

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

Amendment

List I.D. number:

# 1369756

09 / 03 / 2014  
Date qualified as committee  
(If applicable)

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

RECEIVED

Date Stamp

SEP 24 2014

CITY OF TURLOCK  
CITY CLERK

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

SEP 18 2014

CALIFORNIA FORM 410

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Donald Babadalir For Council 2014

STREET ADDRESS (NO P.O. BOX)

2340 Black Oak St.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Turlock

CA

95382

(209)202-5526

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

DonaldBabadalir@gmail.com

COUNTY OF DOMICILE

Stanislaus

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Turlock

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Donald Babadalir

STREET ADDRESS (NO P.O. BOX)

2340 Black Oak St.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Turlock

CA

95382

(209)202-5526

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Donald Babadalir

STREET ADDRESS (NO P.O. BOX)

2340 Black Oak St.

CITY

STATE

ZIP CODE

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95382

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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 09/12/2014  
DATE

By

*Donald Babadalir*  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/12/2014  
DATE

By

*Donald Babadalir*  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

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

Executed on \_\_\_\_\_  
DATE

By

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

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
Donald Babadalir For Council 2014

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

NAME OF FINANCIAL INSTITUTION BBVA COMPASS	AREA CODE/PHONE (209)235-0753	BANK ACCOUNT NUMBER 6723550678
ADDRESS 202 N. Hunter St.	CITY Stockton	STATE ZIP CODE CA 95202

**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."
- 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
Donald Babadalir	Member, City Council	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>