Statement of Organization Recipient Committee	Date Stamp	CALIFORNIA 410
Statement Type   Initial	RECEIVED	For Official Use Only
Not yet qualified or	AUG 2 8 2018	
O Date qualified as committee Date of termination	Office of the	
1. Committee Information   I.D. Number   2. Treasures   2. Treasur	r and Other Principal Officers	
Rame of committee  Boulos for Twock (ity Cource)  STREET ADDRESS (NO F	us Buzy	95387
STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE AREA CODE/PHONE
CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TO	REASURER, IF ANY	
MAILING ADDRESS (IF DIFFERENT)  STREET ADDRESS (NO I	P.O. BOX)	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)	STATE	ZIP CODE AREA CODE/PHONE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE NAME OF PRINCIPAL O	OFFICER(S)	
Staris ausa Twock STREET ADDRESS (NO.	P.O. BOX)	
Attach additional information on appropriately labeled continuation sheets.	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 ir penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on DATE  Executed on DATE  DATE  By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE,	NT TREASURER	nd complete. I certify under
Executed onBy		<u>.</u>
Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE,		FPPC Form 410 (February/2018

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FPPC Form 410 (February/2016)

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

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Statement of Organization Recipient Committee				FORM 410
NSTRUCTIONS ON REVERSE				Page 2
Boulds for Twick City Com	41			I.D. NUMBER
All committees must list the financial institution where the campa	ign bank account is located.			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT N	IUMBER	
F+M bank	209-571-4000			
ADDRESS	CITY	STATE	ZIP CODE	
1521 Newperter Rd., G1	Modesto	CA	4535	
. Type of Committee Complete the applicable sections.				
Controlled Committee	<del></del>			
List the political party with which each officeholder or candid  If this committee acts jointly with another controlled commit  NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		mber of the other c	ontrolled committe	ė.
MANUE OF CANDIDATE/OFFICEROLOGY STATE INCASORE FROM ONCE	(INCLODE DISTRICT NOMBER IT AL		Nonpartisa	
Jon Boulos	City Council , Distance	+1 12	DI ( )	
			Nonpartisa	an Partisan (list political party below)
Primarily Formed Committee Primarily formed to support	or oppose specific candidates or measu	res in a single elect	ion. List below:	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. O	R LETTER) CANDIDATE(S) C	FFICE SOUGHT OR HELD	OR MEASURE(S) JURISDIC	
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NA	ME. (INCLUDE	DISTRICT NO., CITY OR C	OUNTY, AS APPLICABLE)	CHECK ONE SUPPORT OPPOSE
				SUPPORT OPPOSE
				FPPC Form 410 (February/20
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