

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number: # _____

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

6-1-18
Date qualified as committee
(if applicable)

1. Committee Information

NAME OF COMMITTEE

Chuck Reynolds for Mayor 2018

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Kelly Lawler

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Hilmar

CA

95324

(530)871-9929

MAILING ADDRESS (IF DIFFERENT)

PO Box 2036, Oroville, CA 95965

FAX / E-MAIL ADDRESS

chuckreynoldsformayor@gmail.com

COUNTY OF DOMICILE

Merced

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Oroville

CITY

STATE

CA

95324

ZIP CODE

(209)656-1542

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

CA

95324

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

CA

95324

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 _____ By _____

6/11/18 DATE

By _____

Executed on _____ By _____

6/14/18 DATE

By _____

Executed on _____ By _____

DATE

By _____

Executed on _____ By _____

DATE

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

CALIFORNIA 410
FORM

For Official Use Only

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JUN 18 2018

JUN 05 2018

MERCED COUNTY
REGISTRAR OF VOTERS

1406538

**Statement of Organization
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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME
Chuck Reynolds for Mayor

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

NAME OF FINANCIAL INSTITUTION

West America Bank

AREA CODE/PHONE

(209)668-5440

BANK ACCOUNT NUMBER

ADDRESS

8019 Lander Avenue

CITY

Hilmar

STATE

CA

ZIP CODE

95324

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

Chuck Reynolds

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

Mayor, City of Oroville

YEAR OF ELECTION

2018

PARTY

Nonpartisan

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"/>
SUPPORT	OPPOSE

**Statement of Organization
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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME
Chuck Reynolds for Mayor

4. Type of Committee (Continued)

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

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 certifies 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.