

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  
Not yet qualified  or

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

Amendment  
List I.D. number:  
# 1396757  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
08 / 02 / 2017  
Date qualified as committee  
(if applicable)

Termination - See Part 5  
List I.D. number:  
# \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp <b>REGISTRATION AND ELECTIONS DIV</b>	<b>CALIFORNIA FORM 410</b>
2017 AUG 24 AM 10:44	For Official Use Only
<b>STANISLAUS COUNTY CLERK-RECORDER</b>	

**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 <u>STANISLAUS</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>STANISLAUS COUNTY</u>
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**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 herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information herein is true and complete.

Executed on 8/8/2017 By \_\_\_\_\_  
DATE \_\_\_\_\_

Executed on 8/8/2017 By \_\_\_\_\_  
DATE \_\_\_\_\_

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

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

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

TOM BERRYHILL FOR SUPERVISOR 2018

I.D. NUMBER

1396757

- 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	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