

Statement of Organization
Recipient Committee

Statement Type

Initial
 Not yet qualified
or
 Date qualification threshold met

Amendment
Date qualification threshold met

Termination - See Part 5
Date of termination

01/17 / 2025 /

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
JAN 29 2025

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information I.D. Number 1472035
(if applicable)

NAME OF COMMITTEE
Milt Trieweller for Turlock City Council District 22024

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Turlock CA 95380 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
Turlock, CA 95380

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Stanislaus

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Rosa Esquer

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
[REDACTED] Turlock CA 95380

E-MAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Robert Puffer

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
[REDACTED] Turlock CA 95380

E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)
[REDACTED]

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
[REDACTED]

E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE
[REDACTED]

3. Verification

I have used all reasonable diligence in preparing this statement and I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

Executed on 1/29/25 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on Jan 27, 2025 By [REDACTED]
DATE SIGNATURE OF ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Milt Trieweller for Turlock City Council District 2-2024	I.D. NUMBER 1472035
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All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Oak Valley Bank	AREA CODE/PHONE 866-844-7500	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION 241 West Main Street	CITY Turlock	STATE CA	ZIP CODE 95380

4. Type of Committee Complete the applicable section.

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		
Milt Trieweller	Turlock City Council District 2-2024	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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