

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
 Not yet qualified  
 Date qualification threshold met

Amendment  
 Termination - See Part 5 of the State of California

Date of termination  
 1 / 31 / 2023

DATE STAMP: FEB 02 2023  
 RECEIVED AND FILED  
 OFFICE OF THE SECRETARY OF STATE  
 STATE OF CALIFORNIA  
 CALIFORNIA FORM 410  
 COUNTY OF COLORADO RECEIVED FEB 21 2023

**1. Committee Information** I.D. Number 1455433  
 (if applicable)

NAME OF COMMITTEE  
 Committee to Elect John Clerici to the Placerville City Council 2022

NAME OF TREASURER  
 Yvette L. Clerici

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY  
 Placerville

STATE  
 Ca

ZIP CODE  
 95667

AREA CODE/PHONE  
 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)  
 [REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
 [REDACTED]

COUNTY OF DOMICILE  
 El Dorado County

JURISDICTION WHERE COMMITTEE IS ACTIVE  
 El Dorado County

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY  
 Placerville

STATE  
 CA

ZIP CODE  
 95667

AREA CODE/PHONE  
 [REDACTED]

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY  
 Placerville

STATE  
 CA

ZIP CODE  
 95667

AREA CODE/PHONE  
 [REDACTED]

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Yvette L. Clerici

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY  
 Placerville

STATE  
 CA

ZIP CODE  
 95667

AREA CODE/PHONE  
 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
 [REDACTED]

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY  
 Placerville

STATE  
 CA

ZIP CODE  
 95667

AREA CODE/PHONE  
 [REDACTED]

**3. Verification**

Attach additional information on appropriately labeled continuation sheets.

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 1/31/2023 By Yvette L. Clerici  
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/31/2023 By [Signature]  
 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