

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

1368207

12,31,2015

Date of Termination

RECEIVED

Date Stamp

MAR 16 2016

Office of the
City Clerk

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

BILL DeHART JR. FOR TURLOCK CITY COUNCIL 2014

STREET ADDRESS (NO P.O. BOX)

4123 ST GEORGE PLACE

CITY STATE ZIP CODE AREA CODE/PHONE

TURLOCK CA 95382 209-417-7108

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

wdehart@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

STANISLAUS

STANISLAUS

2. Treasurer and Other Principal Officers

NAME OF TREASURER

SERGIO SIMENIZ

STREET ADDRESS (NO P.O. BOX)

4180 Wild Lilac Dr.

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 3/16/16
DATE

By

[Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/16/16
DATE

By

[Signature]

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

BILL DeHART JR FOR TURLOCK CITY COUNCIL 2014

1368207

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

NAME OF FINANCIAL INSTITUTION CITIBANK	AREA CODE/PHONE 209-667-6242	BANK ACCOUNT NUMBER 205788201
ADDRESS 2000 GEEB ROAD	CITY TURLOCK	STATE ZIP CODE CA 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."
- 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
WILLIAM W. DeHART JR	TURLOCK CITY COUNCIL	2014	<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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>