Recipient Committee Campaign Statement Cover Page			Date Stamp		LIFORNIA FORM
	Statement covers period from10-23-16	Date of election if applicable: (Month, Day, Year)	• JAN - 6 (.)		For Official Use Only
EE INSTRUCTIONS ON REVERSE	through12-31-16	11-08-16	Office of the City Clerk		
. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:			
 ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ○ Candidate Election Committee ○ Candidate Election Committee<!--</td--><td>imarily Formed Ballot Measure mmittee Controlled Sponsored Complete Part 6) imarily Formed Candidate/ ficeholder Committee</td><td> Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b) </td><td>it</td><td></td><td></td>	imarily Formed Ballot Measure mmittee Controlled Sponsored Complete Part 6) imarily Formed Candidate/ ficeholder Committee	 Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b) 	it		
	o Complete Part 7)				
O Political Party/Central Committee (As		Treasurer(s)			
O Sinal Committee O Political Party/Central Committee As Committee Information I.D. COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	o Complete Parl 7) NUMBER 13フィンムンろ	NAME OF TREASURER			
O Political Party/Central Committee (As	o Complete Parl 7) NUMBER 13フィンムンろ	· ·			
O Sinal Committee O Political Party/Central Committee As Committee Information I.D. COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	o Complete Parl 7) NUMBER 13フィンムンろ	NAME OF TREASURER Nimrod Khamo MAILING ADDRESS	STATE	ZIP CODE	AREA CODE/PHON
O Strial Contributor Committee O Political Party/Central Committee O Political Party/Central Committee I.D. COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Turlock Associated Police Officers Political Action STREET ADDRESS (NO P.O. BOX)	n Committee	NAME OF TREASURER Nimrod Khamo Mailing address City Turlock	•	ZIP CODE 95380	AREA CODE/PHON
O Sinal Contributor Committee O Political Party/Central Committee O Political Party/Central Committee I.D. COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Turlock Associated Police Officers Political Action STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COD	NUMBER 1372623 n Committee E AREA CODE/PHONE	NAME OF TREASURER Nimrod Khamo MAILING ADDRESS	•		AREA CODE/PHON
O Strial Contributor Committee O Political Party/Central Committee O Political Party/Central Committee I.D. COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Turlock Associated Police Officers Political Action STREET ADDRESS (NO P.O. BOX)	NUMBER 1372623 n Committee E AREA CODE/PHONE	NAME OF TREASURER Nimrod Khamo Mailing address City Turlock	•		AREA CODE/PHON
O Sinal Committee O Political Party/Central Committee O Political Party/Central Committee I.D. COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Turlock Associated Police Officers Political Action STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COD Turlock CA 95380	o Complete Parl 7) NUMBER 13つこらころ Committee E AREA CODE/PHONE	NAME OF TREASURER Nimrod Khamo Mailing address City Turlock NAME OF ASSISTANT TREASURE	•		AREA CODE/PHON

Executed on	01-05-17	By	
Executed on	Date <u>8 (- 05- 17</u> Date	By	
Executed on	Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	EPPC Form

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Campaign Disclosure Statement	Amounts may be round	ed		SUMMARY PAGE
Summary Page	to whole dollars.	Stat	ement covers period 10-23-16	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	12-31-16	Page of
NAME OF FILER Turlock Associated Police Officers Political Action Committee				1.D. NUMBER
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates ne State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	\$	1/1 20. Contributions Received \$ 21. Expenditures Made \$	through 6/30 7/1 to Date
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		\$ <u>3810.68</u> 	Candidates 22. Cumulat	Summary for State ive Expenditures Made* o Voluntary Expenditure Limit)
 9. Accrued Expenses (Unpaid Bills)		\$3810.68	Date of Election (mm/dd/yy)	Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$6088.60 	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	*Amounts in this section reported in Column B.	\$may be different from amounts
If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts	\$	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		
18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above		any).	FPPC Advice: adv	FPPC Form 460 (Jan/2016) vice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may b to whole do		Statement covers from <u>10-23</u> - through <u>12-3</u> -	-16	SCHEDULE D CALIFORNIA 460 FORM 460 Page 3 of 4 I.D. NUMBER 1372623	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDA (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
10-27-16	Amy Bublak for City Council District 4	Monetary Contribution	mailer in support of canidate	1985.00	19	985.00	
10-27-16	Arny Bublak for City Council District 4	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	Turlock Journal Ad in support of Bublak shared with Turlock Fire PAC	765.68	7	765.68	
	Support Dppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 					
			SUBTOTAL	\$ 2810.68			

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$	2750.68
2. Unitemized contributions and independent expenditures made this period of under \$100	\$	60.
	TOTAL	2810.68

Schedule E Payments Made	Amounts may b to whole do			Statement covers period from10-23-16 through12-31-16	CALIFORNIA 460 FORM 460 Page 4 of 4 I.D. NUMBER 1372623
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearances ses lating s urvey researct	n senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a	uction costs 5 meals and meals 5 of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Vote Swing 915 14th St Modesto		lit	mailer in suppor	rt of bublak	1985.00
Turlock City Fire PAC			50% of ad share	ed with fire for Turlock Journal A	d in

PRT

support of Bublak

Schedule	Ε	Summary
ocheuule	-	Ourninary

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

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1. Itemized payments made this period. (Include all Schedule E subtotals.)\$.	2750.68
2. Unitemized payments made this period of under \$100\$	60.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	2810 2.68

SUBTOTAL \$

765.68

2750.68