

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or Date qualified as committee
 05 / 19 / 2021 Date qualified as committee _____ / _____ / _____ Date of termination

Date Stamp
RECEIVED AND FILE
 In the office of the Secretary of State
 of the State of California
FEB 02 2022

CALIFORNIA FORM 410
 For Official Use Only
RECEIVED
 FEB 14 2022
 REGISTRAR OF VOTERS
 SUTTER COUNTY

1. Committee Information I.D. Number (if applicable) 1438513 **2. Treasurer and Other Principal Officers**

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)
 Sutter, Ca 95982

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 51

NAME OF TREASURER
 Michael Ziegenmeyer

STREET ADDRESS (NO P.O. BOX)

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

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

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 1/31/22 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/31/22 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT