

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
1271215
7, 01, 04
Date qualified as committee
(If applicable)

Termination - See Part 5
List I.D. number:

Date of Termination

Date Stamp RECEIVED JUL 17 2009 TURLOCK CITY CLERK	CALIFORNIA FORM 410
	For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Turlock Firefighters PAC

STREET ADDRESS (NO P.O. BOX)

1020 Collegeriview Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Turlock, CA 95382 (209) 632-2573

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Stanislaus

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Stanislaus

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Mike Harcksen

STREET ADDRESS

P.O. Box 141

CITY STATE ZIP CODE AREA CODE/PHONE

Ballico, CA 95303 (209) 668-8596

NAME OF ASSISTANT TREASURER, IF ANY

Andrew Quimby

STREET ADDRESS

4227 Ivory Ln

CITY STATE ZIP CODE AREA CODE/PHONE

Turlock CA 95382 (209) 599-9659

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Jason Bernard - PAC Director

MAILING ADDRESS

1020 Collegeriview Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Turlock CA 95382 (209) 632-2573

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 _____

7-4-09
DATE

Executed on _____

DATE

Executed on _____

DATE

Executed on _____

DATE

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

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**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Turlock Firefighters PAC

I.D. NUMBER

1271215

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 "non-partisan."
- 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
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

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Recipient Committee

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CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Turlock Firefighters PAC

Page 3

I.D. NUMBER

1271215

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

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Turlock Firefighters L-2434

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Turlock Firefighters L-2434

STREET ADDRESS

PO Box 3775

NO. AND STREET

CITY

Turlock

STATE

CA

ZIP CODE

95381

Small Contributor Committee

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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.