

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp
RECEIVED
AUG 11 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 Robert Puffer for Member, City Council - District 4				2020				NAME OF TREASURER Michael Puffer					
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		NAME OF ASSISTANT TREASURER, IF ANY					
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY		STATE		AREA CODE/PHONE	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				NAME OF PRINCIPAL OFFICER(S) Robert Puffer				CITY		STATE		AREA CODE/PHONE	
COUNTY OF DOMICILE Stanislaus		JURISDICTION WHERE COMMITTEE IS ACTIVE Turlock, CA		STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY		STATE		AREA CODE/PHONE	
Attach additional information on appropriately labeled continuation sheets.				Turlock		CA		95380		[REDACTED]			

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 8/11/20 By Robert Puffer
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8.11.20 By Michael Puffer
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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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

COMMITTEE NAME Robert Puffer for Member City Council - District 4	Page 2
	I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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		
Robert Puffer	Member City Council - District 4	2020	Nonpartisan	Partisan	(list political party below)
			<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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