

**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 12 / 20 / 2017 Date of termination 1 / 29 / 18

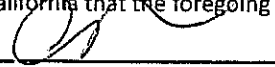
Date Stamp <b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California <b>FEB 02 2018</b>	<b>CALIFORNIA FORM 410</b> <b>RECEIVED</b> <b>MAR - 1 2018</b> Office of the City Clerk
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<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
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NAME OF COMMITTEE <b>BRAD BATES FOR TURLOCK MAYOR AGAIN 2018</b>				NAME OF TREASURER <b>CHET PROHASKA</b>			
I.D. Number (if applicable) <b>1400829</b>				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY <b>TURLOCK</b>	STATE <b>CA</b>	ZIP CODE <b>95382</b>	AREA CODE/PHONE
CITY <b>TURLOCK</b>	STATE <b>CA</b>	ZIP CODE <b>95382</b>	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY			
MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE <b>STANISLAUS</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S) <b>CHET PROHASKA</b>			
				STREET ADDRESS (NO P.O. BOX)			
				CITY	STATE	ZIP CODE	AREA CODE/PHONE

**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 1/29/2018 By   
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

BRAD BATES FOR MAYOR AGAIN 2018

Page 2

I.D. NUMBER

1400829

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

NAME OF FINANCIAL INSTITUTION WESTAMERICA BANK	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
ADDRESS 2001 GEER RD	CITY TURLOCK	STATE CA	ZIP CODE 95382	

**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	PARTY	
			CHECK ONE	
BRAD BATES	TURLOCK MAYOR	2018	Nonpartisan <input checked="" type="checkbox"/>	Partisan (list political party below)
			Nonpartisan	Partisan (list political party below)

**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

Clear Page

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