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Office of the  
City Clerk

CALIFORNIA  
FORM 410  
For Official Use Only

Statement of Organization  
Recipient Committee

Statement Type  Initial  Amendment  Termination - See Part 5  
Not yet qualified  or List I.D. number: # 1380213  
Date qualified as committee Date qualified as committee (if applicable) Date of Termination

1. Committee Information 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE  
Jaime Franco Campaign/ District 2 City Council  
STREET ADDRESS (NO P.O. BOX)  
CITY STATE ZIP CODE AREA CODE/PHONE  
Turlock CA 95380  
MAILING ADDRESS (IF DIFFERENT)  
PO Box 27, Turlock, CA 95381  
FAX / E-MAIL ADDRESS  
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Stanislaus Turlock

NAME OF TREASURER  
Ruben Pina  
STREET ADDRESS (NO P.O. BOX)  
CITY STATE ZIP CODE AREA CODE/PHONE  
Modesto CA 95351  
NAME OF ASSISTANT TREASURER, IF ANY  
Rodolfo Lezama  
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 10-5-16 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
Executed on 10/5/16 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
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