

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp RECEIVED OCT 25 2018 Office of the City Clerk	CALIFORNIA FORM 460
	Page <u>1</u> of <u>5</u> For Official Use Only

Statement covers period from <u>9-25-18</u> <u>03-01-18</u> through <u>10-20-18</u>	Date of election if applicable: (Month, Day, Year) <u>11-06-18</u>
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall
<small>(Also Complete Part 5)</small> | <input type="radio"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
| <input checked="" type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1372623

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

TURLOCK ASSOCIATED POLICE OFFICERS P.A.C.

STREET ADDRESS (NO P.O. BOX)

TURLOCK CA 95380
CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

NIM KUAMO

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

TURLOCK CA 95380

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 10-25-18
Date

Executed on 10-25-18
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
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

Print Form

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>9-23-18</u> through <u>10-20-18</u>	CALIFORNIA FORM 460
	Page <u>2</u> of <u>5</u>
	I.D. NUMBER <u>1372623</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TURLOCK ASSOCIATED POLICE OFFICERS P.A.C

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>2500.00</u>	\$ <u>2500.00</u>
2. Loans Received..... Schedule B, Line 3	<u>-</u>	<u>-</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>2500.00</u>	\$ <u>2500.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	<u>-</u>	<u>-</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>2500.00</u>	\$ <u>2500.00</u>

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	\$ <u>5000.00</u>	\$ <u>5000.00</u>
7. Loans Made..... Schedule H, Line 3	<u>-</u>	<u>-</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>5000.00</u>	\$ <u>5000.00</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>-</u>	<u>-</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	<u>-</u>	<u>-</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>5000.00</u>	\$ <u>5000.00</u>

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	\$ <u>3227.92</u>
13. Cash Receipts..... Column A, Line 3 above	<u>2500.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>-</u>
15. Cash Payments..... Column A, Line 8 above	<u>5000.00</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>727.92</u>

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>-</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <u>-</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>-</u>

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).

*Amounts in this section may be different from amounts reported in Column B.

Print Form

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from ~~09-23-15~~ ⁰⁹⁻²³⁻¹⁵ ~~11-15~~
through ^M 10-10-18

CALIFORNIA FORM 460

Page 2 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1372623

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)
10/11/18	TURLOCK ASSOCIATED POLICE OFFICERS ASSOCIATION TURLOCK, CA 95280	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2500.00	\$2500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2500.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ —
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2500.00

*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

Print Form

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>09-23-18 M</u> July 1, 2018	CALIFORNIA FORM 460
through <u>OCT 20, 2018</u>	
Page <u>4</u> of <u>5</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1372623

TULOCK ASSOCIATED POLICE OFFICER'S PAC

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/18	Amy BUBLAK FOR MAYOR 2018	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	\$4000.00 MONETARY CONTRIBUTION	\$4000.00	\$4000.00	\$4000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
01/2/18	AUTUMN SALAZAR FOR TULOCK CITY COUNSEL DISTRICT 1. 2018	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	\$1000.00 MONETARY CONTRIBUTION	\$1000.00	\$1000.00	\$1000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 5000.00
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ -
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... TOTAL.. \$ 5000.00

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>09-23-18</u> July 2018	CALIFORNIA FORM 460
through <u>Oct 20, 2018</u>	
Page <u>5</u> of <u>5</u>	
I.D. NUMBER <u>1372623</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Turlock ASSOCIATED POLICE OFFICERS P.A.C

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
<u>Amy BUBLAK FOR Turlock Mayor 2018</u>		<u>MONETARY CONTRIBUTION TO CANDIDATE'S CAMPAIGN</u>	<u>\$4000.00</u>
<u>AUTUMN SALAZAR FOR Turlock City Council DIST 1 2018</u>		<u>MONETARY CONTRIBUTION TO CANDIDATE'S CAMPAIGN</u>	<u>\$1000.00</u>

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

SUBTOTAL \$

Schedule E Summary

- | | |
|--|--------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u>5000.00</u> |
| 2. Unitemized payments made this period of under \$100. | \$ <u>-</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ <u>-</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>5000.00</u> |