

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified
 or
 Date qualified as committee 07, 24, 18 _____
 Date qualified as committee Date of termination

RECEIVED JUL 24 2018 City of Banning City Clerk's Office	CALIFORNIA FORM 410 For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
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1. Committee Information

I.D. Number (if applicable) _____

NAME OF COMMITTEE
Committee to Elect Jerry Westholder

STREET ADDRESS (NO P.O. BOX)
1151 Elisa Dawn Dr.

CITY STATE ZIP CODE AREA CODE/PHONE
Banning CA 92220 951-378-6659

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
Theo.wayne@yahoo.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Riverside Banning, District 4

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Valerie Westholder

STREET ADDRESS (NO P.O. BOX)
1151 Elisa Dawn Dr.

CITY STATE ZIP CODE AREA CODE/PHONE
Banning CA 92220 951-378-6707

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Jerry Westholder

STREET ADDRESS (NO P.O. BOX)
1151 Elisa Dawn Dr.

CITY STATE ZIP CODE AREA CODE/PHONE
Banning CA 92220 951-378-6659

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 July 24, 2018 By Valerie Westholder
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on July 24, 2018 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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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Committee to Elect Jerry Westholder

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION US Bank	AREA CODE/PHONE 951-769-1140	BANK ACCOUNT NUMBER 157517657902
ADDRESS 300 S. Highland Springs Ave. #3	CITY Banning	STATE ZIP CODE CA 92220

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Jerry Westholder	Council Member Banning Dist. 4	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Valerie Westholder	_____		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Republican

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