

**Statement of Organization
Recipient Committee**

R

03

1465283

Statement Type

| | | |
|--|--|--|
| <input type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 12 / 19 / 2023 | <input type="checkbox"/> Amendment Date qualification threshold met ____ / ____ / ____ | <input type="checkbox"/> Termination – See Part 5 Date of termination ____ / ____ / ____ |
|--|--|--|

Date Stamp

**DIGITALLY
RECEIVED AND FILED**
in the office of the California
Secretary of State
DEC 19 2023

**CALIFORNIA
FORM 410**

For Official Use Only
RECEIVED

DEC 28 2023

R / RLM
AMADOR COUNTY ELECTIONS

| 1. Committee Information | | | | 2. Treasurer and Other Principal Officers | | | | |
|---|--|---|--|---|--|-------------------------------|--------------------|--------------------------|
| I.D. Number <i>(if applicable)</i> | | | | | | | | |
| NAME OF COMMITTEE Susan Peters for District 4 Supervisor 2024 | | | | NAME OF TREASURER Susan Peters | | | | |
| STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | | STREET ADDRESS (NO P.O. BOX) 146 Badger Street | | CITY Sutter Creek | STATE CA | ZIP CODE 95685 |
| CITY Sutter Creek | | | | EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED] | | AREA CODE/PHONE [REDACTED] | | |
| STATE CA | | | | NAME OF ASSISTANT TREASURER, IF ANY Linda Rianda | | | | |
| ZIP CODE 95685 | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | CITY Sutter Creek | STATE CA | ZIP CODE 95685 |
| AREA CODE/PHONE [REDACTED] | | | | EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED] | | AREA CODE/PHONE [REDACTED] | | |
| FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] Sutter Creek, CA 95685 | | | | NAME OF PRINCIPAL OFFICER(S) | | | | |
| E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED] | | | | STREET ADDRESS (NO P.O. BOX) | | CITY | STATE | ZIP CODE |
| COUNTY OF DOMICILE Amador | | JURISDICTION WHERE COMMITTEE IS ACTIVE Amador | | EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | | 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 | <u>12/19/2023</u> | By | [REDACTED] | Digitally signed by Susan Peters Date: 2023.12.19 21:33:11 -08'00' |
| | DATE | | SIGNATURE OF TREASURER OR ASSISTANT TREASURER | |
| Executed on | <u>12/19/2023</u> | By | [REDACTED] | Digitally signed by Susan Peters Date: 2023.12.19 21:33:50 -08'00' |
| | DATE | | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT | |
| Executed on | _____ | By | _____ | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| | DATE | | | |
| Executed on | _____ | By | _____ | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| | DATE | | | |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

| | |
|--|-------------|
| COMMITTEE NAME Susan Peters for District 4 Supervisor | I.D. NUMBER |
|--|-------------|

• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

| | | | |
|--|-------------------------------|-----------------------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS El Dorado Savings | AREA CODE/PHONE [REDACTED] | BANK ACCOUNT NUMBER [REDACTED] | |
| ADDRESS OF FINANCIAL INSTITUTION [REDACTED] | CITY Sutter Creek | STATE CA | ZIP CODE 95685 |

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 PROONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | |
|---|---|------------------|--|--------------------------------------|------------------------------|
| Susan Peters | Amador County Supervisor - District 4 | 2024 | Nonpartisan <input checked="" type="checkbox"/> | Partisan <input type="checkbox"/> | (list political party below) |
| | | | Nonpartisan <input type="checkbox"/> | Partisan <input type="checkbox"/> | (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 <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| | | SUPPORT <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

I.D. NUMBER

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

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.