

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 Date qualification threshold met
 or
 Amendment
 Date qualification threshold met
 11 / 29 / 17

Termination - See Part 7
 Date of termination
 / /

Date Stamp

RECEIVED AND FILED
 the office of the Secretary of State
 of the State of California
AUG 02 2021

RECEIVED
AUG 18 2021
 REGISTRAR OF VOTERS
 SUTTER COUNTY

CALIFORNIA 410 FORM

For Official Use Only

1. Committee Information **I.D. Number** 1400427 *(if applicable)*

NAME OF COMMITTEE
TOM REUSSER FOR SUTTER COUNTY SUPERINTENDENT 2022

NAME OF TREASURER
K. COLLEEN MORRIS, SUTTER BUTTES BUSINESS SERVICES

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY YUBA CITY **STATE** CA **ZIP CODE** 95991 **AREA CODE/PHONE** 530-788-8954

FULL MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS (NO P.O. BOX)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
TREUSSER1@GMAIL.COM

COUNTY OF DOMICILE SUTTER **JURISDICTION WHERE COMMITTEE IS ACTIVE** SUTTER


CITY YUBA CITY **STATE** CA **ZIP CODE** 95993 **AREA CODE/PHONE** 530-216-7394

NAME OF PRINCIPAL OFFICER(S)

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 7/29/21 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 7/30/21 By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
TOM REUSSER FOR SUTTER COUNTY SUPERINTENDENT 2022

I.D. NUMBER
1400427

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

NAME OF FINANCIAL INSTITUTION TRI COUNTIES BANK	AREA CODE/PHONE 530-671-5563	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	PARTY CHECK ONE	(list political party below)
TOM REUSSER	SUTTER COUNTY SUPERINTENDENT	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>

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