

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

____/____/____
Date qualified as committee

____/____/____
Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

1382623

7/21/16

Date of Termination

Date Stamp REGISTRATION AND ELECTIONS DIV 2016 JUL 22 AM 9:36 STANISLAUS COUNTY CLERK-RECORDER	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE

*Eileen Wyatt Stokman
for Supervisor 2016*

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE: *Stanislaus* JURISDICTION WHERE COMMITTEE IS ACTIVE: *District 5*

2. Treasurer and Other Principal Officers

NAME OF TREASURER: *Self*

STREET ADDRESS (NO P.O. BOX): *(same)*

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S): *Self*

STREET ADDRESS (NO P.O. BOX): *(same)*

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 7/21/16 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/21/16 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