

**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 02 / 27 / 2018 Date of termination 12 / 31 / 2018

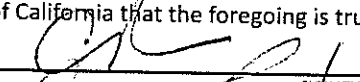
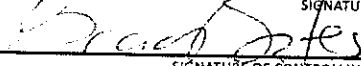
Date Stamp <b>RECEIVED</b> JAN 29 2019 Office of the City Clerk	<b>CALIFORNIA FORM 410</b> For Official Use Only
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1. Committee Information	I.D. Number <i>(if applicable)</i>	2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE BRAD BATES FOR MAYOR AGAIN 2018		NAME OF TREASURER CHET PROHASKA	
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)	
CITY TURLOCK	STATE CA	ZIP CODE 95382	AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		STREET ADDRESS (NO P.O. BOX)	
COUNTY OF DOMICILE STANISLAUS	JURISDICTION WHERE COMMITTEE IS ACTIVE	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 01/28/2019 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 01/28/2019 By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT