

Statement of Organization
Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # 1350431
 _____ Date qualified as committee _____ Date qualified as committee (If applicable) _____ Date of Termination

RECEIVED

Date Stamp

JAN 27 2016

Office of the
City Clerk

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

AMY BUBLAK FOR CITY COUNCIL DISTRICT 4 2016

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
TURLOCK CA 95382 (209)346-9344

MAILING ADDRESS (IF DIFFERENT)

SAME

FAX / E-MAIL ADDRESS

XANDER911@MSN.COM

COUNTY OF DOMICILE

STANISLAUS

JURISDICTION WHERE COMMITTEE IS ACTIVE

NA

2. Treasurer and Other Principal Officers

NAME OF TREASURER

SHAWNA CASEY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
TURLOCK CA 95382 (209)345-7319

NAME OF ASSISTANT TREASURER, IF ANY

NA

STREET ADDRESS (NO P.O. BOX)

NA

CITY STATE ZIP CODE AREA CODE/PHONE

NA

NAME OF PRINCIPAL OFFICER(S)

NA

STREET ADDRESS (NO P.O. BOX)

NA

CITY STATE ZIP CODE AREA CODE/PHONE

NA

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 01/25/2016 By _____
DATE

Shawna Casey
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/25/2016 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

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INSTRUCTIONS ON REVERSE



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COMMITTEE NAME

AMY BUBLAK FOR CITY COUNCIL DISTRICT 4 2016

I.D. NUMBER

1350431

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BBVA COMPASS	AREA CODE/PHONE (209)632-3108	BANK ACCOUNT NUMBER	
ADDRESS 1955 GEER ROAD	CITY TURLOCK	STATE CA	ZIP CODE 95382

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 "nonpartisan."
- 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	CITY COUNCIL DISTRICT 4	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>