

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

**Amendment** (Explain Below)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2022</u> through <u>10/11/2022</u>	Date Stamp <b>RECEIVED</b> <b>NOV 02 2022</b> Office of the City Clerk	<b>CALIFORNIA FORM 465</b>
Date of election if applicable: (Month, Day, Year) <u>11/08/2022</u>	Page <u>1</u> of <u>2</u>	For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
1372623

COMMITTEE/FILER'S NAME

TURLOCK ASSOCIATED POLICE OFFICERS POLITICAL ACTIONS COMMITTEE

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

TURLOCK CA 95380 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

BCONRAD@TURLOCK.CA.US

## Treasurer (If recipient committee)

NAME OF TREASURER

BRETT CONRAD

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

TURLOCK CA 95380 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

BCONRAD@TURLOCK.CA.US

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

KELLY HIGGINS

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

CITY COUNCIL, CITY OF TURLOCK

SUPPORT OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT OPPOSE

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

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/11/2022	KELLY HIGGINS [REDACTED] TURLOCK CA 95382	SIGNS, DOOR HANGERS, VOTER GUIDE	\$1000	\$1000

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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2022</u> through <u>10/11/2022</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>2</u> of <u>2</u>
	I.D. NUMBER (If recipient com.) <u>1372623</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
TURLOCK ASSOCIATED POLICE OFFICERS POLITICAL ACTIONS COMMITTEE

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	<u>1000</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	<u>0</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL</b> \$	<u>1000</u>

## 5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER  
Julie Christel, CITY CLERK

ADDRESS (NO. AND STREET)  
[REDACTED]

CITY STATE ZIP CODE  
TURLOCK CA 95380

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

## 6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 11/01/2022  
DATE

By [REDACTED]  
TANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT