

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:

1396757

_____/_____/_____
Date qualified as committee

08 / 02 / 2017
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

RECEIVED AND In the office of the Secretary of the State of California AUG 23 2017	CALIFORNIA FORM 410
	For Official Use Only RECEIVED AUG 28 2017

1. Committee Information

NAME OF COMMITTEE

TOM BERRYHILL FOR SUPERVISOR 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

(916) 473-4298

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

(916) 473-4299 / DAVID@THEAGENCY.US

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

STANISLAUS

STANISLAUS COUNTY

2. Treasurer and Other Principal Officers

**ELECTIONS
STANISLAUS COUNTY**

NAME OF TREASURER

DAVID BAUER

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

(916) 473-4298

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 complete. I certify under penalty of perjury under the laws of the State of California _____

Executed on 8/8/2017
DATE

By _____

Executed on 8/8/2017
DATE

By _____

Executed on _____
DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME TOM BERRYHILL FOR SUPERVISOR 2018	I.D. NUMBER 1396757
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION WELLS FARGO	AREA CODE/PHONE (916) 440-4704	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE ZIP CODE [REDACTED]

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."
- 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
THOMAS BERRYHILL	County Supervisor: STANISLAUS COUNTY District 4	2018	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	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