

496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Turlock Firefighters PAC		I.D. NUMBER (if applicable) 1271215		Date of This Filing 11-1-10		RECEIVED Date Stamp NOV 1 0 2010 TURLOCK CITY CLERK		CALIFORNIA FORM 496 For Official Use Only	
AREA CODE/PHONE NUMBER (209)-275-0436		STREET ADDRESS 4227 Ivory Ln		STATE CA		ZIP CODE 95382		Date of Amendment to Report No. (explain below) No. of Pages 1	
CITY Turlock		CITY Turlock		STATE CA		ZIP CODE 95382		No. of Pages 1	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED	DISTRICT NO.	SUPPORT	OPPOSE	NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
William DeHart		<input checked="" type="checkbox"/>						
City Council								

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10-29-10	Modesto Bee Add Note	798.59
10-21-10	City Reach Inc.	1250.00

Reason for Amendment: _____

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CITY Turlock		STATE CA	ZIP CODE 95382	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
1. List Only One Candidate or Ballot Measure		NAME OF CANDIDATE SUPPORTED OR OPPOSED William DeHart		No. of Pages 1	
OFFICE SOUGHT OR HELD City Council		DISTRICT NO.	SUPPORT <input checked="" type="checkbox"/>	OPPOSE	NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED
					BALLOT NO./LETTER
					JURISDICTION
					SUPPORT
					OPPOSE

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10-29-10	Modesto Bee Add Note	798.59
10-21-10	City Reach Inc.	1250.00

Reason for Amendment: _____

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Turlock Firefighters PAC		I.D. NUMBER (if applicable) _____	
AREA CODE/PHONE NUMBER (209)-275-0436		I.D. NUMBER (if applicable) 1211215	
STREET ADDRESS 4227 Ivory Ln			
CITY Turlock		STATE CA	ZIP CODE 95382
Date of This Filing 11-1-10		Report No. _____	
<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages 1	
Date Stamp RECEIVED NOV 10 2010 TURLOCK CITY CLERK		CALIFORNIA FORM 497 For Official Use Only	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10-18-10	Friends of Bill DeHart St. George Pl. Turlock, CA 95382 FPPC#: 1331340	William DeHart for Turlock City Council	1000.00	11-2-10
10-28-10	Friends of Bill DeHart St. George Pl. Turlock, CA 95382 FPPC#: 1331340	William DeHart for Turlock City Council	600.00	11-2-10

Reason for Amendment: _____

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CITY Turlock		STATE CA		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
		ZIP CODE 95382		No. of Pages 1			

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10-28-10	Friends of Bill DeHart St. George Pl. Turlock, CA 95382 FPPC#: 1331340	William DeHart for Turlock City Council	600.00	11-2-10

Reason for Amendment: _____