

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

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

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

Date Stamp	CALIFORNIA FORM 410
<p style="font-size: 2em; opacity: 0.5;">RECEIVED</p> <p style="font-size: 1.5em;">JUN 28 2016</p> <p style="font-size: 0.8em; opacity: 0.5;">City of Turlock</p>	
For Official Use Only	

1. Committee Information

NAME OF COMMITTEE
Gil Esquer for Turlock City Council District 2 2016

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Turlock	CA	95380	
MAILING ADDRESS (IF DIFFERENT)			
FAX / E-MAIL ADDRESS			
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE	

2. Treasurer and Other Principal Officers

NAME OF TREASURER			
Timm LaVelle			
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)			
Gil Esquer			
STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Turlock	CA	95380	

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	6-28-16	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	6-28-2016	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Gil Esquer for Turlock City Council District 2 2016

I.D. NUMBER
81-3075328

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

NAME OF FINANCIAL INSTITUTION Farmers & Merchants Bank of Central California	AREA CODE/PHONE (209)667-2710	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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
Gil Esquer	Turlock City Council District 2	2016	<input checked="" 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"/>