

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee  
 Date qualified as committee 08 / 03 / 2017 Date of termination \_\_\_\_\_  
 (If amending to provide this date)

RECEIVED

CALIFORNIA FORM 410

Date Stamp  
OCT 26 2017  
Office of the City Clerk

For Official Use Only

**1. Committee Information**

I.D. Number (if applicable)  
**1365658**

NAME OF COMMITTEE  
**Gary Soiseth for Mayor 2018**

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
**Turlock CA 95380**

MAILING ADDRESS (IF DIFFERENT)  
**Turlock, CA 95381**

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
**Stanislaus Turlock**

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Scott P. Dignan**

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
**Turlock CA 95380**

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)

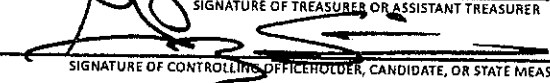
CITY STATE ZIP CODE AREA CODE/PHONE

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 10-26-2017 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10-26-2017 By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT