

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or
 List I.D. number: # 1369756 List I.D. number: # 1369756
 Date qualified as committee: / / Date qualified as committee (if applicable): / /
 Date of Termination: 12 / 31 / 2014

RECEIVED

Date Stamp: FEB - 2 2015
 Office of the City Clerk

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Donald Babadalir For City Council 2014
 STREET ADDRESS (NO P.O. BOX)
2340 Black Oak St.
 CITY STATE ZIP CODE AREA CODE/PHONE
Turlock CA 95382 (209)202-5526
 MAILING ADDRESS (IF DIFFERENT)
 FAX / E-MAIL ADDRESS
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Stanislaus County City of Turlock

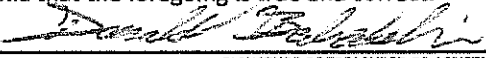
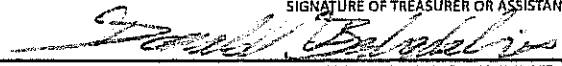
2. Treasurer and Other Principal Officers

NAME OF TREASURER
Donald Babadalir
 STREET ADDRESS (NO P.O. BOX)
2340 Black Oak St.
 CITY STATE ZIP CODE AREA CODE/PHONE
Turlock CA 95382 (209)202-5526
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 NAME OF PRINCIPAL OFFICER(S)
 STREET ADDRESS (NO P.O. BOX)
 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 01/05/2015 By 
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 01/05/2015 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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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Donald Babadalir For City Council 2014	I.D. NUMBER 1369756
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BBVA Compass	AREA CODE/PHONE (209)939-3300	BANK ACCOUNT NUMBER 6723550678
ADDRESS 202 N Hunter St.	CITY Stockton	STATE ZIP CODE CA 95202

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
Donald Babadalir	Member, City Council	2014	<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"/>