| Statement of | Organization | | | | Date Sta | 10 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | |
|--|---|------------------------------------|----------------------|--|--|--|---------------------------------------|--|
| Recipient Con | nmittee | | | | | A 4 5 | CALIFO | |
| Statement Type | ☐ Initial | ☑ Amendment | □ T | | A seed from E | of Res | | |
| | O Not yet qualified | and Amendment | □ letmin | ation – See Part 5 | OCT 2 6 | 2017 | Fo | or Official Use Only |
| | or | 08 , 03 , 2017 | | | 00120 | CU11 | | |
| | O Date qualified as committee | Date qualified as committee | Data of | termination | Office of | the | | |
| | | (If amending to provide this date) | Date of | termination | Oity Ok | | | |
| 4 . C | | I D. Number (15 | | | <u></u> | | | |
| 1. Committee Information I.D. Number (if applicable) 1365658 | | | | 2. Treasurer and Other Principal Officers | | | | |
| NAME OF COMMITTEE | | | | NAME OF TREASURER | | | · · · · · · · · · · · · · · · · · · · | |
| Gary Soiseth for Mayor 2018 | | | | Scott P. Dignan | | | | |
| | | | | STREET ADDRESS (NO RO. BO | OX) | | | · , · , · |
| | | | | | | | | |
| STREET ADDRESS (NO P.O | I. BOX) | | | CITY | | STATE | ZIP CODE | AREA CODE/PHONE |
| CITY | | | | Turlock | | CA | 95380 | |
| Turlock | | ZIP CODE AREA CODE/PHO | ONE | NAME OF ASSISTANT TREASU | URER, IF ANY | | | |
| MAILING ADDRESS (IF DI | | 95380 | | | | | | |
| | lock, CA 95381 | | | STREET ADDRESS (NO P.O. BO | (xc) | | | |
| E-MAIL ADDRESS (REQUIR | | | | CITY | | | | |
| | | | | GITT | | STATE | ZIP CODE | AREA CODE/PHONE |
| COUNTY OF DOMICILE | JURISDICTION WHERE | COMMITTEE IS ACTIVE | | NAME OF PRINCIPAL OFFICER | 3/5/ | | | |
| Stanislaus Turlock . | | | | The state of the s | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | | | STREET ADDRESS (NO P.O. BO | (X) | | | |
| | | | | | | | | |
| Attach additional i | nformation on appropriately . | labeled continuation sheets | | CITY | | STATE | ZIP CODE | AREA CODE/PHONE |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| 3. Verification | | | | | | | | |
| I have used all re | asonable diligence in prepari | ng this statement and to the | best of my k | nowledge the inform | nation contained her | ein is true | and complete. | l certify under |
| P |) ander the laws of the State | of California that the forego | ing is true an | id correct. | | | | t de la compania del compania del compania de la compania del la compania de la compania del la compania d |
| Executed on | D- 26- 2.17 By C | | | | | | | |
| Executed on |) - 28-2017 By | \sim | SIGNATURE OF 1 | TREASURER OR ASSISTANT TREA | SURER | | ··· | |
| Executed Oil | DATE BY | SIGNATURE OF | CONTROLL DESCRIPTION | CEHOCDER, CANDIDATE, OR STAT | YE ASSESSED TO THE TOTAL PROPERTY OF THE TOT | | ···· | |
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| Executed on | DATE By | | | | | | | |
| | DATE | SIGNATURE OF | CONTROLLING OFFI | CEHOLDER, CANDIDATE, OR STA | TE MEASURE PROPONENT | " | | |