

**Statement of Organization  
Recipient Committee**

Statement Type

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

Termination - See Part 5  
 Date of termination  
 / /

Date Stamp  
**FILED**  
 REGISTRAR OF VOTERS  
 SEP 08 2021  
 DONNA M. JOHNSTON  
 BY *DAVID*  
 DEPUTY CLERK

**CALIFORNIA  
FORM 410**

For Official Use Only

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

NAME OF COMMITTEE  
**TOM REUSSER FOR SUTTER COUNTY SUPERINTENDENT 2022**

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)

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**TOM REUSSER**  
 STREET ADDRESS (NO P.O. BOX)  
 CITY YUBA CITY STATE CA ZIP CODE 95991 AREA CODE/PHONE 530-788-8954  
 NAME OF ASSISTANT TREASURER, IF ANY  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
**TREUSSER1@GMAIL.COM**  
 COUNTY OF DOMICILE  
**SUTTER** JURISDICTION WHERE COMMITTEE IS ACTIVE

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

**3. Verification**

Attach additional information on appropriately labeled continuation sheets.

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 9-8-21 BY *[Signature]* SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 9-8-21 BY *[Signature]* 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

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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 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	PARTY CHECK ONE	(list political party below)
TOM REUSSER	SUTTER COUNTY SUPERINTENDENT	2022	<input type="checkbox"/> Nonpartisan <input checked="" 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