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1403369

Rejected: 27 FEB 2018  
Returned: \_\_\_\_\_

### Statement of Organization Recipient Committee

Statement Type  Initial  Amendment  Termination - See Part 5

Not yet qualified  
or  
 Date qualified as committee \_\_\_\_\_  
Date qualified as committee \_\_\_\_\_ Date of termination \_\_\_\_\_

Date Stamp

**RECEIVED** [Redacted]  
in the office of the Secretary of State  
of the State of California

**FEB 23 2018**

**CALIFORNIA FORM 410**  
For Official Use Only

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

|   |  |  |  |
|---|--|--|--|
| <b>1. Committee Information</b>                   |  | <b>2. Treasurer and Other Principal Officers</b> |  |
| I.D. Number (if applicable)                       |  | MAR 05 2018 RECEIVED                             |  |
| NAME OF COMMITTEE                                 |  | NAME OF TREASURER                                |  |
| FRIENDS OF AMY BUBLAK FOR TURLOCK CITY MAYOR 2018 |  | SHAWNA CASEY                                     |  |
| STREET ADDRESS (NO P.O. BOX)                      |  | STREET ADDRESS (NO P.O. BOX)                     |  |
| CITY STATE ZIP CODE AREA CODE/PHONE               |  | CITY STATE ZIP CODE AREA CODE/PHONE              |  |
| TURLOCK CA 95382                                  |  | TURLOCK CA 95382                                 |  |
| MILING ADDRESS (IF DIFFERENT)                     |  | NAME OF ASSISTANT TREASURER, IF ANY              |  |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)        |  | NA   |  |
| COUNTY OF DOMICILE                                |  | STREET ADDRESS (NO P.O. BOX)                     |  |
| STANISLAUS  |  | NA   |  |
| JURISDICTION WHERE COMMITTEE IS ACTIVE            |  | CITY STATE ZIP CODE AREA CODE/PHONE              |  |
| TURLOCK   |  | 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 2-21-2018 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2-21-2018 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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

|   |             |
|---|-------------|
| COMMITTEE NAME<br>FRIENDS OF AMY BUBLAK FOR TURLOCK CITY MAYOR 2018 | I.D. NUMBER |
|---|-------------|

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

|   |                 |                     |                   |
|---|-----------------|---------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION<br>F&M BANK | AREA CODE/PHONE | BANK ACCOUNT NUMBER |                   |
| ADDRESS<br>121 S CENTER ST                | CITY<br>TURLOCK | STATE<br>CA         | ZIP CODE<br>95380 |

**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." 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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | CHECK ONE                           |                          | PARTY<br>(list political party below) |
|--|---|------------------|-------------------------------------|--------------------------|---------------------------------------|
|  |   |                  | Nonpartisan                         | Partisan                 |                                       |
| AMY BUBLAK   | TURLOCK CITY MAYOR  | 2018             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                       |
|  |   |                  | <input type="checkbox"/>            | <input type="checkbox"/> |                                       |

**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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                |                          |
|---|--|--------------------------|--------------------------|
|   |  | SUPPORT                  | OPPOSE                   |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |