

Statement of Organization  
Recipient Committee

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	<input type="checkbox"/> Amendment Date qualification threshold met	<input type="checkbox"/> Termination – See Part 5 Date of termination
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RECEIVED  
AUG 26 2022  
Office of the  
City Clerk

CALIFORNIA  
FORM 410  
For Official Use Only

1. Committee Information		I.D. Number	2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		(If applicable)	NAME OF TREASURER	
HIGGINS TURLOCK CITY COUNCIL 2022			KELLY HIGGINS	
STREET ADDRESS (NO. PO. BOX)			STREET ADDRESS (NO. PO. BOX)	
[REDACTED]			[REDACTED]	
CITY	STATE	ZIP CODE	AREA CODE/PHONE	
TURLOCK, CA	95382	209-485-8959		
FULL MAILING ADDRESS (IF DIFFERENT)			NAME OF ASSISTANT TREASURER (IF ANY)	
E-MAIL ADDRESS (REQUIRED IF FAX/POSTAL MAIL)			STREET ADDRESS (NO. PO. BOX)	
KELLY4COUNCIL2022@GMAIL.COM			[REDACTED]	
CITY	STATE	ZIP CODE	AREA CODE/PHONE	
TURLOCK, CA	95382	209-485-8959		
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)	
STANISLAUS	TURLOCK		KELLY HIGGINS	
Attach additional information on appropriately labeled continuation sheets.			STREET ADDRESS (NO. PO. BOX)	
			[REDACTED]	
			CITY	
			STATE	
			ZIP CODE	
			AREA CODE/PHONE	
			TURLOCK, CA 95382	
			209-485-8959	

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	8/26/22	By	[REDACTED]	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	8/26/22	By	[REDACTED]	SIGNATURE OF OFFICER HOLDER, CANDIDATE OR STATE MEASURE PROPONENT
Executed on		By		SIGNATURE OF COUNROLLING OFFICER HOLDER, CANDIDATE OR STATE MEASURE PROPONENT
Executed on		By		SIGNATURE OF COUNROLLING OFFICER HOLDER, CANDIDATE OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

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I.D. NUMBER

COMMITTEE NAME

HIGGINS TURLOCK CITY COUNCIL 2022

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

NAME OF FINANCIAL INSTITUTION

PENDING

AREA CODE/PHONE

PENDING

BANK ACCOUNT NUMBER

PENDING

ADDRESS

PENDING

CITY

PENDING

STATE

PENDING

ZIP CODE

PENDING

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 PROONENT

ELECTIVE OFFICE SOUGHT OR HELD  
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF  
ELECTION

PARTY  
CHECK ONE

KELLY HIGGINS	TURLOCK CITY COUNCIL, DISTRICT 3	2022	Nonpartisan XX	Partisan	(list political party below)
			Nonpartisan	Partisan	(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
		SUPPORT	OPPOSE

FPPC Form 410 (August/2018)  
FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)