returned contributions SAL campaign workers' salarity. Vor cable airtime and productive returned contributions SAL campaign workers' salarity. Vor cable airtime and productive randidate travel, lodging, transfer between committed voter registration were information technology contribution.	es roduction costs and meals g, and meals ees of the same	·		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID		
Todd Brose Corning, CA 96021		POS	P. O box rent			100.00		
Team CivX Orinda, CA 94563		LIT	Invoice 3695			8,000.00		
Team CivX Orinda, CA 94563		LIT	Inv 3695			1,000.00		
* Payments that are contributions or independent expenditures r	must also be summ	arized on S	Schedule D.		SUBTOTAL\$	9,100.00		
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule	E subtotals.)				\$	9,100.00		
2. Unitemized payments made this period of under \$100				••••••	\$	0.00		
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column	(e).)		\$	0.00		
4. Total payments made this period. (Add Lines 1, 2, and 3. E						9,100.00		

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Statement of Organization			Date Stamp C./	ALIFORNIA			
<b>Recipient Cor</b>	nmittee					FORM	410
Statement Type	☐ Initial	☐ Amendment	DI	Termination - See Part 5	RECEIVED	For Official Use	Ombu
	O Not yet qualified	- Amendanett	DEC)	termination - See Fait 5	DEC 2 0 2024	TO OHIGA OSE	Dink
	or				DEC 3 0 2024		
	O Date qualification threshold met	Date qualification threshold met	ļ	Date of termination	TOTAL ELECTIONS		
				12 / 30 / 2024	TEHAMA COUNTY ELECTIONS		
PHENOMEN CONTRACTOR	Information I.D. Numbe			With Source and Description Construction		SHARE WILESPAN	Maria Di Angarana
1. Committee	nformation (fapplicable)	99-5011195		2. Treasurer and O	ther Principal Officers		
NAME OF COMMITTEE				NAME OF TREASURER			
Citizens for Re	d Bluff High - Yes on L			Debb Gibson			
				STREET ADDRESS (NO P.O. BOX)		STATE	ZIP CODE
					Red Bluff	CA	96080
STREET ADDRESS (NO P.	O BOX)			EMAIL ADDRESS OF TREASURER		AREA CODE	Addition of the second
				debbgibson68@gmail.co		530-526	-8224
CITY	STATE	ZIP CODE AREA CODE/PHONE		NAME OF ASSISTANT TREASURE	R, IF ANY		
Red Bluff	CA	96080 530-526-8224		Dee Himes			este transcription
FULL MAILING ADDRESS		30000 300 000 000		STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
P.O. Box 1281					Los Molinos	Ca	96055
E-MAIL ADDRESS OF CO	MMITTEE (REQUIRED) / FAX (OPTIONAL)			EMAIL ADDRESS OF ASSISTANT		AREA CODE	
debbgibson68@gn				bdhimes21@gmail.com		530-52	24-7447
COUNTY OF DOMICILE	JURISDICTION WHERE	OMMITTEE IS ACTIVE		Mandi Owens	)		
Tehama	Red Bluff Joint U	nion High School District			MANAGEMENT OF THE PROPERTY OF		
				STREET ADDRESS (NO P.O. BOX)	Red Bluff	STATE	ZIP CODE
				EMAIL ADDRESS OF PRINCIPAL (		CA	96080
Attach additional	information on appropriately lab	led continuation sheets.		1	AREA CODE/PHONE		
				mnswebdesigns@ya	inoo.com	530-72	2-5847
			698	PASSIVE NAME OF THE PASSIVE OF THE P			
3. Verification			im			<b>与以外的</b>	
I have used all rea	sonable diligence in preparing th	s statement and to the best o	f m	v knowledge the information	n contained herein is true and com	nlete   certify ur	der
penalty of perjury	under the laws of the Sta				or defined yielding the true and tolling	piece. recitify a	idei
Executed on 12/27	//2024						
Executed on	DATE By _	3,5,00	1011	OF THE ASURER ON ASSISTANT TREASURER			
Executed on	By						
	DATE	SIGNATURE OF CONTROLI	ING	Officeholder, candidate, ür state mea	SURE PROPONENT		
Executed on	DATE BY						
	UATE	SIGNATURE OF CONTROL	LING	OFFICEHOLDER, CANDIDATE, OR STATE MEA	SURE PROPONENT		
Executed on	DATE By	SIGNATUOF OF FOURTO	i INC	ACCUMENTATION OF THE PARTY OF T			
	WALE .	MONATURE OF CUNTROL	i, iphia	OFFICEHOLDER, CANDIDATE, OR STATE MEA	LSUKE PROPONENT		

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

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE								CALIFORNIA 410		
COMMITTEE NAME Citizens for Red Bluff High - Yes on L	1.D. NUMBER 99-5014495									
<ul> <li>All committees must list the financial institution where the campa</li> </ul>	aign bar	nk account is located and t	he person(s) a	uthorized	to obtain ba	nk records.				
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	;		AREA CODE/PHON	E	BANK ACCO	UNT NUMBER				
Cornerstone Community Bank			530-529-12	22						
ADDRESS OF FINANCIAL INSTITUTION		CITY  Red Bluff			STATE CA		P CODE 6080			
4. Type of Committee Complete the applicable sections.	100 57	MISCRE LANGUE						ni PENYSLI Na sasay		
Controlled Committee										
<ul> <li>List the name of each controlling officeholder, candidate, or state n also list the elective office sought or held, and district number, if ar</li> </ul>			officeholder c	ontrolled,						
<ul> <li>List the political party with which each officeholder or candidate is</li> </ul>	affiliate	d or check "nonpartisan." S	Stating "No par	ty prefere	nce" is accep	table.				
If this committee acts jointly with another controlled committee, list	ist the na	ame and identification num	ber of the oth	er controll	ed committe	e.				
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(	ELECTIVE OFFICE SOUGHT OR H INCLUDE DISTRICT NUMBER IF APPI		YEAR OF ELECTION	PAR CHECK					
		A. S. 1000			Nonpartisan	Partisan	(list political pa	irty below)		
					Nonpartisan	Partisan	(list political pa	orty below)		
Primarily Formed Committee  Primarily formed to support or opport  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	S in a single elector or HE	LD OR MEASU	RE(S) JURISDICTI	ON	CHEC	K ONE		
Measure L		Red Bluff High School Dis	strict G.O. Bon	d			SUPPORT	OPPOSE		
							SUPPORT	OPPOSE		

**Statement of Organization CALIFORNIA Recipient Committee FORM INSTRUCTIONS ON REVERSE** Page 3 COMMITTEE NAME I.D. NUMBER Citizens for Red Bluff High - Yes on L 99-5014495 4. Type of Committee (Continued) Not formed to support or oppose specific candidates or measures in a single election. Check only one box: General Purpose Committee ☐ 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

### 5. Termination Requirements

Small Contributor Committee

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.