

**Statement of Organization
Recipient Committee**

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Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met

Amendment
 Date qualification threshold met: ____/____/____

Termination - See Part 1
 Date of termination: ____/____/____

Date Stamp
RECEIVED AND FILED
Office of the Secretary of State
of the State of California
AUG 18 2022

CALIFORNIA FORM 410
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R/OD

1. Committee Information				I.D. Number PENDING <small>(if applicable)</small>				2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE Atwater Citizens Supporting Atwater Police and Fire Departments "We Stand Together" YES ON MEASURE B (2022)				NAME OF TREASURER Nereida Ochoa-Jantz				NAME OF TREASURER				
STREET ADDRESS (NO P.O. BOX) 3153 Beech Drive				STREET ADDRESS (NO P.O. BOX) 1214 Third Street				STREET ADDRESS (NO P.O. BOX)				
CITY Atwater	STATE CA	ZIP CODE 95301	AREA CODE/PHONE 209-761-3274	CITY Atwater	STATE CA	ZIP CODE 95301	AREA CODE/PHONE 209-917-0069	NAME OF ASSISTANT TREASURER, IF ANY:				
FULL MAILING ADDRESS (IF DIFFERENT):				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIRED)/FAX (OPTIONAL) ldasher@sbcglobal.net				CITY				STATE	ZIP CODE	AREA CODE/PHONE		
COUNTY OF DOMICILE Merced	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Atwater			NAME OF PRINCIPAL OFFICER(S) Gabriel Santos				NAME OF PRINCIPAL OFFICER(S)				
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX) 3391 Shoreline Drive				STREET ADDRESS (NO P.O. BOX)				
				CITY Atwater	STATE CA	ZIP CODE 95301	AREA CODE/PHONE 209-617-8877	CITY				STATE

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: 08/15/2022 By: *Nereida Ochoa-Jantz*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on: 08/15/2022 By: *[Signature]*
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 Atwater Citizens Supporting Atwater Police and Fire Departments "We Stand Together" YES ON MEASURE B (2022)	I.D. NUMBER PENDING
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION: Mechanics Bank	AREA CODE/PHONE 209-357-7438	BANK ACCOUNT NUMBER: PENDING
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ADDRESS: 1861 Bellevue Road	CITY Atwater	STATE CA	ZIP CODE 95301
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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		(list political party below)
			Nonpartisan	Partisan	

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
YES ON MEASURE B (2022)	City of Atwater	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>