

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 07 / 20 / 2020	<input type="checkbox"/> Termination - See Part 5 Date of termination
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Date Stamp
AUG - 3 2020
Office of the
City Clerk

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number 1427970 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Rebecka Monez FOR Turlock City Council DISTRICT 2				NAME OF TREASURER RHONDA SWEET			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY TURLOCK	STATE CA	ZIP CODE 95380	AREA CODE/PHONE [REDACTED]	CITY TURLOCK	STATE CA	ZIP CODE 95382	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] TURLOCK, CA 95381				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (IF APPLICABLE) / FAX / PHOTO URL [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY OF DOMICILE STANISLAUS				JURISDICTION WHERE COMMITTEE IS ACTIVE CITY OF TURLOCK			
[REDACTED]				NAME OF PRINCIPAL OFFICER(S) REBECCA MONEZ			
[REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
[REDACTED]				CITY TURLOCK			
[REDACTED]				STATE CA			
[REDACTED]				ZIP CODE 95380			
[REDACTED]				AREA CODE/PHONE [REDACTED]			
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 07/20/2020 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 07/20/2020 By [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

COMMITTEE NAME Rebecka Monez FOR Turlock City Council DISTRICT 2				Page 2
				I.D. NUMBER 1427970
<p>• All committees must list the financial institution where the campaign bank account is located.</p>				
NAME OF FINANCIAL INSTITUTION F & M BANK		AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]		CITY TURLOCK	STATE CA	ZIP CODE 95380
<p>4. Type of Committee Complete the applicable sections.</p>				
<p>Controlled Committee</p>				

- 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 "nonpartisan." Stating "No party preference" is acceptable
- 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 CHECK ONE		(list political party below)
			Nonpartisan	Partisan	

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE