| Statement of | Organization | | | | | |
|------------------------|--|----------------------------------|---|--------------------------------------|--|-------------------|
| Recipient Committee | | | | Date Stamp | CALIFO | RNIA 4 4 A |
| | | | | | FOR | // 14 5 1 5 |
| Statement Type | ☐ Initial | ☐ Amendment | Termination - See Part 5 | RECEIVED | | |
| | O Not yet qualified | | T section decirates | I know tout have I V been last | For | Official Use Only |
| | Or Data music and a state of the state of th | | | DEC 1 4 2018 | | |
| | O Date qualification threshold met | Date qualification threshold met | Date of termination | DEC 14 7010 | | |
| | / | // | 12,14,18 | Office of the | | |
| 1. Committee li | nformation I.D. Number (if applicable | 1367258 | 2. Treasurer and | City Clerk Other Principal Office | rc 1 2 de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición de la comp | |
| NAME OF COMMITTEE | | , .00 7 2 00 | NAME OF TREASURER | | | |
| | | | 00 - 1400 | Tarala | | |
| Mallan | Taraba AcT 1 | | Mather | dasob 6 | | |
| i latitud | Jacob for Turlo | ick (ity Lounca) | 2019 STREET ADDRESS IND P.O. BOX1 | | | |
| STREET ADDRESS (NO P.C | | <u> </u> | | | - | |
| | | | | STATE | ZIP CODE | AREA CODE/PHONE |
| CITY | STATE ZIP C | CODE AREA CODE/PHONE | NAME OF ASSISTANT TREASURER | ~ · · | 93382 | <u>-</u> |
| Turloc | K CA 93 | 5382 | MONE OF ADSISTANT SKEWSOKER | S, IF ANY | | |
| FULL MAILING ADDRESS | | | STREET ADDRESS (NO P.O. BOX) | | | |
| | | | | | | |
| E-MAIL ADDRESS (REQUI | IRED) / FAX (OPTIONAL) | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| COUNTY OF DOMICILE | JURISDICTION WHERE COI | MMITTEE IS ACTIVE | NAME OF PRINCIPAL CONTINUES | | | |
| Stanisla | | f Turlock | NAME OF PRINCIPAL OFFICER(S) | | | |
| | 0.10 | 10010001 | STREET ADDRESS (NO P.O. BOX) | | · · · <u> </u> | |
| | | | | | | |
| Attach additional | information on appropriately lab | and an anatomic of the state of | CITY | STATE | ZIP CODE | |
| , and an additional | туоттасын ан арргорпасыу тар | elea continuation sheets. | | JIGIL. | ZIF CODE | AREA CODE/PHONE |
| 3. Verification | | | | | | |
| I have used all re | easonable diligence in preparing | this statement and to the hes | t of my knowledge the information | | | |
| penalty of perju | iry under the laws of the State of | California that the foregoing i | is true and correct | tion contained herein is tru | e and complete. | certify under |
| Executed on 12 | 2/14/18 N | atthe May | C 51- | | | |
| 14 | OATE DY | DSHO DSHO | GNATURE OF TREASURER OR ASSISTANT TREASUR | RER | | |
| Executed on | 2/14/18 By K | atther Ja | 600 | | | |
| | JAILE 7 | SIGNATURE OF CONTR | ROLLING OFFICEHOLDER, CANDIDATE, OR STATE I | MEASURE PROPONENT | · · · · · · · · · · · · · · · · · · · | |
| Executed on | DATE By | SIGNATURE OF COURT | NOVING ACCURATION | | | |
| Executed on | Ву | SIGNATURE OF CONTR | ROLLING OFFICEHOLDER, CANDIDATE, OR STATE F | MEASURE PROPONENT | | |
| | DATE | SIGNATURE OF CONT | ROLLING OFFICEHOLDER, CANDIDATE, OR STATE | MEASIERE BRODONENT | | |
| | | | | PREMIUNE PROPONENT | | |