

1398152

Statement of Organization Recipient Committee

Statement Type [X] Initial [ ] Amendment [ ] Termination - See Part 4
Not yet qualified or Date qualified as committee
Date qualified as committee Date of termination

Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California AUG 09 2017 CALIFORNIA FORM 410 For Official Use Only 2017 AUG 21 PM 12:07 STANISLAUS COUNTY CLERK-RECORDER

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

NAME OF COMMITTEE: Jeff Dirkse for Sheriff 2018
STREET ADDRESS (NO P.O. BOX): [Redacted]
CITY: [Redacted] STATE: [Redacted] ZIP CODE: [Redacted] AREA CODE/PHONE: 209-277-6414
MAILING ADDRESS (IF DIFFERENT): [Redacted]
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): jeffdirkse@mac.com
COUNTY OF DOMICILE: Stanislaus JURISDICTION WHERE COMMITTEE IS ACTIVE: Stanislaus County

NAME OF TREASURER: Loraine Mast
STREET ADDRESS (NO P.O. BOX): [Redacted]
CITY: [Redacted] STATE: [Redacted] ZIP CODE: [Redacted] AREA CODE/PHONE: 209-667-7783
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 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...

Executed on August 7, 2017 By [Redacted]
Executed on August 7, 2017 By [Redacted]
Executed on [Redacted] By [Redacted]
Executed on [Redacted] By [Redacted]

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Recipient Committee**

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COMMITTEE NAME  
Jeff Dirkse for Sheriff 2018

I.D. NUMBER

- 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
Jeffrey J. Dirkse	Sheriff-Coroner Stanislaus County	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"/>

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I.D. NUMBER

COMMITTEE NAME  
Jeff Dirkse for Sheriff 2018

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee  COUNTY Committee  STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.