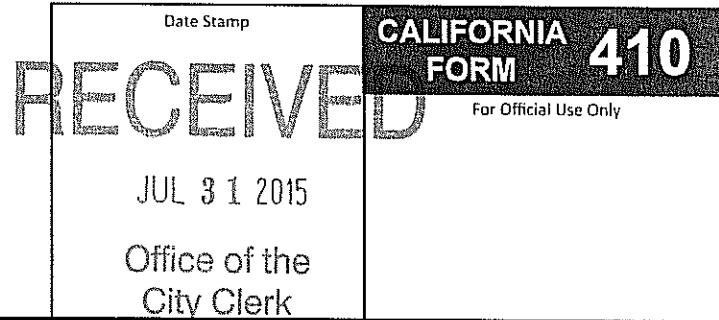


**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # 1367469
 _____/_____/_____ # _____ Date qualified as committee (If applicable) _____/_____/_____ Date of Termination 06/30/2015



1. Committee Information

NAME OF COMMITTEE
Mike Brem for Mayor 2014
 STREET ADDRESS (NO P.O. BOX)
2200 Nordic Way
 CITY STATE ZIP CODE AREA CODE/PHONE
Turlock CA 95380 (209)604-4061
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS
mmbrem1@gmail.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Stanislaus Turlock

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Gary Wahl
 STREET ADDRESS (NO P.O. BOX)
401 East Main St.
 CITY STATE ZIP CODE AREA CODE/PHONE
Turlock CA 95380 (209)669-0880
 NAME OF ASSISTANT TREASURER, IF ANY

 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME OF PRINCIPAL OFFICER(S)

 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

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 7-30-15 By Gary Wahl SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 7-30-15 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT