

**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

Report covers period from <u>01.01.14</u> through <u>10.18.14</u> Date of election if applicable: (Month, Day, Year) <u>11.04.14</u>	<b>RECEIVED</b> OCT 23 2014 Office of the City Clerk	<b>CALIFORNIA FORM 465</b> Page <u>1</u> of <u>2</u> For Official Use Only
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**1. Committee/Filer Information**

I.D. NUMBER (If recipient committee)  
1372623

COMMITTEE/FILER'S NAME

TURLOCK ASSOCIATED POLICE OFFICERS  
POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)

244 N. BROADWAY

CITY STATE ZIP CODE AREA CODE/PHONE

TURLOCK, CA. 95380 (209) 664-7323

OPTIONAL: FAX / E-MAIL ADDRESS

FEAUBNDR @ GMAIL.COM

**Treasurer (If recipient committee)**

NAME OF TREASURER

BRANDON BERTRAM

MAILING ADDRESS

244 N. BROADWAY

CITY STATE ZIP CODE AREA CODE/PHONE

TURLOCK, CA. 95380 (209) 664-7323

OPTIONAL: FAX / E-MAIL ADDRESS

FEAUBNDR @ GMAIL.COM

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

CHECK ONE

NAME OF CANDIDATE

GIARY SOISETH

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

MAYOR, 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)
<u>OCT. 15, 2014</u>	<u>ABS DIRECT 4724 ENTERPRISE WAY MODESTO, CA. 95356 (209) 545-6090</u>	<u>PURCHASED FLEERS ENDORSING 3 CANDIDATES INCLUDING GIARY SOISETH.</u>	<u>\$1,833.<sup>33</sup></u>	<u>\$1,833.<sup>33</sup></u>
<u>OCT. 15, 2014</u>	<u>JASON'S MOBILE DECAL 5700 MEYER DRIVE MODESTO, CA. 95356 (209) 492-0127</u>	<u>PURCHASED SIGNS ENDORSING 3 CANDIDATES INCLUDING GIARY SOISETH.</u>	<u>\$269.<sup>07</sup></u>	<u>\$269.<sup>07</sup></u>

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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	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 ACTION COMMITTEE

## 4. Summary

- 1. Total independent expenditures of \$100 or more made this period. (Part 3.) ..... \$ 2,102.40
- 2. Total independent expenditures under \$100 made this period. (Not itemized.) ..... \$ 0
- 3. Total independent expenditures made this period (Add Lines 1 + 2.) ..... TOTAL \$ 2,102.40

## 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  
KELLIE WEAVER, CITY CLERK

ADDRESS (NO. AND STREET)  
156 S. BROADWAY

CITY STATE ZIP CODE  
TURLOCK, CA. 95380

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) 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 10-23-14  
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