

**Statement of Organization
Recipient Committee**

Date Stamp

RECEIVED

MAY 26 2017

ELECTIONS
STANISLAUS COUNTY

CALIFORNIA FORM 410

For Official Use Only

Statement Type Initial Amendment Termination – See Part 5

Not yet qualified or List I.D. number: List I.D. number:

_____ # _____ # _____

_____ Date qualified as committee Date of Termination

(If applicable)

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

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 the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under

Executed on	5/24/17 DATE	By	_____
Executed on	5-23-17 DATE	By	_____
Executed on	_____ DATE	By	_____
Executed on	_____ DATE	By	_____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

I.D. NUMBER

TOM BERRYHILL FOR SUPERVISOR 2018

- 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	
ADDRESS	CITY	STATE	ZIP CODE

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