

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or List I.D. number: # 1382623  
 Date qualified as committee 01/19/16 Date qualified as committee (if applicable) 01/19/16 Date of Termination \_\_\_\_\_

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California  
**FEB 25 2016**

**CALIFORNIA FORM 410**  
 ELECTIONS ONLY  
 2016 FEB 29 PM 2:07  
 STANISLAUS COUNTY  
 CLERK-RECORDER

**1. Committee Information**

NAME OF COMMITTEE  
Eileen Wyatt-Stokman  
 for Supervisor 2016  
 STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_  
 MAILING ADDRESS (IF DIFFERENT)  
 \_\_\_\_\_  
 FAX / E-MAIL ADDRESS  
eileen3e@yahoo.com  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Stanislaus 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 2/23/16 By \_\_\_\_\_  
 Executed on 2/23/16 By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_