

1331014

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type [X] Initial [] Not yet qualified [] or [] Date qualified as committee

[] Amendment List I.D. number: # _____ Date qualified as committee (if applicable)

[] Termination - See Part 5 List I.D. number: # _____ Date of Termination

RECEIVED AND FILED in the office of the Secretary of State For Official Use Only SEP 01 2010 Hand Delivered, Sacramento Debra Bowen, Secretary of State

1. Committee Information

NAME OF COMMITTEE: FRIENDS OF BILL DEHART FOR CITY COUNCIL OF TURLOCK 2010
STREET ADDRESS (NO P.O. BOX): 4123 ST GEORGE PLACE
CITY: TURLOCK STATE: CA ZIP CODE: 95382 AREA CODE/PHONE: 2096686760

OPTIONAL: FAX / E-MAIL ADDRESS: WWdehart@gmail.com
COUNTY OF DOMICILE: STANISLAUS COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE:

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: WILLIAM W. DEHART JR.
STREET ADDRESS (NO P.O. BOX): 4123 ST GEORGE PLACE
CITY: TURLOCK STATE: CA ZIP CODE: 95382 AREA CODE/PHONE: 2096686760

NAME OF ASSISTANT TREASURER, IF ANY:
STREET ADDRESS (NO P.O. BOX):
CITY: STATE: ZIP CODE: AREA CODE/PHONE:

NAME OF PRINCIPAL OFFICER(S): WILLIAM W. DEHART JR.
STREET ADDRESS (NO P.O. BOX): 4123 ST GEORGE PLACE
CITY: TURLOCK STATE: CA ZIP CODE: 95382 AREA CODE/PHONE: 2096686760

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 9/1/10 DATE
Executed on DATE
Executed on DATE
Executed on DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE OR STATE MEASURE PROPONENT
By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

FRIENDS OF BILL DETHART FOR CITY COUNCIL OF TURLOCK

I.D. NUMBER

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 "non-partisan."
- 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. DETHART JR.	MEMBER CITY COUNCIL TURLOCK	2010	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
CITIBANK, N.A.	209 667 6242	203739040	
ADDRESS	CITY	STATE	ZIP CODE
2000 GEEB ROAD	TURLOCK	CA	95382

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	
WILLIAM W. DETHART JR.	MEMBER CITY COUNCIL TURLOCK	<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

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I.D. NUMBER

COMMITTEE NAME

FRIENDS OF BILL DEHART FOR CITY COUNCIL OF TURLOCK

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

CANDIDATE ELECTIONEERING & RELATED FUND RAISING

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.