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	DONNA M. JOHNSTON	06-07-22 BY	through 06-30-21	SEE INSTRUCTIONS ON REVERSE
For Official Use Only	JUL 3 0 2021	(Month, Day, Year)	from01-01-21	
Page of	REGISTRAR OF VOIERS	Date of election if applicable:	Statement covers period	
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TORM				Cover Page
CALIFORNIA 460	במנפ טנמווים			Campaign Statement
	Date Stamp			Recipient Committee
COVER PAGE				

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OPTIONAL: FAX / E-MAIL ADDRESS	Sutter		MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	Yuba City	~	STREET ADDRESS (NO P.O. BOX)		Mike Ziegenmeyer for Supervisor 2022	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	Committee Information	1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4. C
ESS	0	SI	ENT) NO. AND STREE		S	×		r Supervisor 20	DATE'S NAME IF NO	on	Controlled Committee: All Controlled Committee nittee ommittee al Committee
	CA	STATE	T OR P.O.	CA	STATE)22	COMMITT		ommittee
	95982	ZIP CODE	вох	95993	ZIP CODE				EE)	I.D. NUMBER 1438513	Primarily Form Committee Controlled Sponsored (Also Complete Part 8) Primarily Form Officeholder Co. (Also Complete Part 7)
		AREA CODE/PHONE		530-682-4201	AREA CODE/PHONE					IR 13	complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)
OPTIONAL: FAX / E-MAIL ADDRESS		CITY	MAILING ADDRESS		Sutter NAME OF ASSISTANT TREASURER, IF ANY	CITY	MAILING ADDRESS	Michael Ziegenmeyer	NAME OF TREASURER	Treasurer(s)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)
		STATE			ÇA	STATE					
		ZIP CODE			95982	ZIP CODE					☐ Quarterly Statement ☐ Special Odd-Year Report
		AREA CODE/PHONE			530-682-4201	AREA CODE/PHONE					tement Year Report

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	Executed on		Executed on	JE NO	Executed on
Date	Date	Date	7-26-21	Date	7-26-21
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Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent ignature of Treasurer or Assistant Treasurer

Recipient Committee Campaign Statement Cover Page — Part 2

ა	ALIFORNIA FORM	COVER PAGE - PART 2
л	46	AGE - F
	Ö	ART 2

1.2				Page 4 of	C
5. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	Measure Committe	96	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Michael Ziegenmeyer					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	CT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	SUPPORT	7
Sutter County Supervisor, District 3				DPPOSE	"
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the controlling office	holder candidate or stat	to measure proponent if	anv.
Yuba	Yuba City, CA 95993	NAME OF OFFICEROLINER CANDIDATE OF PROPONENT	nolder, candidate, or statement	te measure proponent, if	any.
Related Committees Not Included in this Statement: List any committees	atement: List any committees	NAWE OF OFFICEFICEDER, CANDIDALE, OK FROFONEN			
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.	or are primarily formed to receive didacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	idate/Officeholder C for which this committee i	Committee List names of the primarily formed.	of
MITTEE ADDRESS (NO I		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD SI	SUPPORT
	יים ואסומוחדו א	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD S	SUPPORT
	TYES NO	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD S	SUPPORT
אוויורר לממצרממ מוואררי לממצרממ (זאמי				-	
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	Attac	Attach continuation sheets if necessary	necessary	

Campaign Disclosure Statement

Amounts may be rounded

SUMMARY PAGE

www.fppc.ca.gov (&ssb/Z/3-3//Z)	FPPC Advice: ad		_	
FPPC Form 460 (Jan/2016)			\$	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
		from Lines 2, 7, and 9 (if any).	\$ 0	Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse
		filed for this calendar year, only carry over the amounts	\$0	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
		be negative figures that should be subtracted from previous period amounts. If	\$	16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.
*Amounts in this section may be different from amounts reported in Column B.	*Amounts in this section reported in Column B.	A to the corresponding amounts from Column B of your last report. Some amounts in Column A may	50	14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments
↔		To calculate Column B,	\$0	Irrent Cash Statement Beginning Cash Balance Previous Cash Peccints
€		\$ 50	\$ 50	11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10
Total to Date	Date of Election (mm/dd/yy)	0 0	0 0	9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3
Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	22. Cumulat	\$ 50	\$ 50	7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
Expenditure Limit Summary for State Candidates	Expenditure Limit Candidates	\$ 50	\$50	Expenditures Madeschedule E, Line 4
€9	21. Expenditures Made \$	\$ 2000	\$ 2000	4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4
es	20. Contributions Received \$	\$ 2000	2000	Loans ReceivedSUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date	J/1	\$ 2000	\$ 2000	1. Monetary Contributions Schedule A, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Sun Running in Both tl	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1.D. NUMBER 1438513				NAME OF FILER Vote Mike Ziegenmeyer for Supervisor District 3 2018
Page3 of5	06-30-21	through		SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460	Statement covers period 01-01-21	State from	to whole dollars.	Summary Page

Schedule A Monetary Co 1:11

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Monetary Contributions Received	;		Statement covers period 01-01-21		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	VS ON REVERSE			through06-	06-30-21	Page 4 of 5
NAME OF FILER	Vote Mike Ziegenmever for Supervisor District 3 2018					I.D. NUMBER 1438513
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)	DATE PER ELECTION AR TO DATE (IF REQUIRED)
05-19-21	Mike Ziegenmeyer	MOS IND	Owner, SWECO	2000	2000	
	Yuba City, CA 95993	SCC				
		□ IND □ COM □ OTH □ PTY □ SCC				
		□ IND □ COM □ OTH □ PTY SCC				
	62	□□ IND □□ OTH □□ PTY SCC				
		OTH SCC	8			94
			\$UBTOTAL\$	2000		
Schedule A Summary 1. Amount received this per (Include all Schedule A si	Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		\$	2000	*Contri IND – I COM –	*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC)
2. Amount red	Amount received this period – unitemized monetary contributions of less than \$100	s of less than	\$100\$	0	PTY-	OTH – Other (e.g., business entity) PTY – Political Party
Total mone (Add Lines	Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	ımn A, Line 1	.)TOTAL \$	2000	SCC-	SCC – Small Contributor Committee

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$

Schedule E Payments Made

Amounts may be rounded to whole dollars.

	7.0	through06-30-21	from01-01-21	Statement covers period
1438513	I.D. NUMBER	Page 5	FORM	

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SCHEDULE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Vote Mike Ziegenmeyer for Supervisor District 3 2018 thr

candidate/sponsor pail) AMOUNT PAID	therwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries 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) DESCRIPTION OF PAYMENT SUBTOTAL \$	arances esearch d messenger services s (legal, accounting) E OR	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign peraphemalialmisc. CNS campaign consultants CTB contribution (explain normonetary)* CVC civic donations
0	9		Schedule E Summary
	\$UBTOTAL \$	d on Schedule D.	* Payments that are contributions or independent expenditures must also be summarize
AMOUNT PAID	SCRIPTION OF PAYMENT	OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
ændidate/sponsor	RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same of the sa	ment, you may enter the code. Otherwher communications settings and appearances ice expenses tition circulating one banks lling and survey research stage, delivery and messenger services ofessional services (legal, accounting) nt ads	CODES: If one of the following codes accurately describes the pay 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 m OFC of OFC of PET pe PHO ph POL pc LEG legal defense LTT campaign literature and mailings

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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0 50

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ 2. Unitemized payments made this period of under \$100.....\$