

Statement of Organization Recipient Committee

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Statement Type

Initial

Amendment

Termination - See Part 5

Not yet qualified  or

Date qualification threshold met

Date qualification threshold met

Date of termination

Date Stamp

CALIFORNIA FORM 410

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R / JR

1. Committee Information

(If Applicable) (If Applicable)

NAME OF COMMITTEE

Sierra County Republican Party (State)

STREET ADDRESS (NO P.O. BOX)

CITY

Sierra City, CA 96125

STATE

ZIP CODE

AREA CODE/PHONE

916 844-8723

FULL MAILING ADDRESS (IF DIFFERENT)

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

sierracountygop@gmail.com

COUNTY OF DOMICILE

Sierra

JURISDICTION WHERE COMMITTEE IS ACTIVE

Sierra County

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Stacey Estrada

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Calpine, CA 96124

E-MAIL ADDRESS OF TREASURER (REQUIRED)

equslvr@startmail.com

AREA CODE/PHONE

530 320-0764

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Stacey Estrada

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Calpine, CA 96124

E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

equslvr@startmail.com

AREA CODE/PHONE

530 320-0764

Attach additional information on appropriately labeled continuation sheets

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 \_\_\_\_\_

  
Stacey Estrada (Mar 25, 2025 16:53 PDT)

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ 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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Recipient Committee**

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COMMITTEE NAME

Sierra County Republican Party (State)

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
Plumas Bank		Stacey Estrada; Colicia Palmer	530 832-4405
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
[REDACTED]	Portola, CA	96122	

**4. Type of Committee. Complete the applicable section.**

**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		(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME

Sierra County Republican Party (State)

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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

To promote Republican values in Sierra County

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OF AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

\_\_\_\_\_  
Date Qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer, and/or candidate officer holder, or component entity, make 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.

NAME OF FILER Sierra County Republican Party (State)	I.D. NUMBER
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FORM	REFERENCE	NOTES	
CA 410	Cover - Additional Officers	NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE Colicia Palmer	
		STREET ADDRESS [REDACTED]	CITY / STATE / ZIP CODE Sierra City, CA 96125
		EMAIL ADDRESS coliciapalmer@yahoo.com	AREA CODE/PHONE 916 844-8723
CA 410	Cover - Additional Officers	NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE Mary Ervin	
		STREET ADDRESS [REDACTED]	CITY / STATE / ZIP CODE Sierra City, CA 96125
		EMAIL ADDRESS maryervinlaw@gmail.com	AREA CODE/PHONE 916 549-4905
CA 410	Cover - Additional Officers	NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE Michael Estrada	
		STREET ADDRESS [REDACTED]	CITY / STATE / ZIP CODE Calpine, CA 96124
		EMAIL ADDRESS estrada45@sbcglobal.net	AREA CODE/PHONE 530 562-7924