

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

**CALIFORNIA  
FORM 460**

**RECEIVED**

0091 2-6-2006

TURLOCK  
CITY CLERK

Page \_\_\_\_\_ of \_\_\_\_\_

For Official Use Only

Date of election if applicable:  
(Month, Day, Year)

11/7/06

Statement covers period

from 10/1/06

through 10/21/06

SEE INSTRUCTIONS ON REVERSE

**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 (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Small Contributor Committee
- Political Party/Central Committee

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

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

Amy Bublak for Turlock  
City Council

STREET ADDRESS (NO P.O. BOX)

1072 Moonbeam Way

CITY

Turlock

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

1072 Moonbeam Way

CITY

Turlock

MAILING ADDRESS

1072 Moonbeam Way

CITY

Turlock

MAILING ADDRESS

1072 Moonbeam Way

CITY

Turlock

MAILING ADDRESS

1072 Moonbeam Way

CITY

Turlock

MAILING ADDRESS

1072 Moonbeam Way

CITY

Turlock

**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 10/26/06

Date

Executed on 10/26/06

Date

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

Date

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

Date

By

*Milton Richards*  
Signature of Treasurer or Assistant Treasurer

By

Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA  
FORM **460**

Page \_\_\_\_\_ of \_\_\_\_\_

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Amy Bublak

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Turlock City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1072 Moonbeam Way Turlock, CA 95382

**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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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

## 7. Primarily Formed Candidate/Officeholder 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 10/1/06  
through 10/21/06

Page      of       
I.D. NUMBER     

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER     

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions .....	Schedule A, Line 3 \$ 1,624.00	\$ 11,068.00
2. Loans Received .....	Schedule B, Line 3 0	1,100.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 1,624.00	\$ 12,168.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 2,563.98	2,563.98
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 4,187.98	\$ 14,731.98

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Expenditures Made</b>		
6. Payments Made .....	Schedule E, Line 4 \$ 9,289.68	\$ 11,584.68
7. Loans Made .....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 9,289.68	\$ 11,584.68
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 0	975.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 9,289.68	\$ 12,559.68

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Current Cash Statement</b>		
12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 7,274.00	
13. Cash Receipts .....	Column A, Line 3 above 1,624.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 0	
15. Cash Payments .....	Column A, Line 8 above 9,289.68	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 (391.68)	

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$ 0
<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents .....	See instructions on reverse \$ 0
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ 0

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

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

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Total to Date
(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	/ /
	\$

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

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).

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

**CALIFORNIA 460  
FORM**

Statement covers period

from 10/1/06

through 10/21/06

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Page \_\_\_\_\_ of \_\_\_\_\_

I.D. NUMBER

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)
10/20/06	Dr. Hamid Shirvani 2212 N. Quincy Road Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, California State University Stanislaus	\$400.00	\$400.00	
10/9/06	Culbertson Jordan, CPAs 819 17th Street Modesto, CA 95354	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business	\$200.00	\$200.00	
10/8/06	R.T. Anderson Trustee PO Box 675 Denair, CA 95316	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business	\$500.00	\$500.00	
10/9/06	Warda & Yonano, LLP 2350 W. Monte Vista Ave. Turlock, CA 95382	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business	\$250.00	\$250.00	
				<b>SUBTOTAL \$</b>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,350.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 274.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1,624.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period

from 10/1/06

through 10/21/06

**CALIFORNIA**  
**FORM**

**460**

Page \_\_\_\_\_ of \_\_\_\_\_

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/06	Monte Vista Crossings, LLC 1855 Olympic Boulevard, Suite 250 Walnut Creek, CA 94596	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Signs at Monte Vista Crossings, and Billboard on Highway 99	\$2,563.98	\$2,563.98	
		<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					
<b>SUBTOTAL \$</b>							

Attach additional information on appropriately labeled continuation sheets.

## Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 2,563.98
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$ 2,563.98**

\*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

# Schedule E Payments Made

Type or print in ink.  
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Statement covers period  
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through 10/21/06

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER \_\_\_\_\_

**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
Valley Values PO Box 1031 Merced, CA 95341	LIT		Advertisement in Valley Values flyer	\$1,698.50
Martino Graphic Design, Inc 1300 10th Street, Suite F Modesto, CA 95354	LIT		Mailer	\$7,291.22
Sodexho, Inc. & Affiliates 801 W. Monte Vista Avenue Turlock, CA 95382	CMP		Fundraiser dinner	\$299.96

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

**SUBTOTAL \$ 9,289.68**

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 9,289.68
- Unitemized payments made this period of under \$100 ..... \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 9,289.68**