

Statement of Organization
Recipient Committee

f50 1454185

Rejected: _____
Returned: RAA 9-9-2022

Statement Type

Initial *Enroll* Amendment Termination - See Part 5

Not yet qualified Date qualification threshold met

Date of termination _____

Date Stamp
RECEIVED
the office of the Secretary of State
of the State of California
AUG 31 2022

CALIFORNIA FORM 410
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RECEIVED
OCT 20 2022
Office of the City Clerk
R/S

I.D. Number <small>(if applicable)</small>			
NAME OF COMMITTEE <i>Kevin Bixel for Turlock City Council District 1 2022</i>		NAME OF TREASURER <i>Kim Bixel</i>	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY <i>Turlock</i>	STATE <i>CA</i>	ZIP CODE <i>95382</i>	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <i>Kevin Bixel 4 Turlock @Mail. Com</i>		CITY	STATE ZIP CODE AREA CODE/PHONE
COUNTY OF DOMICILE <i>Stanislaus</i>	JURISDICTION WHERE COMMITTEE IS ACTIVE <i>Turlock District 1</i>	NAME OF PRINCIPAL OFFICER(S)	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)	
		CITY	STATE ZIP CODE AREA CODE/PHONE

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
SEP 14 2022

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 8/17/22 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By [REDACTED] ROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By [REDACTED] ROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 8/17/22 By [REDACTED] ROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME
Kevin Bixel for Turlock City Council District 1 2022

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

NAME OF FINANCIAL INSTITUTION <i>Oak Valley Community Bank</i>	AREA CODE/PHONE <i>(209) 633-2850</i>	BANK ACCOUNT NUMBER <i>Pending</i>
ADDRESS <i>241 W. Main St.</i>	CITY <i>Turlock</i>	STATE ZIP CODE <i>CA 95380</i>

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		
<i>Kevin Bixel</i>	<i>Turlock City Council District 1</i>	<i>2022</i>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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
		SUPPORT	OPPOSE