

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
07 / 08 / 2020	____ / ____ / ____	____ / ____ / ____

Date Stamp  
**RECEIVED**  
JUL 23 2020  
Office of the  
City Clerk

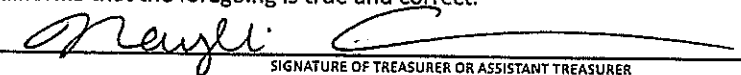
**CALIFORNIA FORM 410**  
For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Turlock Associated Police Officers Political Action Committee				NAME OF TREASURER Nayeli Carmona De Leon			
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 95380	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Turlock				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Stanislaus	JURISDICTION WHERE COMMITTEE IS ACTIVE			CITY Turlock			
				STATE CA			
				ZIP CODE 95380			
				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 7/20/2020 By   
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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COMMITTEE NAME Turlock Associated Police Officers Political Action Committee	I.D. NUMBER 1372623
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY Turlock	STATE CA
		ZIP CODE 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 (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
			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
		SUPPORT	OPPOSE

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I.D. NUMBER

COMMITTEE NAME  
Turlock Associated Police Officers Political Action Committee

**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  
To support or oppose candidates of measures voted on in a single city Turlock CA.

**Sponsored Committee** List additional sponsors on an attachment.

NAME OF SPONSOR Turlock Associated Police Officers		INDUSTRY GROUP OR AFFILIATION OF SPONSOR Labor Union			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Turlock	CA	95380	

**Small Contributor Committee**  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

**5. Termination Requirements** By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.