Statement of Recipient Cor					Γ	Date Stamp	CA	LIFORNIA AAO	
Statement Type	☐ Initial Not yet qualified ☐ or	Amendment List I.D. number:	List I.D. num	Termination – See Part 5 List I.D. number: # 1290600		Office of the Secretary of State of the State of Galifornia		FORM 4.10 For Official Use Only RECEIVED AND FILED in the office of the Secretary of State	
	Date qualified as comm	ittee Date qualified as commit		02 /19 /2015 Date of Termination		FEB 23 2015		of the State of California APR 0 6 2015	
1. Committee II	nformation			2. Treasurer a	nd Othe	r Principal Officers			
Nick Hackler fo	or Turlock City Cot	uncil		Kevin Kajio	oka				
2531 Mooneyh	•			STREET ADDRESS (NO I					
Turlock MASLING ADDRESS (IF DI	STATE CA FFERENTI)603-1051	Turlock	 	STATE CA	21P CODE 95382	AREA CODE/PHONE (209)667-6588	
FAX /E-MAIL ADDRESS				Rebecca A		14.1			
Fax (209)633-2	2203			STREET ADDRESS (NO P	.o. Box)	nad	:		
COUNTY OF DOMICILE Stanislaus	JURISDICTIO	N WHERE COMMITTEE IS ACTIVE	\$ • ;	Turlock		STATE	ZIF CODE 95382	area code/phone (209)5655403/14	
Attach additional i	information on appropri	ately labeled continuation :	sheets.	STREET ADDRESS (NO P.		STATE	ZIP CODE	AREA CODE/PHONE	
3. Verification I have used all repenalty of perjunexecuted on Executed on Executed on Executed on Executed on	DATE BY	SIGN	LL_	FTREASURER OF ASSISTANT	TREASURER	URE PROPONENT	se and com	plete. I certify under	
	DATE	SIGN	ATURE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, O	OR STATE MEASL	JNE PROPONENT			

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