

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☒ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination - See Part 5

Date of termination

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

AUG 29 2022

CALIFORNIA
FORM 410

For Official Use Only

RJD

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		NAME OF TREASURER		NAME OF TREASURER	
HIGGINS TURLOCK CITY COUNCIL 2022		KELLY HIGGINS		KELLY HIGGINS	
STREET ADDRESS (NO PO BOX)		STREET ADDRESS (NO PO BOX)		STREET ADDRESS (NO PO BOX)	
[REDACTED]		[REDACTED]		[REDACTED]	
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE
TURLOCK, CA 95382	[REDACTED]	[REDACTED]	[REDACTED]	TURLOCK, CA 95382	[REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY		NAME OF ASSISTANT TREASURER, IF ANY	
[REDACTED]		[REDACTED]		[REDACTED]	
E-MAIL ADDRESS (REQUIRED) / FAX / OTHER MAIL		STREET ADDRESS (NO PO BOX)		STREET ADDRESS (NO PO BOX)	
KELLY4COUNCIL2022@GMAIL.COM		[REDACTED]		[REDACTED]	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	CITY		STATE	
STANISLAUS	TURLOCK	TURLOCK, CA 95382		209-485-8959	
Attach additional information on appropriately labeled continuation sheets.		CITY		STATE	
[REDACTED]		TURLOCK, CA 95382		209-485-8959	

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 information is true and correct.

Executed on 8/16/22 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 8/16/22 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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SEP 19 2022

City of Turlock
Administrative Services

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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I.D. NUMBER

COMMITTEE NAME

HIGGINS TURLOCK CITY COUNCIL 2022

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

NAME OF FINANCIAL INSTITUTION

PENDING

AREA CODE/PHONE

PENDING

BANK ACCOUNT NUMBER

PENDING

ADDRESS

CITY

STATE

ZIP CODE

PENDING

PENDING

PENDING

PENDING

4. Type of Committee: Complete the applicable section.

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

KELLY HIGGINS	TURLOCK CITY COUNCIL, DISTRICT 3	2022	Nonpartisan XX	Partisan	(list political party below)
			Nonpartisan	Partisan	(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

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