Statement of Organization				Date Stamp	CALIFORNIA AAO
Recipient Con				Long Source Carlo Breat II & Louis Inch.	
Statement Type	☐ Initial	🗷. Amendment	☐ Termination – See Part 5		For Official Use Only
	O Not yet qualified			JAN 31 2020	
	O Date qualification threshold met	Date qualification threshold met	Date of termination	1 2413 3 1 VOVA	
	, ,	, ,	, .	Office of the	
	oformation I.D. Number)/		City Clork	
1. Committee Ir	if applicable		2. Treasurer and	Other Principal Officers	
NAME OF COMMITTEE			NAME OF TREASURER		
UOSRATI	FOR TURLOCK CIT	y council, 20 19	ANDREW A	USRATI	
X			STREET BROKESS (NO BO BON)		
STREET ADDRESS (NO P.O	2.004				
JINEET NOOKESS (NO P.C	J. 80A)		CITY στος ι Δ : c A Δ	STATE	ZIP CODE AREA CODE/PHONE
CITY	STATE ZIP C	CODE AREA CODE/PHONE	TURLOCK NAME OF ASSISTANT TREASURER	CA CA	95332
TURLOCK	(A 95	5382	MANGE OF TOOLST AND THE PERSONER	G IF ANT	
FULL MAILING ADDRESS		<u> </u>	STREET ADDRESS (NO P.O. BOX)		
28.					
			CITY	STATE	ZIP CODE AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE CO	MMUTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		
STANISLA			NAME OF PRINCIPAL OFFICER(S)		
0 (7 10 1	1011000		STREET ADDRESS (NO P.O. BOX)		
Attach additional	information on appropriately lab	peled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/PHONE
3. Verification	19 (19 (19 (19 (19 (19 (19 (19 (19 (19 (The state of the s
penalty of perio	easonable diligence in preparing ary under the laws of the State of	this statement and to the bes	st of my knowledge the informa	tion contained herein is true	and complete. I certify under
		Comornia that the lotegoing	is true and correct.		
Executed on	731/2020 By	SI SI	IGNATURE OF TREASURER OR ASSISTANT TREASU	RER	
Executed on \underline{l}	131/2020 By	99	2		
		SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	
Executed on	DATE BY	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	
Executed on	Ву				
	DATE	SIGNATURE OF CONT	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	

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