

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED

Date Stamp

OCT 23 2014

Office of the  
City Clerk

CALIFORNIA  
2001/02  
FORM **460**

Page 1 of 8

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 10/01/14  
through 10/18/14

Date of election if applicable:  
(Month, Day, Year)  
11/04/14

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall  
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored  
(Also Complete Part 6)
- Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection  
Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1365658

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Gary Soiseth for Mayor 2014

STREET ADDRESS (NO P.O. BOX)

775 Alpha Road

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Turlock</u>	<u>CA</u>	<u>95380</u>	<u>209-678-3545</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

PO Box 706

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Turlock</u>	<u>CA</u>	<u>95381</u>	<u>209-678-3545</u>

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Michael J. Hicks

MAILING ADDRESS

865 Geer Road

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Turlock</u>	<u>CA</u>	<u>95380</u>	<u>209-668-4857</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 Oct 23 2014  
Date

Executed on OCT 23, 2014  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Michael Hicks  
Signature of 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

Type or print in ink.

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

CALIFORNIA FORM		<b>460</b>
Page	2	of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Gary Solseth

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Mayor, City of Turlock

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
775 Alpha Road, Turlock, CA 95380

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

  

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from 10/01/14 through 10/18/14	<b>CALIFORNIA FORM 460</b>
Page 3 of 8	I.D. NUMBER 1365658

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gary Soiseth for Mayor 2014

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 3,219	\$ 48,829
2. Loans Received ..... Schedule B, Line 3	\$ 0	\$ 5,000
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 3,219	\$ 53,829
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ 0	\$ 1,650
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 3,219	\$ 55,479

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ 10,483	\$ 46,073
7. Loans Made ..... Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 10,483	\$ 46,073
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ 3,914	\$ 6,416
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ 0	\$ 1,650
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 14,397	\$ 54,139

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 15,020
13. Cash Receipts ..... Column A, Line 3 above	\$ 3,219
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ 0
15. Cash Payments ..... Column A, Line 8 above	\$ 10,483
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 7,756

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ 0
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 11,416

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/01/14</u>	<b>CALIFORNIA FORM 460</b>
through <u>10/18/14</u>	
Page <u>4</u> of <u>8</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Gary Soiseth for Mayor 2014</b>	I.D. NUMBER <b>1365658</b>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/01/14	John Chapman 60 Riverside Blvd, Apt 1512 New York, NY 10069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	100	100	
10/16/14	Torre Reich Construction 219 North Broadway Turlock, CA 95380	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000	1,000	
10/05/14	Ronald Cripe 700 Sherri Way Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instructor Modesto Junior College	100	100	
10/11/14	Tom Soiseth 640 La Siesta Turlock, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Tom Soiseth Tile and Stone	250	250	
10/16/14	Mark Ahlem 2550 Mooneyham Court Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Hilmar Oaks LLC	1,500	1,500	

**SUBTOTAL \$ 2,950**

**Schedule A Summary**

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$ <u>2,950</u>
2. Amount received this period – unitemized contributions of less than \$100 .....	\$ <u>269</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ <u>3,219</u></b>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule B – Part 1  
Loans Received**

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

Statement covers period  
from 10/01/14  
through 10/18/14

**CALIFORNIA FORM 460**

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gary Soiseth for Mayor 2014

I.D. NUMBER

1365658

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Gary Soiseth 775 Alpha Road Turlock, CA 95380  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Water and Energy Advisor Modesto Irrigation District	\$ <u>5,000</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>5,000</u>  DATE DUE _____	<u>N/A</u> % RATE \$ _____	\$ <u>5,000</u>  <u>04/14/14</u> DATE INCURRED	CALENDAR YEAR \$ <u>5,000</u> PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE _____	_____% RATE \$ _____	\$ _____  DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE _____	_____% RATE \$ _____	\$ _____  DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>		<b>0 \$</b>	<b>0 \$</b>	<b>0 \$</b>	<b>5,000 \$</b>			

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 0  
(May be a negative number)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
  
\*\* If required.

† Contributor Codes  
IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

Statement covers period from <u>10/01/14</u> through <u>10/18/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gary Soiseth for Mayor 2014

I.D. NUMBER

1365658

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express PO Box 36001 Fort Lauderdale, FL 33336			1,291
ABS Direct, Inc. 4724 Enterprise Ave Modesto, CA 95356	LIT		583
ABS Direct, Inc. 4724 Enterprise Ave Modesto, CA 95356	LIT		327

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 2,201**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	10,254
2. Unitemized payments made this period of under \$100	\$	229
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	<b>10,483</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/14	
through	10/18/14	Page <u>7</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
Gary Soiseth for Mayor 2014		1365658

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gary Soiseth for Mayor 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ABS Direct, Inc. 4724 Enterprise Ave Modesto, CA 95356	LIT			5,129
ABS Direct, Inc. 4724 Enterprise Ave Modesto, CA 95356	LIT			627
TurlockCityNews.com PO Box 3867 Turlock, CA 95381	WEB			2,100
Stanislaus County Registrar of Voters 1021 I Street, Ste 101 Modesto, CA 95354	LIT			197

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 8,053**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from <u>10/01/14</u> through <u>10/18/14</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER  Gary Soiseth for Mayor 2014		I.D. NUMBER 1365658

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
American Express PO Box 36001 Fort Lauderdale, FL 33336		1,291	0	1,291	0
Hilmar Cheese 8901 North Lander Avenue Hilmar, CA 95324	FND	1,211	5,205	0	6,416

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	<b>SUBTOTALS \$</b>	2,502 \$	5,205 \$	1,291 \$	6,416
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**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	<b>INCURRED TOTALS \$</b>	5,205
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	<b>PAID TOTALS \$</b>	1,291
3. Net change this period. ( <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>NET \$</b>	3,914

May be a negative number