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# Statement of Organization Recipient Committee

Statement Type  Initial  Amendment  Termination - See Part 5  
Not yet qualified  or

List I.D. number: # 1380213  
List I.D. number:

Date qualified as committee: \_\_\_\_\_  
Date qualified as committee (if applicable): \_\_\_\_\_  
Date of Termination: \_\_\_\_\_

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California  
**OCT 09 2015**  
Hand Delivered, Sacramento

**CALIFORNIA FORM 410**  
For Official Use Only  
**OCT 28 2015**  
City of Turlock  
Administrative Services

### 1. Committee Information

NAME OF COMMITTEE  
Jaime FRANCO  
STREET ADDRESS (NO P.O. BOX)  
Turlock - CA 95380  
CITY STATE ZIP CODE AREA CODE  
TCA  
MAILING ADDRESS (IF DIFFERENT)  
Tzamo227  
FAX / E-MAIL ADDRESS  
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

### 2. Treasurer and Other Principal Officers

NAME OF TREASURER  
Ruben Pina  
STREET ADDRESS (NO P.O. BOX)  
Modesto CA 95315  
CITY STATE ZIP CODE AREA CODE  
NAME OF ASSISTANT TREASURER, IF ANY  
SANE - TERESA ZAMOR  
STREET ADDRESS (NO P.O. BOX)  
Modesto CA 95351  
CITY STATE ZIP CODE AREA CODE/PHONE  
NAME OF PRINCIPAL OFFICER(S)  
Jaime FRANCO  
STREET ADDRESS (NO P.O. BOX)  
Turlock CA 95380  
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 \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT