

**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 _____/_____/_____ Date of termination

Date Stamp RECEIVED SEP - 5 2018 Office of the City Clerk	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information	2. Treasurer and Other Principal Officers
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I.D. Number (if applicable) 1302158

NAME OF COMMITTEE
Turlock Action for Business - Political Action Committee (Sponsored by Turlock Chamber of Commerce)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Turlock CA 95380

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE Stanislaus County JURISDICTION WHERE COMMITTEE IS ACTIVE Stanislaus County

NAME OF TREASURER
Amy Wilson

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Turlock CA 95380

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
DR. MICHAEL ROMEO

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
TURLOCK CA 95382

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 8/28/18 By Amy Wilson CRA
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/28/18 By Clayton [Signature] Chairman of the Board
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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COMMITTEE NAME

Turlock Action for Business - Political Action Committee (Sponsored by Turlock Chamber of Commerce)

I.D. NUMBER

1302158

2a. Additional Officers / Assistant Treasurers

NAME

PAUL PORTER

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
TURLOCK	CA	95380	

NAME

ANDREW WIGGLESWORTH

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME

AMY WILSON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
TURLOCK	CA	95380	

NAME

JAMES BRENDA

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME

RICHARD DYE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME

YUBERT ENVIA

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME

JULIO HALLACK

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME

KATHY HALSEY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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COMMITTEE NAME

I.D. NUMBER

Turlock Action for Business - Political Action Committee (Sponsored by Turlock Chamber of Commerce)

1302158

2a. Additional Officers / Assistant Treasurers

NAME

CHRIS KIRIAKOU

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

MARTY JAKOSA

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

JIM THEIS

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

SHARON SILVA

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

MAILING ADDRESS

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COMMITTEE NAME

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I.D. NUMBER

1302158

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

NAME OF FINANCIAL INSTITUTION F & M Bank	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
ADDRESS	CITY Turlock	STATE CA	ZIP CODE 95380	

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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
			Nonpartisan	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
		SUPPORT	OPPOSE

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COMMITTEE NAME

Turlock Action for Business - Political Action Committee (Sponsored by Turlock Chamber of Commerce)

I.D. NUMBER

1302158

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Support candidates

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Turlock Chamber of Commerce

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Chamber of Commerce

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Turlock

CA

95380

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.