

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp  
**Received**  
**AUG 26 2024**  
City of Turlock  
City Clerk's Office

**CALIFORNIA FORM 410**  
For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Michael Abram for Turlock City Treasurer 2024			NAME OF TREASURER Michael Abram			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY [REDACTED]			CITY	STATE	ZIP CODE	AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]			NAME OF ASSISTANT TREASURER, IF ANY [REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) mike@AbramForTreasurer.com			STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY OF DOMICILE Stanislaus		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Turlock	CITY			
			STATE			
			ZIP CODE			
			AREA CODE/PHONE			
			NAME OF PRINCIPAL OFFICER(S) [REDACTED]			
			STREET ADDRESS (NO P.O. BOX) [REDACTED]			
			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 8/26/2024 By [REDACTED]  
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

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INSTRUCTIONS ON REVERSE

**CALIFORNIA  
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I.D. NUMBER

COMMITTEE NAME

Michael Abram for Turlock City Treasurer 2024

**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 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

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.