

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5 in the office of the Secretary of State of the State of California

Not yet qualified or Date qualified as committee

08 / 26 / 2017
Date qualified as committee (If amending to provide this date)

____ / ____ / ____
Date of termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

AUG 30 2017

CALIFORNIA FORM 410
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2017 SEP -5 PM 4:33

STANISLAUS COUNTY
CLERK - RECORDER

1. Committee Information I.D. Number (if applicable) 1397951 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Davis Superintendent 2018

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED] (209) 756-0089

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
davisforsuperintendent@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Stanislaus Stanislaus County

NAME OF TREASURER
Britta M. Skavdahl

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED] (209) 985-2420

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Donald J. Davis

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED] (209) 756-0089

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 information provided is true and correct.

Executed on 08/27/2017 By [REDACTED]
DATE

Executed on 08/27/2017 By [REDACTED]
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME Davis Superintendent 2018	I.D. NUMBER 1397951
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Tri-Counties Bank	AREA CODE/PHONE (209) 668-1882	BANK ACCOUNT NUMBER [REDACTED]
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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
Donald J. Davis	Stanislaus County Superintendent of Schools	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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>