Statement of Organization
Recipient Committee

Type or print in ink

CALIFORNIA FORM 410

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Date Stamp

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City of Turlock
Administrative Services

Statement Type

☐ Initial

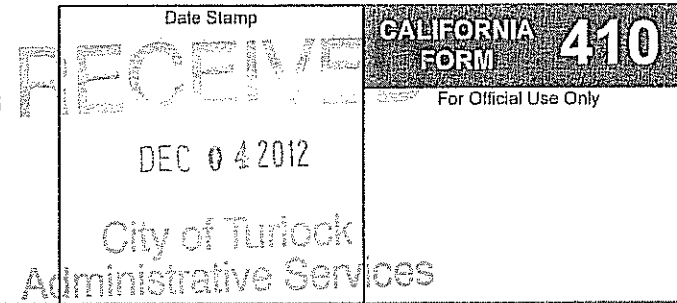Not yet qualified ☐ or

☒ Amendment
List I.D. number:
1302158

☐ Termination – See Part 5
List I.D. number:
_____

___/___/___
Date qualified as committee

___/___/___
Date qualified as committee
(If applicable)

___/___/___
Date of Termination

1. Committee Information

NAME OF COMMITTEE

TURLOCK ACTION FOR BUSINESS - PAC - SPONSORED BY
TURLOCK CHAMBER OF COMMERCE

STREET ADDRESS (NO P.O. BOX)

115 SOUTH GOLDEN STATE BLVD.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
TURLOCK	CA	95380	209-632-2221

MAILING ADDRESS (IF DIFFERENT)

401 E. MAIN STREET., TURLOCK, CA 95380

OPTIONAL: FAX / E-MAIL ADDRESS

209-632-5289

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
STANISLAUS	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

AMY WILSON, CPA

STREET ADDRESS (NO P.O. BOX)

401 E. MAIN STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
TURLOCK	CA	95380	209-669-0880

NAME OF ASSISTANT TREASURER, IF ANY

N/A - NONE

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

SHARON SILVA

STREET ADDRESS (NO P.O. BOX)

115 SOUTH GOLDEN STATE BLVD.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
TURLOCK	CA	95380	209-632-2221

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 11/27/2012
DATE

By _Amy Wilson_
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _Sharon R Silva Pres/CEO_
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT