

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

____/____/____
Date qualified as committee

Amendment

List I.D. number:

1291275

01 / ____ / 2012
Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

____/____/____
Date of Termination

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JAN 15 2014
DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410
For Official Use Only
FEB - 6 2014
Office of the
City Clerk

1. Committee Information

NAME OF COMMITTEE

Committee to Elect Mary Jackson City Council 2014

STREET ADDRESS (NO P.O. BOX)

1129 La Sombra

CITY STATE ZIP CODE AREA CODE/PHONE

Turlock CA 95380 (209)585-7372

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

mary4turlock@sbcglobal.net

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Stanislaus

City of Turlock

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Mary Jackson

STREET ADDRESS (NO P.O. BOX)

1129 La Sombra

CITY STATE ZIP CODE AREA CODE/PHONE

Turlock CA 95380

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 01/13/2014
DATE

By

Mary Jackson

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/13/2014
DATE

By

Mary Jackson

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

CLERK - BE
STANISLAUS COUNTY
JAN 15 2014 11:39
ELECTIONS DIV
FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov