

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

Date Stamp

CALIFORNIA 410
FORM
For Official Use Only

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

AUG 15 2018

SEP 12 2018
Administration

R/JF

1. Committee Information I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Stephanie Tousley for Oroville City Council 2018

STREET ADDRESS (NO P.O. BOX)

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

MAILING ADDRESS (IF DIFFERENT)

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

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

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

NAME OF TREASURER
Ceyhan Inci

STREET ADDRESS (NO P.O. BOX)

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

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 8/10/18 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/10/18 By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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 <u>Wells Fargo Bank, N.A.</u>	AREA CODE/PHONE <u>530-534-1895</u>	BANK ACCOUNT NUMBER <u>-----</u>
ADDRESS <u>2325 2325 Myers St Suite A</u>	CITY <u>Oroville</u>	STATE <u>CA</u>
		ZIP CODE <u>95966</u>

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"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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)	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"/>