

**Statement of Organization  
Recipient Committee**

Statement Type  **Initial**  **Amendment**  **Termination - See Part 5**  
 Not yet qualified  or  
 List I.D. number: # \_\_\_\_\_ List I.D. number: # \_\_\_\_\_  
 Date qualified as committee 12 / 09 / 2016 Date qualified as committee \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Termination \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(If applicable)

Date Stamp	<b>CALIFORNIA FORM 410</b>
RECEIVED DEC 09 2016 COUNTY CLERK STANISLAUS COUNTY	For Official Use Only

**1. Committee Information** **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
**Bill O'Brien for Treasurer & Tax Collector 2018**

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_ (209)869-9050

MAILING ADDRESS (IF DIFFERENT)  
 \_\_\_\_\_

FAX / E-MAIL ADDRESS  
 \_\_\_\_\_

COUNTY OF DOMICILE \_\_\_\_\_ JURISDICTION WHERE COMMITTEE IS ACTIVE \_\_\_\_\_

NAME OF TREASURER  
**William O'Brien**

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_ (209)869-9050

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 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 12/09/2016 By \_\_\_\_\_ SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
DATE

Executed on 12/09/2016 By \_\_\_\_\_ CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
DATE

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
Bill O'Brien for Treasurer & Tax Collector 2018

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Self Help Credit Union	AREA CODE/PHONE (877)369-2828	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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
William O'Brien	Treasurer & Tax Collector	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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>