

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 08 / 01 / 1988	Date of termination ____ / ____ / ____

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
MAR 28 2022

CALIFORNIA FORM 410
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RECEIVED
APR 08 2022
REGISTRAR OF VOTERS
SUTTER COUNTY

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 881463 <small>(if applicable)</small>				NAME OF TREASURER Joene Tranter			
NAME OF COMMITTEE SUTTER COUNTY DEMOCRATIC CENTRAL COMMITTEE				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY				Yuba City	CA	95993	530/415-3704
STATE				NAME OF ASSISTANT TREASURER, IF ANY			
ZIP CODE				STREET ADDRESS (NO P.O. BOX)			
AREA CODE/PHONE				CITY			
Yuba City				STATE			
CA				ZIP CODE			
95993				AREA CODE/PHONE			
530/415-3704				NAME OF PRINCIPAL OFFICER(S)			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY			
jtranter1463@comcast.net				STATE			
COUNTY OF DOMICILE				ZIP CODE			
Sutter				AREA CODE/PHONE			
JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)			
Sutter County				Sharon Foote, Chair			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)			
				CITY			
				STATE			
				ZIP CODE			
				AREA CODE/PHONE			
				Yuba City			
				CA			
				95993			
				530/933-6208			

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 3/19/2022 By _____
DATE

Executed on 3/19/2022 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

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I.D. NUMBER
881463

COMMITTEE NAME
Sutter County Democratic Central Committee

- 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)
			Nonpartisan	Partisan	
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	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	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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COMMITTEE NAME

Sutter County Democratic Central Committee

I.D. NUMBER

881463

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

We work to increase the number of registered Democratic voters in Sutter County, find and endorse strong Democratic candidates to run for local office, and help elect local, state

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met.

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.