

**Supplemental Independent Expenditure Report**

Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.  
Amounts may be rounded to whole dollars.

Report covers period  
from 1-1-16  
through 6-30-16  
Date of election if applicable:  
(Month, Day, Year)  
11-8-16

Date Stamp  
**RECEIVED**  
AUG - 1 2016  
Office of the City Clerk

CALIFORNIA FORM 465  
Page 1 of 2  
For Official Use Only

Amendment (Explain Below)

**Committee/Filer Information**  
I.D. NUMBER (if recipient committee)  
1271215  
COMMITTEE/FILER'S NAME  
Turlock Firefighters PAC  
STREET ADDRESS (NO P.O. BOX)  
9805 Oak Knoll Ave.  
CITY STATE ZIP CODE AREA CODE/PHONE  
Oakdale CA 95361 209-275-0436  
OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer (if recipient committee)**  
NAME OF TREASURER  
Andrew Quimby  
MAILING ADDRESS  
9805 Oak Knoll Ave.  
CITY STATE ZIP CODE AREA CODE/PHONE  
Oakdale CA 95361 209-275-0436  
OPTIONAL: FAX / E-MAIL ADDRESS

**Name of Candidate or Measure Supported or Opposed**  
NAME OF CANDIDATE: Heath Flora  
OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE: State Assembly  
NAME OF BALLOT MEASURE: \_\_\_\_\_  
BALLOT NO./LETTER: \_\_\_\_\_ JURISDICTION: \_\_\_\_\_  
CHECK ONE: SUPPORT  OPPOSE

**Independent Expenditures Made** Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
5/16	Heath Flora for Assembly 152 S. Highland Ave. Ripon, CA 95366	Monetary Contribution	1000.00	1000.00

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Type or print in ink.  
Amounts may be rounded to whole dollars.

Report covers period		CALIFORNIA FORM <b>465</b>
from	1-1-16	
through	6-30-16	Page <u>2</u> of <u>2</u>
NAME OF FILER Turlock Firefighters PAC		I.D. NUMBER (If recipient com.) 1271215

SEE INSTRUCTIONS ON REVERSE

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	1000.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL</b>	\$ 1000.00

## 5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER  
Andrew Quimby

ADDRESS (NO. AND STREET)  
9805 Oak Knoll Ave.

CITY STATE ZIP CODE  
Oakdale CA 95361

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

## 6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing 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 7-1-16  
DATE

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

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

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

By   
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

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

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