

**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 09 / 11 / 20	Date of termination

Date Stamp

CALIFORNIA FORM 410
RECEIVED
 SEP 21 2020
 Office of the City Clerk

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number <i>1430267</i>				Office of the City Clerk			
NAME OF COMMITTEE Beekman for Turlock City Treasurer 2020				NAME OF TREASURER Sarah Beekman			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY Turlock				STATE CA	ZIP CODE 95380	AREA CODE/PHONE	
NAME OF ASSISTANT TREASURER, IF ANY Matt Beekman				STREET ADDRESS (NO P.O. BOX)			
CITY Turlock				STATE CA	ZIP CODE 95380	AREA CODE/PHONE	
COUNTY OF DOMICILE Stanislaus				JURISDICTION WHERE COMMITTEE IS ACTIVE Turlock			
NAME OF PRINCIPAL OFFICER(S) Matt Beekman				STREET ADDRESS (NO P.O. BOX)			
CITY Turlock				STATE CA	ZIP CODE 95380	AREA CODE/PHONE	
Attach additional information on appropriately labeled continuation sheets.				CITY Turlock			
				STATE CA	ZIP CODE 95380	AREA CODE/PHONE	

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 09/11/2020 By *Sarah Beekman*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/11/2020 By *Matt Beekman*
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

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

14751267

COMMITTEE NAME

Beekman for Turlock City Treasurer 2020

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

NAME OF FINANCIAL INSTITUTION

Oak Valley Community Bank

AREA CODE/PHONE

[REDACTED]

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

[REDACTED]

CITY

Turlock

STATE

CA

ZIP CODE

95380

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		
Matt Beekman	City of Turlock Treasurer	2020	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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

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COMMITTEE NAME

Ballot Measure for Truck Stop The Value 2018

I.D. NUMBER

1438167

TYPE OF COMMITTEE: (CITY, COUNTY, STATE)

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

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE

Small Contributor Committee _____
Date qualified

REASON FOR CLOSURE

- 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.