

1350431

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial

Amendment

Termination - See Part 5

Not yet qualified or

List I.D. number:

List I.D. number:

50

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

CALIFORNIA FORM 410
For Official Use Only

AUG 23 2012

Hand Delivered, Sacramento
Debra Bowen, Secretary of State

1. Committee Information

NAME OF COMMITTEE

AMY BUBLAK FOR CITY COUNCIL
2012

STREET ADDRESS (NO P.O. BOX)

1072 MOONBEAM WAY

CITY

TURLOCK

STATE

CA

ZIP CODE

95382

AREA CODE/PHONE

(209) 346-9344

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

STANISLAUS

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

SHAWNA CASEY

STREET ADDRESS (NO P.O. BOX)

658 OAK STREET

CITY

TURLOCK

STATE

CA

ZIP CODE

95380

AREA CODE/PHONE

(209) 345-7319

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

SHAWNA CASEY

STREET ADDRESS (NO P.O. BOX)

658 OAK STREET

CITY

TURLOCK

STATE

CA

ZIP CODE

95380

AREA CODE/PHONE

(209) 345-7319

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

Aug 21 2012

DATE

Executed on

Aug 21, 2012

DATE

Executed on

DATE

Executed on

DATE

By

[Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

[Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME **AMY BUBLAK FOR CITY COUNCIL 2012**

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
AMY BUBLAK	TURLOCK CITY COUNCIL	2012	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
BBVA	(209) 345-7319	
ADDRESS	CITY	STATE ZIP CODE
1955 GEER ROAD	TURLOCK	CA 95382

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE