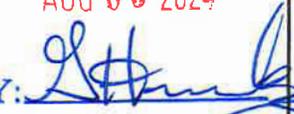


**Statement of Organization  
Recipient Committee**

Date Stamp <b>RECEIVED</b>  AUG 05 2024  BY: 	<b>CALIFORNIA FORM 410</b>  For Official Use Only
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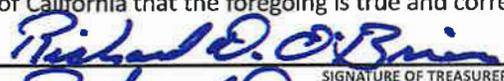
Statement Type

<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 04 / 17 / 2024	<input type="checkbox"/> <b>Amendment</b> Date qualification threshold met ____ / ____ / ____	<input type="checkbox"/> <b>Termination – See Part 5</b> Date of termination ____ / ____ / ____
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1. Committee Information	2. Treasurer and Other Principal Officers
<b>I.D. Number</b> <i>(if applicable)</i> NAME OF COMMITTEE <b>Richard O'Brien for Riverbank Mayor 2024</b>	NAME OF TREASURER <b>Richard O'Brien</b>
STREET ADDRESS (NO P.O. BOX) [REDACTED]	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE <b>Riverbank CA 95367 [REDACTED]</b>	EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE <b>obrienriverbank@aol.com [REDACTED]</b>
FULL MAILING ADDRESS (IF DIFFERENT)	NAME OF ASSISTANT TREASURER, IF ANY
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) <b>obrienriverbank@aol.com</b>	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE <b>Stanislaus Riverbank, CA City Wide</b>	EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE
<i>Attach additional information on appropriately labeled continuation sheets.</i>	NAME OF PRINCIPAL OFFICER(S)
	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
	EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE

**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	<u>08/02/2024</u>	By	<u></u>
	<small>DATE</small>		<small>SIGNATURE OF TREASURER OR ASSISTANT TREASURER</small>
Executed on	<u>08/02/2024</u>	By	<u></u>
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Richard O'Brien for Riverbank Mayor 2024	I.D. NUMBER
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• 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 Chase Bank Richard D. O'Brien	AREA CODE/PHONE (209) 529-7984	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION 2609 McHenry Ave	CITY Modesto	STATE CA	ZIP CODE 95350

**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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Richard O'Brien	Mayor, Riverbank CA	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"/>