

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1328883

Termination - See Part 5

List I.D. number:

____/____/____

Date qualified as committee

7/20/10

Date qualified as committee
(If applicable)

____/____/____

Date of Termination

<p>RECEIVED</p> <p>Date Stamp</p> <p>JAN 28 2014</p> <p>Office of the City Clerk</p>	<p>CALIFORNIA FORM 410</p>
	<p>For Official Use Only</p>

1. Committee Information

NAME OF COMMITTEE

FORREST WHITE FOR COUNCIL 2014

STREET ADDRESS (NO P.O. BOX)

165 N. DAUBENBERGER RD.

CITY STATE ZIP CODE AREA CODE/PHONE

TURLOCK CA 95380 209-632-3468

MAILING ADDRESS (IF DIFFERENT)

P.O. BOX 2017 TURLOCK CA 95380

FAX / E-MAIL ADDRESS

FJWHITE@CHARTER.NET

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

STANISLAUS

STANISLAUS

2. Treasurer and Other Principal Officers

NAME OF TREASURER

MARISSA GEIGER

STREET ADDRESS (NO P.O. BOX)

4502 PRAIRIE FALCON WAY

CITY STATE ZIP CODE AREA CODE/PHONE

TURLOCK CA 95380 209-668-8085

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 1-29-14 By MariSSa Geiger
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1-29-14 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME
FORREST WHITE FOR COUNCIL 2014

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

NAME OF FINANCIAL INSTITUTION <u>F&M BANK</u>	AREA CODE/PHONE <u>209-664-5460</u>	BANK ACCOUNT NUMBER <u>05-573069-01</u>
ADDRESS <u>121 S. CENTER ST.</u>	CITY <u>TURLOCK</u>	STATE <u>CA</u>
		ZIP CODE <u>95380</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."
- 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
<u>FORREST J. WHITE</u>	<u>CITY COUNCIL</u>	<u>2014</u>	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

N/A

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

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COMMITTEE NAME
FORREST WHITE FOR COUNCIL 2014

4. Type of Committee (Continued)

N/A

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

N/A

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

N/A

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:

N/A

- 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.