

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

File Stamp REGISTRAR OF VOTERS JUL 30 2021 DONNA M. JOHNSTON DEPUTY CLERK		CALIFORNIA 2001/02 FORM 460
Statement covers period from 1/1/2021 through 6/30/2021		Page 1 of 11 For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee:

- All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall (Also Complete Part 5)
 - General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
 - Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored (Also Complete Part 6)
 - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE

Treasurer(s)
 NAME OF TREASURER
 Joene Tranter

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)
 CITY YUBA CITY STATE CA ZIP CODE 95993 AREA CODE/PHONE (530) 822-0662

CITY Yuba City STATE CA ZIP CODE 95993 AREA CODE/PHONE (530) 822-0662

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

MAILING ADDRESS

CITY YUBA CITY STATE CA ZIP CODE 95992 AREA CODE/PHONE
 OPTIONAL: FAX / E-MAIL ADDRESS
 jtranter1463@comcast.net

CITY YUBA CITY STATE CA ZIP CODE 95992 AREA CODE/PHONE
 OPTIONAL: FAX / E-MAIL ADDRESS
 Treasurer: JTRANTER1463@COMCAST.NET

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 7/29/2021 Date
 Executed on _____ Date
 Executed on _____ Date
 Executed on _____ Date

By Joene Tranter Signature of Treasurer or Assistant Treasurer
 By _____ Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officer/Candidate, State Measure Proponent
 By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

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

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

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 _____

SUPPORT
 OPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT _____

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA
FORM
460

Statement covers period
from 1/1/2021
through 6/30/2021

Page 3 of 11

ID NUMBER
881463

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$311.51	\$311.54
2. Loans Received	Schedule B, Line 3 \$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$311.51	\$311.54
4. Nonmonetary Contributions	Schedule C, Line 3 \$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$311.51	\$311.54

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$0.00	\$0.00
7. Loans Made	Schedule H, Line 3 \$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$0.00	\$0.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$0.00	\$0.00
10. Nonmonetary Adjustment	Schedule G, Line 3 \$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$0.00	\$0.00

Expenditure Limit Summary for State Candidates

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

Date of Election _____ Total to Date _____
(mm/dd/yy)

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$1,483.89	To calculate Column B, add amounts in Column A to the corresponding amount 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	Column A, Line 3 above \$311.51	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$0.00	
15. Cash Payments	Column A, Line 8 above \$0.00	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$1,795.40	

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$0.00

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

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE

Statement covers period
from 1/1/2021
through 6/30/2021

SCHEDULE A
CALIFORNIA
FORM 460
Page 4 of 11
I.D. NUMBER
881463

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$0.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$311.51
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$311.51

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

Schedule B - Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE B - PART 1

CALIFORNIA
FORM
460

Statement covers period
from 1/1/2021
through 6/30/2021

Page 5 of 11

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE

I.D. NUMBER
881463

<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC <small>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	<small>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	<small>OUTSTANDING BALANCE BEGINNING THIS PERIOD</small> (a)	<small>AMOUNT RECEIVED THIS PERIOD</small> (b)	<small>AMOUNT PAID OR FORGIVEN THIS PERIOD*</small> (c)	<small>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</small> (d)	<small>INTEREST PAID THIS PERIOD</small> (e)	<small>ORIGINAL AMOUNT OF LOAN</small> (f)	<small>CUMULATIVE CONTRIBUTIONS TO DATE</small> (g)	<small>(Enter (e) on Schedule E, Line 3)</small>	
									<small>DATE DUE</small>	<small>RATE %</small>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN						<small>CALENDAR YEAR</small> <small>PER ELECTION**</small>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN						<small>CALENDAR YEAR</small> <small>PER ELECTION**</small>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN						<small>CALENDAR YEAR</small> <small>PER ELECTION**</small>
SUBTOTAL \$										

Schedule B Summary

- Loans received this period \$0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$0.00
(Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number))

*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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

CALIFORNIA
FORM
460

Statement covers period
from 1/1/2021
through 6/30/2021

Page 6 of 11

I.D. NUMBER
881463

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
				SUBTOTAL \$			

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - Itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$0.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$0.00
- Total nonmonetary contributions received this period:
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$0.00

*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 D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1/1/2021
through 6/30/2021

CALIFORNIA
FORM
460

Page 7 of 11

NAME OF FILER
SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE

ID NUMBER
831463

DATE	NAME OF CANDIDATE, AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$0.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) \$0.00

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 1/1/2021
through 6/30/2021

CALIFORNIA
FORM
460

Page 9 of 11

ID NUMBER
881463

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE

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
- 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD
SUBTOTAL \$		\$	\$	\$	\$

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$0.00

Schedule H Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1/1/2021
through 6/30/2021

Page 10 of 11

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE

ID. NUMBER
891483

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN		RATE %		CALENDAR YEAR
				<input type="checkbox"/> FORGIVEN			RATE %		PER ELECTION**
SUBTOTAL									

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period \$0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$0.00
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) \$0.00
Enter the net here and on the Summary Page, Column A, Line 7.
(May be a negative number)

** If required.

