

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	<u>10/06/2014</u>	_____ / _____ / _____

Date Stamp  
**RECEIVED**  
AUG - 2 2021  
Office of the  
City Clerk

**CALIFORNIA FORM 410**  
For Official Use Only

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		<i>(if applicable)</i> <u>1372623</u>		NAME OF TREASURER	
<u>TURLOCK ASSOCIATED POLICE OFFICERS POLITICAL ACTION COMMITTEE</u>				<u>NAVELI CARMONA DE LEON</u>	
STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE	
[REDACTED]				<u>TURLOCK CA 95380</u> [REDACTED]	
CITY STATE ZIP CODE				NAME OF ASSISTANT TREASURER, IF ANY	
<u>TURLOCK CA 95350</u>					
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY STATE ZIP CODE AREA CODE/PHONE	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)		
<u>STANISLAUS</u>			<u>NAVELI CARMONA DE LEON (TREASURER)</u>		
				STREET ADDRESS (NO P.O. BOX)	
				<u>(SAME AS ABOVE)</u>	
				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 08/02/2021 By [Signature]  
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