

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.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment (Explain Below)

| | | |
|--|---|--------------------------------------|
| Report covers period from 10-1-14 through 10-18-14 | Date Stamp RECEIVED OCT 23 2014 Office of the City Clerk | CALIFORNIA FORM 465 |
| Date of election if applicable: (Month, Day, Year) 11-4-14 | | Page 1 of 2 For Official Use Only |

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1271215

COMMITTEE/FILER'S NAME

Turlock Firefighters PAC

STREET ADDRESS (NO P.O. BOX)

PO Box 3775

CITY STATE ZIP CODE AREA CODE/PHONE

Turlock CA 95381

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Andrew Quimby

MAILING ADDRESS

9805 Oak Knoll Ave

CITY STATE ZIP CODE AREA CODE/PHONE

Oakdale CA 95361 209-275-0436

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

| | | | |
|----------------------------------|---|--------------|---------|
| NAME OF CANDIDATE Bill DeHart | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Turlock City Council | SUPPORT | OPPOSE |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER | JURISDICTION | SUPPORT |
| | | | OPPOSE |

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

| DATE | NAME AND ADDRESS OF PAYEE | DESCRIPTION OF EXPENDITURE | AMOUNT | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) |
|----------|--|----------------------------|----------|---|
| 10-17-14 | Bill DeHart for Turlock City Council 4123 St. George Place Turlock, CA 95382 FPPC# 1368207 | Mailers | 3,514.89 | 4,052.34 |
| | | | | |
| | | | | |

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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

| | | |
|--------------------------|----------|---------------------------------|
| Report covers period | | CALIFORNIA FORM 465 |
| from | 10-1-14 | |
| through | 10-18-14 | Page <u>2</u> of <u>2</u> |
| NAME OF FILER | | I.D. NUMBER (If recipient com.) |
| Turlock Firefighters PAC | | 1271215 |

SEE INSTRUCTIONS ON REVERSE

4. Summary

| | | |
|---|-----------------|-----------------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.) | \$ | 3,514.89 |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) | \$ | 0 |
| 3. Total independent expenditures made this period (Add Lines 1 + 2.) | TOTAL \$ | 3,514.89 |

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 <u>Andrew Quimby</u> | 3) NAME OF FILING OFFICER _____ |
| ADDRESS (NO. AND STREET) <u>9805 Oak Knoll Ave.</u> | ADDRESS (NO. AND STREET) _____ |
| CITY STATE ZIP CODE <u>Oakdale CA 95361</u> | CITY STATE ZIP CODE _____ |
| 2) NAME OF FILING OFFICER _____ | 4) NAME OF FILING OFFICER _____ |
| ADDRESS (NO. AND STREET) _____ | ADDRESS (NO. AND STREET) _____ |
| CITY STATE ZIP CODE _____ | 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 10-19-14
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By _____
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