OPTIONAL: FAX / E-MAIL ADDRESS 45 YUBA MAII יייר אסיספפפ יוב DIFFERENT) NO. AND STREET OR P.O. BOX STREET ADDRESS MO B O BOX) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE 3. Committee Information jtranter1463@comcast.net 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4 SEE INSTRUCTIONS ON REVERSE (Government Code Sections 84200-84216.5) Cover Page Recipient Committee Campaign Statement Verification under penalty of perjury under the laws of the State of California that the foregoing is true and correct 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 Officeholder, Candidate Controlled Committee State Candidate Election Committee CITY General Purpose Committee O Sponsored ORecall ○ Small Contributor Committee ■ Political Party/Central Committee (Also Complete Part 5) Executed on 1/23/2022 Sponsored Date Date Date Date STATE CA STATE CA ZIP CODE 95992 ZIP CODE 95993 Primarily Formed Candidate/ Officeholder Committee Primarily Formed Ballot Measure Committee O Controlled O Sponsored (Also Complete Part 7) (Also Complete Part 6) I.D. NUMBER 881463 through. from. Statement covers period AREA CODE/PHONE AREA CODE/PHONE (530) 822-0662 7/1/2021 Φ В В ₽ 12/31/2021 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent Type or print in ink. 2 Date of election if applicable: (Month, Day, Year) CHTY Yuba City OPTIONAL: FAX/E-MAIL ADDRESS Treasurer: jtranter14 엄 Amendment (Explain below) Type of Statement: NAME OF ASSISTANT TREASURER, IF ANY NAME OF TREASURER Joene Tranter MAILING ADDRESS SSEGULV CIVILIVEN Treasurer(s) Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) jtranter1463@comcast.net REGISTRAR OF VOTERS DONNA M. JOHNSTON FEB 0 7 2022 DEPUTY CLERK STATE CA STATE ZIP CODE 95993 ZIP CODE FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) Supplemental Preelection Statement - Attach Form 495 Special Odd-Year Report Quarterly Statement CALIFORN Page -For Official Use Only AREA CODE/PHONE AREA CODE/PHONE (530) 415-3704 of 12 COVER PAGE

Signature of Controlling Officeholder, Candidate, State Measure Proponen

Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

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Page 2

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								OPPOSE
STATE	CITY STATE ZIP CODE	AREA CODE/PHONE		Attach conti	nuation sh	eets if necessary		

Summary Page Campaign Disclosure Statement

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

from

7/1/2021

Statement covers period

CALIFORNIA

FORM

SUMMARY PAGE

Current Cash Statement Expenditures Made Contributions Received NAME OF FILER
SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE SEE INSTRUCTIONS ON REVERSE Accrued Expenses (Unpaid Bills) SUBTOTAL CASH PAYMENTS Loans Made Schedule H, Line 3 Payments Made Schedule E, Line 4 Nonmonetary Contributions TOTAL CONTRIBUTIONS RECEIVED Loans Received Schedule B, Line 3 Beginning Cash Balance SUBTOTAL CASH CONTRIBUTIONS Monetary Contributions Schedule A, Line 3 Nonmonetary Adjustment Schedule C, Line 3 TOTAL EXPENDITURES MADE Add Lines 3 + 4 Add Lines 1 + 2 Schedule F, Line 3 Add Lines 8 + 9 + 10 Schedule C, Line 3 Add Lines 6 + 7 \$1,795.40 \$0.00 Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES) \$175.31 \$0.00 \$175.31 \$0.00 \$175.31 \$1,253.59 \$0.00 \$1,253 \$0.00 \$1,253.59 59 \$175.31 \$0.00 \$0.00 \$175.31 \$0.00 \$175.31 \$1,565.10 \$0.00 \$1,565.10 \$0.00 \$1,565.10 Column B
CALENDAR YEAR
TOTAL TO DATE **Expenditure Limit Summary for State** Candidates 21. 20. **General Elections** Running in Both the State Primary and Calendar Year Summary for Candidates Expenditures Made Contributions Received Date of Election through (mm/dd/yy) Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 12/31/2021 1/1 through 6/30 I.D. NUMBER 881463 Page Total to Date 7/1 to Date of 12

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED

..... Schedule B, Part 2

\$0.

.00

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12.

Previous Summary Page, Line 16 Column A, Line 3 above

\$1,253.59

To calculate Column B, add

Amounts in this section may be different from amounts

reported in Column B.

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<u>6</u> 5. 4.

ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 Cash Payments Column A, Line 8 above Miscellaneous Increases to Cash Cash Receipts

Schedule I, Line 4

If this is a termination statement, Line 16 must be zero

19. Outstanding Debts Add Line 2 + Line 9 in Column B above .8 Cash Equivalents See instructions on reverse \$0.00 \$0.00

> from Lines 2, 7, and 9 (if carry over the amounts for this calendar year, only the first report being filed subtracted from previous period amounts. If this is figures that should be Column A may be negative report. Some amounts in from Column B of your last corresponding amount amounts in Column A to the

\$2,873.68

\$175.31 \$0.00

Schedule A Monetary Contributions Received

NAME OF FILER
SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE

SEE INSTRUCTIONS ON REVERSE

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

	through	from 7/1/2021	Statement covers period
I.D. NUMBER 881463	Page 4 of 12	FORM 460	SCHEDULE A

 Total monetary (Add Lines 1 ar 	2. Amount receive	Amount receive (Include all Sch	Schedule A Summary								11/28/2021				11/28/2021				7/1/2021	DATE RECEIVED
Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	Amount received this period - unitemized monetary contributions of less than \$100	Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	nmary						į	Yuba City, CA 95992 COMMITTEE ID: 1316022	Feather River Democratic Club PO Box 704	Memo Reference: 2	COMMITTEE ID: 1316022	ity, cz	Feather River Democratic Club	Memo Reference: 1	į	Yuba City, CA 95992 COMMITTEE ID: 1316022	Feather River Democratic Club PO Box 704	
1.)	\$100				D PTY SCC			scc	YF	OTH COM	□ IND	SCC		COM	ID No	□ scc	□I PTY	O COM	N N	CONTRIBUTOR CODE*
TOTAL	to:	ŀw		SUBTOTAL \$																IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
\$1,253.59	\$165.00	\$1,088.59									\$772.92				\$100.00				\$215.67	AMOUNT RECEIVED THIS PERIOD
PTY - Politic SCC - Sma	(othr	IND - Individual	*Contributor Codes								\$1,088.59				\$315.67				\$215.67	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee	(other than PTY or SCC)	IND - Individual COM - Recipient Committee	ir Ondae																	PER ELECTION TO DATE (IF REQUIRED)

Schedule B - Part 1 **Loans Received**

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

from -

7/1/2021

CALIFORNIA FORM

Statement covers period

SCHEDULE B - PART 1

SEE INSTRUCTIONS ON REVERSE NAME OF FILER OTHER DEMOCRATIC CHARGES					through .	12/31/2021	Page 5	of 12
SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE							I.D. NUMBER 881463	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS CLOSEOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
				PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
TLIND LICOM LIOTH LIPTY SCC					DATE DUE		DATE INCURRED	
				PAID		%		CALENDAR YEAR
†□ IND □ COM □ OTH □ PTY □ SCC				FORGIVEN		RATE		PER ELECTION
					DATE DUE		DATE INCURRED	
				PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
		SUBTOTAL \$	(A	€A	€9			
Schedule B Summary					6	(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus uniternized loans of less than \$100)				\$0.00		7		
	100:)					*Contri	*Contributor Codes IND - Individual	
(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	on Schedule A.)			\$0.00		COM-	COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)	nittee ' or SCC) ness entity)
Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.	n A, Line 2.			. NET \$0.00	a negative number)	SCC	PTY - Political Party SCC - Small Contributor Committee	or Committee
	3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			(Inia)	(way be a negative number)			

** If required.

Nonmonetary Contributions Received Schedule C

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

Statement covers period CALIFORNIA FORM

from 7/1/2021

SCHEDULE C

SEE INSTRUCTIONS ON REVERSE	N REVERSE				through 12/31/2021	D21 Page <u>6</u>	6 of 12
SUTTER COUNTY DEMOCRATIC	DEMOCRATIC CENTRAL COMMITTEE					I.D. NUMBER 881463	70
DATE	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)
0		SCC COM DO COM D					
		DDDDD SCC ND					
		SCC POPUL SCC NO NO SCC NO					
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Attach additional inf	Attach additional information on appropriately labeled continuation sheets.	1 sheets.	SUE	SUBTOTAL \$	_		
Schedule C Summary 1. Amount received this p	hedule C Summary Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotale)	ons.		3		*Contributor Codes	
2. Amount received	Amount received this period - unitemized nonmonetary contributions of less than \$100	utions of less than	\$100	\$0.00		COM - Recipient Committee (other than PTY or St	Recipient Committee (other than PTY or SCC)
t. Total nonmoneta (Add Lines 1 and	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	olumn A, Lines 4 aı	nd 10.)T	OTAL \$0.00	(0.7)	PTY - Political Party SCC - Small Contributor Committee	outor Committee

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 Total contribution 	Unitemized con	 Itemized contril 	Schedule D Summary						-			DATE	SUTTER COUNTY DEMOCRATIC	Candidates, Me	Summary Supporti	Schedule D
Total contributions and independent expenditures made this period. (Add Lines 1 and 2.	Unitemized contributions and independent expenditures made this period of under \$100	Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	nmary		☐ Support ☐ Oppose		adphort			☐ Support ☐ Oppose		NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	Y DEMOCRATIC CENTRAL COMMITTEE	Candidates, Measures and Committees	Summary of Expenditures Supporting/Opposing Other	בֿב
	ınder \$100	ude all Schedule D sub			Independent Expenditure	Monetary Contribution Nonmonetary Contribution		Expenditure	Monetary Contribution Nonmonetary Contribution	Expenditure	Monetary Contribution Nonmonetary Contribution Independent	TYPE OF PAYMENT			Amoun	Type
Do not enter on the Summary Page.)		ototals.)		\$UBTOTAL								DESCRIPTION (IF REQUIRED)			Amounts may be rounded to whole dollars.	Type or print in ink.
												AMOUNT THIS PERIOD		through 12/31/2021	Statement covers period from $\frac{7/1/2021}{}$	
	140	lto.										CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	I.D. NUMBER 881463	2021 Page	ii .	
\$0.00	\$0.00	\$0.00										E PER ELECTION TO DATE (IF REQUIRED)	3ER	7 of 12	CALIFORNIA 460	SCHEDULE D

Schedule E Payments Made

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

from _______

FORM 4

SCHEDULE E

through _____

Page 8 of 12

I.D. NUMBER

881463

4. ယ 'n 1. Itemized payment made this period. (Include all Schedule E subtotals.) Schedule E Summary * Payments that are contributions or independent expenditures must also be summarized on Schedule D. B FND CVC Ξ CTB CNS CMP CODES: If one of the following codes accurately describes the payment, you may enter the code. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) Unitermized payments made this period of under \$100 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees civic donations contribution (explain nonmonetary)* campaign paraphernalia/misc fundraising events campaign consultants NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PHO POL PET OFC MTG office expenses meetings and appearances professional services (legal, accounting) postage, delivery and messenger services member communications phone banks petition circulating polling and survey research CODE DESCRIPTION OF PAYMENT Otherwise, describe the payment. TRS SAL TSF TRC 臣 RFD RAD information technology costs (internet, e-mail) candidate travel, lodging, and meals voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries returned contributions radio airtime and production SUBTOTAL \$ \$175.31 \$175.31 \$0.00 AMOUNT PAID

Schedule F Accrued Expenses (Unpaid Bills)

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

Statement covers period 7/1/2021

from -

CALIFORNIA FORM SCHEDULE F

CODES: If one of the following codes accurately des NAME OF FILER
SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE SEE INSTRUCTIONS ON REVERSE 3. through _____ I.D. NUMBER 881463 Page 9 of 12

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* FOS postage, delivery and messenger service professional services (legal, accounting) NAME member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research professional services (legal, accounting) PRT print ads NAME and ADDRESS OF CREDITOR (CODE OR PAYMENT) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD OF THE THIS PERIOD OF THE THIS PERIOD OF THE THIS P	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 CODE OR DESCRIPTION OF PAYMENT OF THIS PERIOD OF THIS PERIOD		Otherwise, describe th RAD radio airlime and proc RFD returned contributions SAL campaign workers' sa TEL t.v. or cable airlime ar TRC candidate travel, lodgi TRS staff/spouse travel, lodg TSF transfer between com VOT voter registration WEB information technology AMOUNT INCURRED THIS PERIOD AMO THIS PERIOD (ALSO I	RAD radio airtime and production 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 voter registration WEB information technology costs (internet, e-mail) AMOUNT INCURRED THIS PERIOD (ALSO REPORT ON E) OF THIS PERIOD	osts Is iame candidate/sponsor t, e-mail) t, e-mail) OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD
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
 Payments that are contributions or independent expenditures must also be summarized on Schedulo D. 	SUBTOTAL \$	40	\$	φ <u></u>	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Cabadala F C					
	olumn (b) subtotals for ses under \$100.)			INCURRED TOTALS	\$0.00
Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total uniternized payments on accrued expenses under \$100.)	or (c) subtotals for payments on corued 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.)	e here and			NET	\$0.00
					(May be a negative number)

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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 uniformized payments on accrued expenses of \$100 or more plus total uniformized payments on accrued expenses of \$100 or more plus total uniformized payments on accrued expenses of \$100 or more plus total uniformized payments on accrued expenses of \$100 or more plus total uniformized payments on accrued expenses of \$100 or more plus total uniformized payments on accrued expenses of \$100 or more plus total uniformized payments on accrued expenses of \$100 or more plus total uniformized payments on accrued expenses of \$100 or more plus total uniformized payments on accrued expenses of \$100 or more plus total uniformized payments on accrued expenses of \$100 or more plus total uniformized payments on accrued expenses of \$100 or more plus total uniformized payments on accrued expenses of \$100 or more plus total uniformized payments on accrued expenses of \$100 or more plus total uniformized payments of \$100 or more plus total unif	accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.)
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ne y.)	e 2 from Line 1.
	. Enter the diffe
n A, Line 9.)	his period. (Subtract Line 2 from Line 1. Enter the difference here and
NET	

Schedule H Loans Made to Others*

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

from 7/1/2021

Statement covers period

CALIFORNIA FORM SCHEDULE H

SEE INSTRUCTIONS ON REVERSE					through	12/31/2021	Page 10	of 12
NAME OF FILER SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE	ਬਲ				-		I.D. NUMBER 881463	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER 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	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID		%		CALENDAR YEAR
		·		FORGIVEN		RATE		PER ELECTION**
					DATE DUE		DATE INCURRED	
				PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION"
*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.		SUBTOTAL	49	46	€	₩	Contraction	
Schedule H Summary						(Enter (e) on Schedule I, Line 3)		
Loans made this period (Total Column (b) plus uniternized loans of less than \$100.)				\$0.00				
Payments received on loans (Total Column (c) plus uniternized payments of less than \$100.)		a)		\$0.00			*	** If required.
3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 7.	າn A, Line 7.		NET		\$0.00			

(May be a negative number)

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Miscellaneous Increases to Cash Schedule I

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

Statement covers period CALIFORNIA	FORM 46	from 7/1/2021
	CALIFORNIA	Statement covers period

		from 7/1/2021	FORM 46L
SEE INSTRUCTIONS ON REVERSE	ON REVERSE	through	Page 11 of 12
SUTTER COUNTY	SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE		I.D. NUMBER 881463
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF RECEIPT	ECEIPT	AMOUNT OF INCREASE TO CASH
		2	
		\$ \$ SUBTOTAL	
	hedule I Summary Itemized increases to cash this period	\$0.00	
3. Total of all intere A Total missellers A	Unitemized increases to cash of under \$100 this period	\$0.00	
	Summary Page, Line 14.)	\$0.00	