

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
 Not yet qualified

Amendment

Termination - See Part 5

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

**CALIFORNIA 410 FORM**

For Official Use Only

**RECEIVED**

MAY 24 2021

JUN 14 2021

REGISTRAR OF VOTERS  
SLITTER COUNTY

R 51  
1438513

**1. Committee Information**

I.D. Number  
(if applicable)

NAME OF COMMITTEE

Mike Ziegenmeyer for Supervisor 2022

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Michael Ziegenmeyer

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY

Yuba City

STATE

CA

ZIP CODE

95993

AREA CODE/PHONE

530-682-4201

MAILING ADDRESS (IF DIFFERENT)

EMAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

Michael.ziegenmeyer@yahoo.com

COUNTY OF DOMICILE

Sutter

JURISDICTION WHERE COMMITTEE IS ACTIVE

Sutter County

CITY

Yuba City

STATE

CA

ZIP CODE

95993

AREA CODE/PHONE

530-682-4201

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

5/19/21

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

5/19/21

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, 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

FPPC Form 410 (October/2017)

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

www.fppc.ca.gov

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Mike Ziegenmeyer for Supervisor 2022

Page 2

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION River Valley Community Bank	AREA CODE/PHONE 530-755-0418	BANK ACCOUNT NUMBER
ADDRESS	CITY Yuba City	STATE CA
	ZIP CODE 95993	

### 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	CHECK ONE	PARTY
Michael Ziegenmeyer	Sutter County Supervisor, District 3	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan (list political party below)
			Partisan	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
		SUPPORT
		OPPOSE
		SUPPORT
		OPPOSE

Clear Page

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