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Statement of Organization Recipient Committee

Statement Type

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

Date Stamp

DIGITALLY RECEIVED AND FILED
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MAR 02 2026

CALIFORNIA FORM 410

For Official Use Only

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NAME OF COMMITTEE Melline for County Supervisor 2026				NAME OF TREASURER Marissa Russell			
STREET ADDRESS (NO P.O. BOX)				CITY		STATE ZIP CODE	
[REDACTED]				Sacramento		CA 95841	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				EMAIL ADDRESS OF TREASURER (REQUIRED)			
campaigns@rcbs.us / (916) 348-9111				marissa@rcbs.us (916) 348-9100			
CITY STATE ZIP CODE AREA CODE/PHONE				NAME OF ASSISTANT TREASURER, IF ANY			
Sacramento CA 95841 (916) 348-9100				Denise Lewis			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE	
[REDACTED]				[REDACTED] Sacramento		CA 95841	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			
[REDACTED]				denise@rcbs.us (916) 348-9100			
COUNTRY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE					
Sacramento		Sierra County					
Attach additional information on appropriately labeled continuation sheets.							
NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				[REDACTED]			
E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)				CITY STATE ZIP CODE			
[REDACTED]				[REDACTED]			

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 03/02/2026 By Denise F Lewis
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 03/02/2026 By Sonya Z Melline
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

COMMITTEE NAME Meline for County Supervisor 2026	I.D. NUMBER
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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 CONTACT PERSON First Foundation Bank Devise Lewis, Marissa Russell	BANK ACCOUNT NUMBER (916) 724-2424	BANK BRANCH NUMBER [REDACTED]
ADDRESS OF FINANCIAL INSTITUTION 18101 Von Karman Avenue, Ste 750	CITY Irvine	STATE CA
		ZIP CODE 92612

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		
Sonya Z. Meline	County Supervisor Sierra County District 2	2026	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Meline for County Supervisor 2026

I.D. NUMBER

4. Type of 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

Small Contributor Committee

Date qualified

5. Termination Requirements

- 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.