

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	
____/____/____	____/____/____	4 / 30 / 24

**1. Committee Information**

**I.D. Number**  
(if applicable)

NAME OF COMMITTEE

Committee to Elect William Abramson, Judge of the Plumas County Superior Court

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Quincy, Ca 95971 530-283-2410

FULL MAILING ADDRESS (IF DIFFERENT)

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

abramsonlaw96@gmail.com

COUNTY OF DOMICILE

Plumas

JURISDICTION WHERE COMMITTEE IS ACTIVE

Plumas County

*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 4/30/24 By \_\_\_\_\_

TREASURER OR ASSISTANT TREASURER

Executed on 4/30/24 By \_\_\_\_\_

HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

Date Stamp

**RECEIVED AND FILED**

in the office of the Secretary of State  
of the State of California

**MAY 06 2024**

**CALIFORNIA FORM 410**

**RECEIVED**

**MAY 22 2024**

PLUMAS CO. CLERK-RECORDS

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
[REDACTED] Quincy Ca 95971

EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE  
micabr20@gmail.com 530-283-2410

NAME OF ASSISTANT TREASURER, IF ANY

N?A

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

William Abramson Candidate

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
[REDACTED] Quincy Ca 95971

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE  
abramsonlaw96@gmail.com 530-283-2410

**Statement of Organization****Recipient Committee****Statement Type**

Initial     Amendment     Termination – See Part 5

Not yet qualified  
or  
 Date qualification threshold met

Date qualification threshold met

11/27/23

Date of termination

11/27/23

**RECEIVED**

Date Stamp

DEC 01

**CALIFORNIA  
FORM****410**

For Official Use Only

PLUMAS CO. CLERK-RECORDE

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

NAME OF COMMITTEE

Committee to Elect William Abramson  
Judge

STREET ADDRESS (NO PO BOX)

530-283-2410

CITY

Quincy

STATE

CA

ZIP CODE

95971

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

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

abramsonlaw96@gmail.com

COUNTY OF DOMICILE

Plumas

JURISDICTION WHERE COMMITTEE IS ACTIVE

Plumas County

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Michelle Abramson

STREET ADDRESS (NO PO BOX)

CITY

STATE

ZIP CODE

Quincy

CA 95971

AREA CODE/PHONE

EMAIL ADDRESS OF TREASURER (REQUIRED)

micabramon@gmail.com

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO PO BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

William Abramson candidate

STREET ADDRESS (NO PO BOX)

CITY

STATE

ZIP CODE

Quincy

CA 95971

AREA CODE/PHONE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

**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 11/30/23 By REDACTED

SURER OR ASSISTANT TREASURER

Executed on 11/30/23 By REDACTED

HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on   By REDACTED

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on   By REDACTED

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

FPPC Form 410 (October/2023)

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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2

COMMITTEE NAME <i>Committee to Elect William Abramson</i>	I D NUMBER [REDACTED]		
<ul style="list-style-type: none"> <li>• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</li> </ul>			
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS <i>US Bank</i>	AREA CODE/PHONE <i>530-283-6610</i>	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY <i>Quincy CA 95971</i>	STATE [REDACTED]	ZIP CODE [REDACTED]

**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 PROPOINTER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	
<i>William Abramson</i>	<i>Judge Superior Court Plumas County</i>	<i>2024</i>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan (list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 410**

Page 3

I.D. NUMBER

COMMITTEE NAME

**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

**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**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent 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 — Part 2**

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

Page 2 of 5

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

William Abramson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Plumas County Superior Court Judge Dept 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Quincy Ca 95971

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
-------------------	-----------------------

YES  NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
-------------------	------------------------------

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
-------------------	-----------------------

YES  NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
-------------------	------------------------------

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

William Abramson

Statement covers period  
from 1/26/24  
through 2/22/24

CALIFORNIA  
FORM **460**

Page 3 of 5

I.D. NUMBER  
1465190

**Contributions Received**

1. Monetary Contributions ..... *Schedule A, Line 3*
2. Loans Received ..... *Schedule B, Line 3*
3. SUBTOTAL CASH CONTRIBUTIONS ..... *Add Lines 1 + 2*
4. Nonmonetary Contributions ..... *Schedule C, Line 3*
5. TOTAL CONTRIBUTIONS RECEIVED ..... *Add Lines 3 + 4*

**Column A**  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

\$ <u>0</u>	\$ <u>3500.00</u>

**Column B**  
CALENDAR YEAR  
TOTAL TO DATE

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

1/1 through 6/30      7/1 to Date

20. Contributions Received      \$         \$
21. Expenditures Made      \$         \$

**Expenditures Made**

6. Payments Made ..... *Schedule E, Line 4*
7. Loans Made ..... *Schedule H, Line 3*
8. SUBTOTAL CASH PAYMENTS ..... *Add Lines 6 + 7*
9. Accrued Expenses (Unpaid Bills) ..... *Schedule F, Line 3*
10. Nonmonetary Adjustment ..... *Schedule C, Line 3*
11. TOTAL EXPENDITURES MADE ..... *Add Lines 8 + 9 + 10*

\$ 1148.20      \$ 3227.34

\$ <u>  </u>	\$ <u>  </u>

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u>  </u>	\$ <u>  </u>
<u>  </u>	\$ <u>  </u>

**Current Cash Statement**

12. Beginning Cash Balance ..... *Previous Summary Page, Line 16*
13. Cash Receipts ..... *Column A, Line 3 above*
14. Miscellaneous Increases to Cash ..... *Schedule I, Line 4*
15. Cash Payments ..... *Column A, Line 8 above*
16. ENDING CASH BALANCE ..... *Add Lines 12 + 13 + 14, then subtract Line 15*

\$ 1420.86

\$ <u>  </u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2*

\$ 0

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... *See instructions on reverse*
19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column B above*

\$ <u>0</u>
\$ <u>0</u>

\*Amounts in this section may be different from amounts reported in Column B.

## Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

William Abramson

Amounts may be rounded  
to whole dollars.

SCHEDULE E

CALIFORNIA FORM 460

Statement covers period

from 1/26/24

through 2/22/24

Page 4 of 5

I.D. NUMBER

1465190

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

ISAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Straight Talk Wireless [REDACTED] Miami, Fl. 33178	OFC		Cellular phone monthly plan	42.20
Plumas County Recorder/Elections [REDACTED] Quincy, Ca. 9597	FIL		Ballot Statement of Qualification of Candidate	500.00
Almanor Foundation/Plumas Sun P.O. Box 949 Chester, Ca. 96020	PRT		Advertisement on Plumas Sun	600.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 1142.20**

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$ 1148.20
2. Unitemized payments made this period of under \$100..... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ \_\_\_\_\_
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$ 1148.20**





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

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

Page 2 of 5

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

William Abramson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Plumas County Superior Court Judge Dept 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Quincy Ca 95971

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
-------------------	-----------------------

YES  NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
-------------------	------------------------------

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
-------------------	-----------------------

YES  NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
-------------------	------------------------------

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any:

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

William Abramson

Statement covers period  
from 1/1/24

through 1/25/24

CALIFORNIA  
FORM **460**

Page 3 of 5

I.D. NUMBER  
1465190

**Contributions Received**

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ 3500.00	\$ 3500.00
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ 3500.00	\$ 3500.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ 3500.00	\$ 3500.00
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ 35000.00	\$ 3500.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ 35000.00	\$ 3500.00

**Expenditures Made**

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ 2079.14	\$ 2079.14
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ 2079.14	\$ 2079.14
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ 2079.14	\$ 2079.14
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$ 0	\$ 0
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ 2079.14	\$ 2079.14

**Current Cash Statement**

12. Beginning Cash Balance.....	<i>Previous Summary Page, Line 16</i>	\$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts.....	<i>Column A, Line 3 above</i>	\$ 3500.00	
14. Miscellaneous Increases to Cash.....	<i>Schedule I, Line 4</i>	\$ 0	
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$ 2079.14	
16. ENDING CASH BALANCE.....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 1420.86	
<i>If this is a termination statement, Line 16 must be zero.</i>			

17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>	\$ 0
-----------------------------------	---------------------------	------

18. Cash Equivalents.....	<i>See Instructions on reverse</i>	\$ 0
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 0

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received.....	\$ 0	\$ 0
21. Expenditures Made.....	\$ 0	\$ 0

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made*	(If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
/ /	/ /	/ /	\$ 0
/ /	/ /	/ /	\$ 0

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A**  
**Monetary Contributions Received**

**Amounts may be rounded to whole dollars.**

**SCHEDULE A**

SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

William Abramson

**Statement covers period**

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1/25/24

CALIFORNIA FORM 460

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I.D. NUMBER

1465190

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/2/24	William Abramson [REDACTED] Quincy, Ca. 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Candidate	2000.00	2000.00	
1/3/24	Garrett Olney P.O. Box 145 Meadow Valley, Ca.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, Superior Court Judge	100.00	100.00	
1/8/24	Paul Kleine [REDACTED] Sparks, Nv. 89441	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Finley Industries Inc	400.00	400.00	
1/8/24	R & J Inc. P.O. Box 19219 Reno, Nv. 89511	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3500.00

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

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 3500.00**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

CALIFORNIA  
FORM

**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

William Abramson

Statement covers period

from 1/1/24

through 1/25/24

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I.D. NUMBER

1465190

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHQ phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Vistaprint [REDACTED] Waltham, Ma. 02451	LIT		Design and mailing of campaign literature	1188.81
Wild Hare Sign [REDACTED] Quincy, Ca. 95971	CMP		Campaign Signs	205.92
Next Day Flyers [REDACTED] Van Nuys, Ca. 91406	LIT		Design and mailing of campaign literature	684.41

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 2079.14**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 2079.14
2. Unitemized payments made this period of under \$100 ..... \$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 2079.14**



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

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

Page 2 of 6

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

William Abramson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Plumas County Superior Court Judge Dept 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Quincy Ca 95971

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
-------------------	-----------------------

YES  NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
-------------------	------------------------------

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
-------------------	-----------------------

YES  NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
-------------------	------------------------------

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

William Abramson

Statement covers period  
from 7/1/23  
through 12/31/23

**CALIFORNIA FORM 460**

Page 3 of 6  
I.D. NUMBER  
1465190

**Contributions Received**

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ 8650.00	\$ 8650.00
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ _____	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ 8650.00	\$ 8650.00
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ _____	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ 8650.00	\$ 8650.00

**Expenditures Made**

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ 8124.03	\$ 8124.03
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ 8124.03	\$ 8124.03
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$ _____	\$ _____
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ _____	\$ _____
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ 8124.03	\$ 8124.03

**Current Cash Statement**

12. Beginning Cash Balance.....	<i>Previous Summary Page, Line 16</i>	\$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts.....	<i>Column A, Line 3 above</i>	\$ 8650.00	
14. Miscellaneous Increases to Cash.....	<i>Schedule I, Line 4</i>	\$ _____	
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$ 8124.03	
16. ENDING CASH BALANCE.....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 525.97	
<i>If this is a termination statement, Line 16 must be zero.</i>			

17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>	\$ 0
-----------------------------------	---------------------------	------

18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$ 0
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 0

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 0	\$ 8650.00
21. Expenditures Made	\$ 0	\$ 8124.03

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made*	(If Subject to Voluntary Expenditure Limit)
Date of Election (mm/dd/yy)	Total to Date
03 / 05 / 24	\$ 8124.03
/ / /	\$ _____

\*Amounts in this section may be different from amounts reported in Column B.

## Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

William Abramson

SCHEDULE A

**CALIFORNIA FORM 460**

Statement covers period  
from 7/1/23

through 12/31/23

Page 7 of 6

I.D. NUMBER  
1465190

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 8650.00
2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 8650.00**

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

## Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

William Abramson

Statement covers period  
from 7/1/23  
through 12/31/23

Page 5 of 6

I.D. NUMBER  
1465190

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Walmart [REDACTED] Susanville, Ca. 96130	OFC		Purchase of cellular phone	99.62
Plumas County Recorders-Elections Office [REDACTED] Quincy, Ca. 95971	FIL		Filing Fees; Statement of Qualifications for ballot	2861.74
Vistaprint [REDACTED] Waltham, Ma. 02451	LIT		Design and mailing of campaign literature	1303.30

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 4264.66**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$ 8124.03
2. Unitemized payments made this period of under \$100..... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ \_\_\_\_\_
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$ 8124.03**

**Schedule E  
(Continuation Sheet)  
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

William Abramson

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>7/1/23</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/23</u>	Page <u>6</u> of <u>6</u>
I.D. NUMBER <u>1465190</u>	

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wild Hare Signs [REDACTED] Quincy, Ca. 95971	CMP		Campaign signs	2924.71
Canva [REDACTED] NSW 2010 Australia	LIT		Design and print Campaign literature	242.49
Straight Talk Wireless [REDACTED] Miami, Fl. 33178	OFC		Cellular phone monthly plan	42.17
California Secretary of State [REDACTED] Sacramento, Ca. 95814	FIL		Form 410 Statement of Organization	50.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 3859.37**

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER William Abramson		Date of This Filing 1/29/24
AREA CODE/PHONE NUMBER 530 283-2410	I.D. NUMBER ( <i>if applicable</i> ) 1465190	Report No. 1
STREET ADDRESS 93 Chandler Rd		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1
CITY Quincy	STATE Ca	ZIP CODE 95971

Date Stamp **497**  
**FI** CALIFORNIA FORM  
 For Official Use Only  
**JAN 30 2024**  
**PLUMBERS & PIPEFITTERS RECORDER**  
**BY** **DEPOT 11**

## 1. Contribution(s) Received

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
1/8/24	R & J Joy, Inc P.O. Box 19219 Reno Nv. 89511	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan  <input type="checkbox"/> Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan  <input type="checkbox"/> Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan  <input type="checkbox"/> Provide interest rate

Reason for Amendment: \_\_\_\_\_

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Recipient Committee  
Campaign Statement  
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>1/1/23</u>	Date of election if applicable: (Month, Day, Year) <u>3/5/24</u>
through <u>12/31/23</u>	

Date Stamp	CALIFORNIA FORM <b>460</b>
<b>RECEIVED</b> <u>6</u>	
Page <u>1</u> of <u>1</u>	
For Official Use Only	
<b>JAN 24 2024</b>	

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	<input type="checkbox"/> Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)
<input type="checkbox"/> General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

**3. Committee Information**

I.D. NUMBER  
1465190

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect William Abramson Judge, Plumas Superior Court

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Quincy</u>	<u>Ca</u>	<u>95971</u>	<u>530-283-2410</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

**2. Type of Statement:**

Preelection Statement  
 Semi-annual Statement  
 Termination Statement  
(Also file a Form 410 Termination)  
 Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report

**Treasurer(s)**

NAME OF TREASURER

Michelle Abramson

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Quincy</u>	<u>Ca</u>	<u>95971</u>	<u>530-283-2410</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1/24/24 Date

By \_\_\_\_\_

Assistant Treasurer

Executed on 1/24/24 Date

By \_\_\_\_\_

Measure Proponent or Responsible Officer of Sponsor

Executed on 1/24/24 Date

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on 1/24/24 Date

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

Page 7 of 6

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

William Abramson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Plumas Superior Court Judge Dept. 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED] Quincy Ca 95971

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  
CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  
CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

William Abramson

Statement covers period  
from 1/1/23  
through 12/31/23

CALIFORNIA  
FORM **460**

Page 3 of 6

I.D. NUMBER  
146190

## Contributions Received

1. Monetary Contributions.....	Schedule A, Line 3
2. Loans Received.....	Schedule B, Line 3
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2
4. Nonmonetary Contributions.....	Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
\$ 8650.00	\$ 8650.00
0	0
\$ 8650.00	\$ 8650.00
0	0
\$ 8650.00	\$ 8650.00

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4
7. Loans Made.....	Schedule H, Line 3
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3
10. Nonmonetary Adjustment.....	Schedule C, Line 3
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10

\$ 8124.03	\$ 8124.03
0	0
\$ 8124.03	\$ 8124.03
0	0
0	0
\$ 8124.03	\$ 8124.03

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16
13. Cash Receipts.....	Column A, Line 3 above
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4
15. Cash Payments.....	Column A, Line 8 above
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15

If this is a termination statement, Line 16 must be zero.

\$ 0
8650.00
0
8124.03
\$ 525.97

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2
-----------------------------------	--------------------

\$ 0
------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above

\$ 0
\$ 0

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 0	\$ 8650.00
21. Expenditures Made	\$ 0	\$ 8124.03

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	(If Subject to Voluntary Expenditure Limit)
Date of Election (mm/dd/yy)	Total to Date
03 / 05 / 24	\$ 8124.03
	\$ _____

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded to whole dollars.

**SCHEDULE A**

SEE INSTRUCTIONS ON REVERSE

---

**NAME OF FILER**

William Abramson

Statement covers period from <u>1/1/23</u>	CALIFORNIA FORM <b>460</b>
through <u>12/31/23</u>	Page <u>4</u> of <u>6</u>
I.D. NUMBER <u>1465190</u>	

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 8650.00

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 8650.00**

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

## Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

William Abramson

SCHEDULE E

CALIFORNIA FORM **460**

Page 5 of 6

I.D. NUMBER  
1465190

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Walmart [REDACTED] Susanville, Ca. 96130	OFC		Purchase of cellular phone	99.62
Plumas County Recorder/Elections Office [REDACTED] Quincy, Ca. 95971	FIL		Filing fees, Statement of Qualifications for ballot	2861.74
Vistaprint [REDACTED] Waltham, Ma. 02451	LIT		Design and mailing of campaign literature	1303.30

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 4264.66**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 8124.03
2. Unitemized payments made this period of under \$100.....	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$ 8124.03</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

William Abramson

Amounts may be rounded  
to whole dollars.

Statement covers period  
1/1/23  
from \_\_\_\_\_  
through 12/31/23

CALIFORNIA **460**  
FORM  
Page 6 of 6

I.D. NUMBER  
1465190

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wild Hare Signs [REDACTED] Quincy, Ca. 95971	CMP		Campaign signs	2924.71
Canva [REDACTED] NSW 2010 Australia	LJT		Design and print campaign literature	242.49
Straight Talk Wireess [REDACTED] Miami, Fl. 33178	OFC		Cellular phone monthly plan	42.17
The Almanor Foundation/Plumas Sun P.O. Box 99 Chester, Ca. 96020	PRT		On line Print Ad	600.00
California Secretary of State [REDACTED] Sacramento, Ca. 95814	FIL		Form 410 Statement of Organization	50.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 3859.37**

1465190

**RECEIVED AND FILED**  
In the office of the Secretary of State  
of the State of California

AR 12/5/2023  
AR 12/5/2023

**Statement of Organization  
Recipient Committee**

**Statement Type**

Initial

Not yet qualified

or

Date qualification threshold met

11/27/23

Amendment

Termination - See Part 5

Date qualification threshold met

Date of termination

**RECEIVED**  
Date Stamp  
in the office of the Secretary of State  
of the State of California

**DEC 14 2023**

**CALIFORNIA  
FORM**

**410**

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**DEC 2 0 2023**

PLUMAS CO. CLERK-RECORD

**1. Committee Information**

**I.D. Number  
(If applicable)**

NAME OF COMMITTEE

Committee to Elect William Abramson  
Judge, Plumas County Superior Court, 2024

STREET ADDRESS (NO P.O. BOX)

530-283-2410

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Quincy

CA

95971

FULL MAILING ADDRESS (IF DIFFERENT)

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

abramsonlaw96@gmail.com

COUNTY OF DOMICILE

Plumas

JURISDICTION WHERE COMMITTEE IS ACTIVE

Plumas County

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

11/30/23

By

DATE

TREASURER OR ASSISTANT TREASURER

Executed on

11/30/23

By

DATE

OLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2

COMMITTEE NAME <i>Committee to Elect William Abramson</i>		I.D. NUMBER
<ul style="list-style-type: none"> <li>• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</li> </ul>		
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS <i>US Bank</i>	AREA CODE/PHONE <i>530-283-6610</i>	BANK ACCOUNT NUMBER <i>[REDACTED]</i>
ADDRESS OF FINANCIAL INSTITUTION <i>20 E. Main St.</i>	CITY <i>Quincy CA 95971</i>	STATE <i>[REDACTED]</i>
<b>4. Type of Committee</b> <i>Complete the applicable sections.</i>		

**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 PROPOINTER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<i>William Abramson</i>	<i>Judge Superior Court Plumas County</i>	<i>2024</i>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
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Page 3

I.D. NUMBER

COMMITTEE NAME

## 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

### 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

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or parent 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.

# FILED

## Candidate Intention Statement

Check One:  Initial  Amendment  
(Explain) \_\_\_\_\_

Date Stamp	CALIFORNIA FORM	501
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PLUMAS CO. CLERK RECORDER		
BY	TY	

### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Abramson, William S

STREET ADDRESS

[REDACTED]

DAYTIME TELEPHONE NUMBER

(530) 283-2410

FAX NUMBER (optional)

( )

EMAIL (optional)

Abramsonlaw96@gmail.com

CITY

Quincy

STATE

Ca.

ZIP CODE

95771

OFFICE SOUGHT (POSITION TITLE)

Judge of the Superior Court Department 2

AGENCY NAME

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2)

City

County

Multi-County

(Name of Multi-County Jurisdiction)

PARTY PREFERENCE  
(Check one box, if applicable)

PRIMARY / GENERAL

(Year of Election)

SPECIAL / RUNOFF

### 2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on \_\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On \_\_\_\_\_ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

### 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the information contained in this statement is true and correct.

Executed on

11/20/23  
(month, day, year)

Signature

## Candidate Intention Statement

Date Stamp

CALIFORNIA  
FORM

501

Check One:  Initial Amendment  
(Explain)

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*Correct Omitted Information*

### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Abramson, William S

DAYTIME TELEPHONE NUMBER

(530) 283-2410

FAX NUMBER (optional)

N/A

EMAIL (optional)

Abramsonlaw96@gmail.com

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

Judge Superior Court

AGENCY NAME

Plumas County Superior Court

DISTRICT NUMBER, if applicable

 NON-PARTISAN OFFICE

OFFICE JURISDICTION

PARTY PREFERENCE:

(Check one box, if applicable.)

 State (Complete Part 2.) PRIMARY / GENERAL City County Multi-County:

(Name of Multi-County Jurisdiction)

2024  
(Year of Election) SPECIAL / RUNOFF

### 2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

 I accept the voluntary expenditure ceiling for the election stated above. I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

 I did not exceed the expenditure ceiling in the primary or special election held on \_\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

 On \_\_\_\_\_ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

### 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the information contained on this form is true and correct.

Executed on

11/30/23  
(month, day, year)

Signature

