

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:
1380213

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

_____/_____/_____
Date of Termination

Date Stamp
RECEIVED

SEP - 8 2016

Office of the
City Clerk

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

JAIME FRANCO CAMPAIGN, DISTRICT 2
CITY COUNCIL

525 VERMONT AVE.

STREET ADDRESS (NO P.O. BOX)

TURLOCK

CITY

CA

STATE

95380

ZIP CODE

209-668-8744

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 27

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

STANISLAUS

JURISDICTION WHERE COMMITTEE IS ACTIVE

TURLOCK

2. Treasurer and Other Principal Officers

NAME OF TREASURER

RUBEN PINA

STREET ADDRESS (NO P.O. BOX)

1541 VERNON AVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MODESTO

CA

95351

209-262-8774

NAME OF ASSISTANT TREASURER, IF ANY

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 9-8-16

DATE

By

Ruben Pina

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9-8-16

DATE

By

[Signature]

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