

35

1408543

Rejected: 8/17-27-18  
Returned:

### 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 7/24/18 Date of termination 7/26/18

RECEIVED  
Date Stamp  
JUL 26 2018  
in the office of the Secretary of State of the State of California

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

CITY OF BANNING  
City Clerk's Office  
SEP - 4 2018

CALIFORNIA 410 FORM

### 1. Committee Information I.D. Number (if applicable)

NAME OF COMMITTEE  
Committee to Elect Jerry Westholder to Banning City Council, November 2018

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

CITY  
Banning STATE  
CA ZIP CODE  
92220 AREA CODE/PHONE  
951-378-6059

MAILING ADDRESS (IF DIFFERENT)

### 2. Treasurer and Other Principal Officers

NAME OF TREASURER  
Valerie Westholder

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

CITY  
Banning STATE  
CA ZIP CODE  
92220 AREA CODE/PHONE  
951-378-6709

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

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

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

NAME OF PRINCIPAL OFFICER(S)  
Jerry Westholder

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

CITY  
Banning STATE  
CA ZIP CODE  
92220 AREA CODE/PHONE  
951-378-6059

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 DATE BY Valerie Westholder SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on July 24, 2018 DATE BY [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ DATE BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ DATE BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

RECEIVED  
AUG 13 AM 11:17  
COUNTY OF RIVERSIDE  
REGISTRAR OF VOTERS

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

COMMITTEE NAME

Committee to Elect Jerry Westholder to Banning City Council  
November 2018

Page 2  
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, Banning CITY: Banning STATE: CA ZIP CODE: 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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY
			Nonpartisan	Partisan	(list political party below)
<u>Jerry Westholder</u>	<u>Council Member Banning</u>	<u>2018</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>