

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Amendment

Termination - See Part 5

Not yet qualified  
or

Date qualified as committee

02 / 27 / 2018  
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

MAY 18 2018

CALIFORNIA  
FORM 410

For Official Use Only  
RECEIVED

JUN - 4 2018

**1. Committee Information**

I.D. Number  
(if applicable)

**2. Treasurer and Other Principal Officers**

Office of the  
City Clerk

NAME OF COMMITTEE

BRAD BATES FOR MAYOR AGAIN 2018

NAME OF TREASURER

CHET PROHASKA

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

TURLOCK

CA

95382

NAME OF ASSISTANT TREASURER, IF ANY

CITY

STATE

ZIP CODE

AREA CODE/PHONE

TURLOCK

CA

95382-1132

MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS (NO P.O. BOX)

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

STANISLAUS

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 5/15/2018  
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 5/15/2018  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
BRAD BATES FOR MAYOR AGAIN 2018

I.D. NUMBER  
1400829

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

NAME OF FINANCIAL INSTITUTION WESTAMERICA BANK	AREA CODE/PHONE 209-664-1390	BANK ACCOUNT NUMBER	
ADDRESS 2001 GEER RD	CITY TURLOCK	STATE CA	ZIP CODE 95382

**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	CHECK ONE	
			Nonpartisan	Partisan (list political party below)
BRAD BATES	TURLOCK MAYOR	2018	<input checked="" type="checkbox"/>	
			<input type="checkbox"/>	

**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"/>

Clear Page

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