

**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: # \_\_\_\_\_

1/19/16  
Date qualified as committee

1/1/16  
Date qualified as committee  
(if applicable)

1/1/16  
Date of Termination

REGISTRATION AND ELECTIONS DIV  2016 JAN 21 PM 12:42  STANISLAUS COUNTY CLERK-RECORDER	<b>CALIFORNIA FORM 410</b> 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)  
"

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 1/18/16 By \_\_\_\_\_

Executed on 1/18/16 By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
*Eileen Wyatt-Stokman for Supervisor 2016*

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I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>Bank of the West</i>	AREA CODE/PHONE <i>209-538-5950</i>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]
		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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<i>Eileen Wyatt-Stokman</i>	<i>Supervisor, District 5</i>	<i>2016</i>	<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	
<i>Eileen Wyatt-Stokman</i>	<i>Supervisor, District 5, Stanislaus County</i>	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

*Eileen Wyatt-Stokman for Supervisor 2016*

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

Small Contributor Committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

5. Termination Requirements

By signing this verification, the treasurer, assistant treasurer, and/or candidate officeholder, or proponent, 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.