

**Statement of Organization
Recipient Committee**

1399105

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualified as committee _____ / _____ / _____
 Date qualified as committee (if amending to provide this date) _____ / _____ / _____
 Date of termination _____ / _____ / _____

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 STANISLAUS COUNTY
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1. Committee Information ID Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 Frank Damrell For Supervisor 2018

STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
 _____ (209) 247-6074

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 fdamrell@att.net

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 STANISLAUS

NAME OF TREASURER
 STEVEN FINCH

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 _____ 209-993-484

NAME OF ASSISTANT TREASURER, IF ANY
 N/A

STREET ADDRESS (NO P.O. BOX)
 N/A

CITY STATE ZIP CODE AREA CODE/PHONE
 N/A

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 I acknowledge 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 is correct.

Executed on 9-21-17 By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 9-21-17 By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	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
FRANK DAMRELL, III	Stanislaus County Supervisor #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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>