

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or	<input type="radio"/> Date qualification threshold met	Date qualification threshold met
_____ / _____ / _____	_____ / _____ / _____	Date of termination 07 / 09 / 2024

Date Stamp
RECEIVED
JUL 09 2024
Office of the
City Clerk

CALIFORNIA
FORM **410**
For Official Use Only

Committee Name I.D. Number 1427371 (if applicable)		Principal Officer(s) Name and Address	
NAME OF COMMITTEE Pam Franco for Turlock City Council 2020		NAME OF TREASURER Pam Franco	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Turlock	STATE ZIP CODE CA 95382
E-MAIL ADDRESS OF TREASURER (REQUIRED)		AREA CODE/PHONE	
NAME OF ASSISTANT TREASURER, IF ANY			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE
E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE	
NAME OF PRINCIPAL OFFICER(S)			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE
E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		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 information contained herein is true and correct.

Executed on	07-09-2024	By	[REDACTED]
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	07-09-2024	By	[REDACTED]
	DATE		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME Pam Franco for Turlock City Council 2020	I.D. NUMBER 1427371
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All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Mechanics Bank	AREA CODE/PHONE 209-632-6065	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS OF FINANCIAL INSTITUTION 2190 West Monte Vista Avenue	CITY Turlock	STATE CA
		ZIP CODE 95382

Author of Committee completes 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." 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		(list political party below)
			Nonpartisan	Partisan	
Pam Franco	Turlock City Council District 4	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(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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I.D. NUMBER
1427371

COMMITTEE NAME

Pam Franco for Turlock City Council 2020

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 Committees

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 Contributions Committee

Date qualified

5. Termination Requirements

- 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 18921.5.