

**Statement of Organization  
Recipient Committee**

RECEIVED  
Date Stamp  
JAN 24 2023  
Office of the  
City Clerk

**CALIFORNIA  
FORM 410**

For Official Use Only

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" 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 1 / 15 / 2023

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE BUBLAK FOR TURLOCK CITY MAYOR 2022				NAME OF TREASURER SHAWNA CASEY			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY TURLOCK		STATE CA	ZIP CODE 95382	AREA CODE/PHONE [REDACTED]	CITY TURLOCK		
FULL MAILING ADDRESS (IF DIFFERENT) SAME				NAME OF ASSISTANT TREASURER, IF ANY NA			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) NA				STREET ADDRESS (NO P.O. BOX) NA			
COUNTY OF DOMICILE STANISLAUS		JURISDICTION WHERE COMMITTEE IS ACTIVE CITY OF TURLOCK		CITY NA			
				NAME OF PRINCIPAL OFFICER(S) AMY BUBLAK			
				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
				CITY TURLOCK			
				STATE CA			
				ZIP CODE 95382			
				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 1/15/2023 By [REDACTED]

Executed on 1/15/2023 By [REDACTED]

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

COMMITTEE NAME BUBLAK FOR TURLOCK CITY MAYOR 2022	I.D. NUMBER 1446567
--	------------------------

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

NAME OF FINANCIAL INSTITUTION F&M BANK	AREA CODE/PHONE 209-664-5400	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 121 S CENTER ST	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		
AMY BUBLAK	MAYOR	2022	Nonpartisan <input checked="" type="checkbox"/>	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

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

BUBLAK FOR TURLOCK CITY MAYOR 2022

I.D. NUMBER

1446567

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

MAYORAL CAMPAIGN

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, 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.