

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Bublak for Turlock City Mayor			Date of This Filing <u>08/23/18</u>	Date Stamp <div style="text-align: center; border: 1px solid black; padding: 5px;"> RECEIVED AUG 23 2018 City of Turlock Administrative Services </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1403369	Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below)			
STREET ADDRESS			No. of Pages _____		
CITY Turlock	STATE CA	ZIP CODE 95382			

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
08/23/18	Turlock Transfer Company Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alan Marchant Owner	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/23/18	Turlock Scavenger Company Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alan Marchant Owner	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

****Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____