

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|---|---|--|
| <input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____ | <input checked="" type="checkbox"/> Amendment Date qualification threshold met <u>9, 18, 2018</u> | <input type="checkbox"/> Termination – See Part 5 Date of termination ____/____/____ |
|---|---|--|

Date Stamp
RECEIVED
SEP 20 2018
Office of the
City Clerk

CALIFORNIA FORM 410
For Official Use Only

| | | |
|---------------------------------|---|--|
| 1. Committee Information | I.D. Number (if applicable) <u>1409692</u> | 2. Treasurer and Other Principal Officers |
|---------------------------------|---|--|

NAME OF COMMITTEE
DEHART FOR TURLOCK CITY COUNCIL
DISTRICT 3, 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
TURLOCK CA 95382

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
STANISLAUS TURLOCK

NAME OF TREASURER
BILL DEHART

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
TURLOCK CA 95382

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 that the foregoing is true and correct.

Executed on 9/20/2018 By William W. Dehart
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on 9/20/2018 By William W. Dehart
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2 **DeHART**

COMMITTEE NAME
DeHART FOR TURLOCK CITY COUNCIL DISTRICT 3

I.D. NUMBER
1409692

- All committees must list the financial institution where the campaign bank account is located.

| | | | |
|---|-----------------------------|---------------------|--------------------------|
| NAME OF FINANCIAL INSTITUTION UMPQUA BANK | AREA CODE/PHONE - | BANK ACCOUNT NUMBER | |
| ADDRESS | CITY TURLOCK CA | STATE CA | ZIP CODE 95380 |

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." Stating "No party preference" is acceptable.
- 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 CHECK ONE | | (list political party below) |
|--|---|------------------|-------------------------------------|--------------------------|------------------------------|
| | | | Nonpartisan | Partisan | |
| BILL DeHART | TURLOCK CITY COUNCIL DISTRICT 3 | 2018 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | (list political party below) |

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | 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"/> |