

**Statement of Organization  
Recipient Committee**

Statement Type  Initial

Not yet qualified  
or  
 Date qualified as committee

Amendment

Termination - See Part 5

Date qualified as committee \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of termination \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**CALIFORNIA 410  
FORM**  
For Official Use Only

Date Stamp  
**City of Oroville**  
**AUG 10 2018**  
**Administration**

**2. Treasurer and Other Principal Officers**

**1. Committee Information** I.D. Number (if applicable) \_\_\_\_\_

NAME OF COMMITTEE  
Stephanie Tousley for Oroville City Council 2018

STREET ADDRESS (NO P.O. BOX)  
Montgomery St

CITY  
Oroville STATE  
CA ZIP CODE  
95965 AREA CODE/PHONE  
408-307-3114

MAILING ADDRESS (IF DIFFERENT)

NAME OF TREASURER  
Cexhon Incis

STREET ADDRESS (NO P.O. BOX)  
Montgomery St

CITY  
Oroville STATE  
CA ZIP CODE  
95965 AREA CODE/PHONE  
530-636-3172

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
Stephanie.tousley@protonmail.com

COUNTY OF DOMICILE  
Butte JURISDICTION WHERE COMMITTEE IS ACTIVE  
City of Oroville

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 8/10/18 By \_\_\_\_\_ SIGNATURE OF TREASURER OR ASSISTANT TREASURER \_\_\_\_\_

Executed on 8/10/18 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER HOLDER, CANDIDATE, OR STATE MEASURE PROponent \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER HOLDER, CANDIDATE, OR STATE MEASURE PROponent \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER HOLDER, CANDIDATE, OR STATE MEASURE PROponent \_\_\_\_\_

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Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME  
Stephanie Tousley for Oroville City Council 2018

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

NAME OF FINANCIAL INSTITUTION  
Wells Fargo Bank, N.A.

AREA CODE/PHONE  
530-534-1895

BANK ACCOUNT NUMBER  
-

ADDRESS  
2325 Myers St Suite A Oroville

CITY  
Oroville

STATE  
CA

ZIP CODE  
95966

**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." Stating "No party preference" is acceptable.
- 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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
<u>Stephanie Tousley</u>	<u>Oroville City Council</u>	<u>2018</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>(list political party below)</u>
			<input type="checkbox"/>	<input type="checkbox"/>	<u>(list political party below)</u>

**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)  
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION  
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
<u>Stephanie Tousley</u>	<u>Oroville City Council 2018</u>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>