

Statement of Organization  
Recipient Committee

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or List I.D. number: # \_\_\_\_\_  
 Date qualified as committee: 10/06/14 / / Date qualified as committee (if applicable) # \_\_\_\_\_ / / Date of Termination

RECEIVED

Date Stamp  
OCT - 6 2014  
Office of the  
City Clerk

CALIFORNIA FORM 410  
For Official Use Only

1. Committee Information

NAME OF COMMITTEE  
TURLOCK ASSOCIATED POLICE OFFICERS  
POLITICAL ACTION COMMITTEE  
 STREET ADDRESS (NO P.O. BOX)  
244 N. BROADWAY  
 CITY STATE ZIP CODE AREA CODE/PHONE  
TURLOCK, CA. 95380 (209) 664-7323  
 MAILING ADDRESS (IF DIFFERENT)  
 FAX / E-MAIL ADDRESS  
FEAUBNDR@GMAIL.COM  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
STANISLAUS

2. Treasurer and Other Principal Officers

NAME OF TREASURER  
BRANDON BERTRAM  
 STREET ADDRESS (NO P.O. BOX)  
244 N. BROADWAY  
 CITY STATE ZIP CODE AREA CODE/PHONE  
TURLOCK, CA. 95380 (209) 664-7323  
 NAME OF ASSISTANT TREASURER, IF ANY  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 NAME OF PRINCIPAL OFFICER(S)  
BRANDON BERTRAM (CHAIR)  
 STREET ADDRESS (NO P.O. BOX)  
(SAME AS ABOVE)  
 CITY STATE ZIP CODE AREA CODE/PHONE

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 10-06-14 By [Signature]  
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 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  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

TURLOCK ASSOCIATED POLICE OFFICERS POLITICAL ACTION COMMITTEE

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION

BANK OF AMERICA

AREA CODE/PHONE

(209) 669-7171

BANK ACCOUNT NUMBER

1641 0034 6076

ADDRESS

CITY

STATE

ZIP CODE

501 E. MAIN ST. TURLOCK, CA. 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."
- 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"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

COMMITTEE NAME

TURLOCK ASSOCIATED POLICE OFFICERS POLITICAL ACTION COMMITTEE

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

TO SUPPORT OR OPPOSE CANDIDATES OR MEASURES VOTED ON IN A SINGLE CITY, TURLOCK, CA.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

TURLOCK ASSOCIATED POLICE OFFICERS

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

LABOR UNION

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

244 N. BROADWAY, 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.