

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Not yet qualified

Date qualified as committee 05 / 19 / 2021  
or  
 Date qualified as committee 05 / 19 / 2021

Amendment  Termination - See Part 5

**1. Committee Information** I.D. Number 1438513 (if applicable)

NAME OF COMMITTEE  
Mike Ziegenmeyer for Supervisor 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sutter CA 95982

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
michaelziegenmeyer@yahoo.com

COUNTRY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Michael Ziegenmeyer

CITY STATE ZIP CODE AREA CODE/PHONE  
Sutter CA 95982 530-682-4201

NAME OF ASSISTANT TREASURER, IF ANY

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

Filed Stamp  
REGISTERAR OF VOTERS  
JAN 31 2022  
BY DONNA M. JOHNSTON  
DEPUTY CLERK

CALIFORNIA FORM 410  
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**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 1/31/22 DATE BY SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
Executed on 1/31/22 DATE BY SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
Executed on DATE BY SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
Executed on DATE BY SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT