

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> AMY BUBLAK FOR CITY COUNCIL DISTRICT 4 2016		<b>Date of This Filing</b> 10/20/16	<b>Date Stamp</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 209-346-9344	<b>I.D. NUMBER (if applicable)</b> 1350431	<b>Report No.</b> 8	RECEIVED	
<b>STREET ADDRESS</b> 4582 LEGACY WAY		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>	OCT 20 2016 Office of the City Clerk	
<b>CITY</b> TURLOCK	<b>STATE</b> CA	<b>ZIP CODE</b> 95382	<b>No. of Pages</b> 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/17/2016	TURLOCK ASSOCIATED POLICE OFFICERS PAC 244 N BROADWAY TURLOCK CA 95380 ID#1372623	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>\$1,000</b> <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

Reason for Amendment: \_\_\_\_\_

**\*\*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