

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
Not yet qualified  or

Amendment  
List I.D. number:  
# 1350431

Termination – See Part 5  
List I.D. number:  
# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

**RECEIVED**

Date Stamp

AUG - 1 2016

Office of the  
City Clerk

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

AMY BUBLAK FOR CITY COUNCIL DISTRICT 4 2016

NAME OF COMMITTEE			
AMY BUBLAK FOR CITY COUNCIL DISTRICT 4 2016			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
TURLOCK	CA	95382	
MAILING ADDRESS (IF DIFFERENT)			
SAME			
FAX / E-MAIL ADDRESS			
XANDER911@MSN.COM			
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		
STANISLAUS	NA		

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

SHAWNA CASEY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
TURLOCK	CA	95382	
NAME OF ASSISTANT TREASURER, IF ANY			
NA			
STREET ADDRESS (NO P.O. BOX)			
NA			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
NA			
NAME OF PRINCIPAL OFFICER(S)			
NA			
STREET ADDRESS (NO P.O. BOX)			
NA			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
NA			

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	<u>07/29/2016</u>	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>07/29/2016</u>	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

**CALIFORNIA  
FORM 410**

Page 2

COMMITTEE NAME  
AMY BUBLAK FOR CITY COUNCIL DISTRICT 4 2016

I.D. NUMBER  
1350431

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

NAME OF FINANCIAL INSTITUTION BBVA COMPASS	AREA CODE/PHONE (209)632-3108	BANK ACCOUNT NUMBER 6737013500
ADDRESS 1955 GEER ROAD	CITY TURLOCK	STATE ZIP CODE CA 95382

**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
AMY BUBLAK	CITY COUNCIL DISTRICT 4	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"/>