

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 11 / 07 / 2023	Date of termination / /

Date Stamp
RECEIVED

JAN 31 2024

BY: *[Signature]*

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers																																				
<p>I.D. Number (if applicable) 1463891</p> <p>NAME OF COMMITTEE Rachel Hernandez for Riverbank Mayor 2024</p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td>Riverbank</td> <td>CA</td> <td>95367</td> <td>909 695 4736</td> </tr> </table> <p>FULL MAILING ADDRESS (IF DIFFERENT) PO Box 112, Riverbank, CA 95367</p> <p>E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) rachel@riverbanknow.com</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>COUNTY OF DOMICILE</th> <th>JURISDICTION WHERE COMMITTEE IS ACTIVE</th> </tr> <tr> <td>Stanislaus</td> <td>City of Riverbank</td> </tr> </table> <p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Riverbank	CA	95367	909 695 4736	COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	Stanislaus	City of Riverbank	<p>NAME OF TREASURER Beckett Kelly</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>STREET ADDRESS (NO P.O. BOX)</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td>[REDACTED]</td> <td>Stockton</td> <td>CA</td> <td>95202</td> </tr> </table> <p>EMAIL ADDRESS OF TREASURER (REQUIRED) hernandez@ttstrat.com</p> <p>AREA CODE/PHONE [REDACTED]</p> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>STREET ADDRESS (NO P.O. BOX)</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)</p> <p>AREA CODE/PHONE</p> <p>NAME OF PRINCIPAL OFFICER(S)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>STREET ADDRESS (NO P.O. BOX)</th> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)</p> <p>AREA CODE/PHONE</p>	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE	[REDACTED]	Stockton	CA	95202	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE					STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE				
CITY	STATE	ZIP CODE	AREA CODE/PHONE																																		
Riverbank	CA	95367	909 695 4736																																		
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE																																				
Stanislaus	City of Riverbank																																				
STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE																																		
[REDACTED]	Stockton	CA	95202																																		
STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE																																		
STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE																																		

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	1/31/2024	DATE	By	Beckett Kelly	Digitally signed by Beckett Kelly Date: 2024.01.31 13:14:32 -08'00' SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	1/31/2024	DATE	By	Rachel Hernandez	Digitally signed by Rachel Hernandez Date: 2024.01.31 13:15:18 -08'00' SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		DATE	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		DATE	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Rachel Hernandez for Riverbank Mayor 2024	I.D. NUMBER 1463891
---	------------------------

• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Bank of Stockton	AREA CODE/PHONE (209) 929-1253	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION 301 E Miner Ave	CITY Stockton	STATE CA	ZIP CODE 95202

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		
Rachel Hernandez	Mayor	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>