

# Statement of Organization Recipient Committee

Statement Type

☒ Initial

☒ Not yet qualified  
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination – See Part 5

Date of termination

Date Stamp

RECEIVED

AUG 12 2022

Office of the  
City Clerk

CALIFORNIA  
FORM

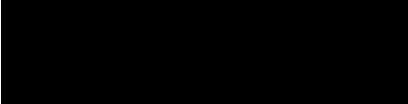
410


For Official Use Only

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers							
NAME OF COMMITTEE				NAME OF TREASURER											
Gil 4 Turlock				Robert Puffer											
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		95380				Turlock		CA		95380			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY											
				Rosa Esquer											
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)											
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY		STATE		ZIP CODE		AREA CODE/PHONE					
Stanislaus		Turlock CA 95380		Turlock		CA		95380							
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)											
				STREET ADDRESS (NO P.O. BOX)											
				CITY				STATE		ZIP CODE		AREA CODE/PHONE			

## 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 08.11.2022 By  TREASURER OR ASSISTANT TREASURER

Executed on 08.11.2022 By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Gil 4 Turlock			I.D. NUMBER	
<b>All committees must list the financial institution where the campaign bank account is located.</b>				
NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE
<b>4. Type of Committee</b> 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 (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

**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
		SUPPORT	OPPOSE

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COMMITTEE NAME

I.D. NUMBER

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

☐

Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

FPPC Form 410 (August/2018)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)

## Instructions for Statement of Organization

CALIFORNIA  
FORM **410**

### General Purpose Committee

A committee is a "general purpose committee" if its principal activity is supporting or opposing a variety of candidates or measures voted on in different elections. (FPPC Regulation 18227.5)

- A **state committee** makes contributions or expenditures to support or oppose candidates or measures voted on in state elections, or in more than one county; it does not make over 70% of its contributions or expenditures in a single local jurisdiction. State contributions include contributions to other state general purpose committees. *All political party committees that meet the requirements as a political party pursuant to Elections Code Section 5100 (Government Code Section 85205) (including county central committees) are state committees.*
- A **county committee** makes more than 70% of its contributions or expenditures to support or oppose candidates or measures voted on in a single county, or in more than one jurisdiction within one county. This includes contributions to other general purpose committees in the same county.
- A **city committee** makes more than 70% of its contributions or expenditures to support or oppose candidates or measures voted on in a single city, or in one consolidated city and county. This includes contributions to other city general purpose committees in the same city.

*A city or county committee may make up to four contributions in a calendar year to candidates for elective state office whose districts are within the same jurisdiction and is not required to change its status to a state committee.*

A committee that has made contributions or expenditures of \$5,000 or more during a quarter must review its activity at the end of March, June, September and December to determine if the committee is filing reports in the appropriate jurisdiction. During the first six months, a new committee must check its

jurisdictional status each month the committee makes expenditures of \$1,000 or more. If a change of filing locations occurs, reports must be filed in both the new and old jurisdiction through the calendar year.

After marking the appropriate state, county or city box, provide a brief description of the committee's political activities such as whether it supports candidates or measures that share a common political affiliation.

### Sponsored Committee

A "sponsored committee" is a general purpose or primarily formed committee, other than an officeholder or candidate controlled committee, that has one or more sponsors.

An organization, business, or other entity is a sponsor if one or more of the following apply:

- The committee receives 80% or more of its contributions from the entity or organization or its members, officers, employees, or shareholders.
- The entity or organization collects contributions for the committee by use of payroll deductions or dues from its members, officers or employees.
- The entity or organization, alone or in combination with other entities or organizations, provides all or nearly all of the administrative services for the committee.
- The entity or organization, alone or in combination with other entities or organizations, sets the policies for contribution solicitations or payment of expenditures from committee funds.

See the instructions for Part 1 for a sponsored committee's name requirements.

### Small Contributor Committee

A "small contributor committee" is one that has been in existence for more than six months;

receives contributions from 100 or more persons; makes contributions to five or more candidates; and has not received more than \$200 from one person in a calendar year.

### 5. Termination Requirements

Recipient committees may only terminate when:

- They have ceased to receive contributions and make expenditures; and
- They do not anticipate receiving contributions, repayments of outstanding loans made to others, or any other receipts in the future, and they do not anticipate making expenditures in the future; and
- They have eliminated or have no intention or ability to discharge all their debts, loans received, and other obligations; and
- They have no funds; and
- They have filed all required campaign statements disclosing all reportable transactions, including disposition of funds.

**State Candidates:** There are mandatory termination deadlines applicable to your committees.

### How to Terminate

After the termination requirements above are met:

**State Committees:** Complete page one of the Form 410 and mark the termination box. Send the Form and last Form 450 or 460 (mark the termination box) to the Secretary of State.

**Local Committees:** Complete page one of the Form 410, mark the termination box and send the Form to the Secretary of State. Send a copy of the Form 410 and last Form 450 or 460 (mark the termination box) to your city or county filing officer.

FPPC Form 410 (August/2018)

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