

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp RECEIVED JUL 30 2018 Office of the City Clerk	CALIFORNIA FORM 460 Date <u>1</u> of <u>4</u> For Official Use Only

Statement covers period from <u>1-1-18</u> through <u>6-30-18</u>	Date of election if applicable: (Month, Day, Year) <u>11-6-18</u>
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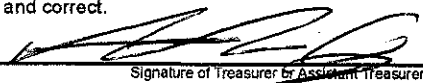
SEE INSTRUCTIONS ON REVERSE

<p>1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.</p> <p> <input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <i>(Also Complete Part 5)</i> </p> <p> <input checked="" type="checkbox"/> General Purpose Committee <input checked="" type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee </p> <p> <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i> </p> <p> <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i> </p>	<p>2. Type of Statement:</p> <p> <input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) <input type="checkbox"/> Amendment (Explain below) </p> <p> <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report </p>
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<p>3. Committee Information</p> <p>I.D. NUMBER <u>1271215</u></p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Turlock Firefighters PAC</u></p> <p>STREET ADDRESS (NO. OR BOX)</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE <u>Oakdale CA 95361</u></p> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE</p> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p>	<p>Treasurer(s)</p> <p>NAME OF TREASURER <u>Andrew Quimby</u></p> <p>MAILING ADDRESS</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE <u>Oakdale CA 95361</u></p> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <p>MAILING ADDRESS</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE</p> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p>
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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 <u>7-1-18</u> Date	By  Signature of Treasurer or Assistant 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

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1-1-18</u> through <u>6-30-18</u>	CALIFORNIA FORM 460
	Page <u>2</u> of <u>4</u>
	I.D. NUMBER 1271215

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Turlock Firefighters PAC

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>2,480</u>	\$ <u>2,480</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>2,480</u>	\$ <u>2,480</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>2,480</u>	\$ <u>2,480</u>

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

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>125.24</u>	\$ <u>125.24</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>125.24</u>	\$ <u>125.24</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>125.24</u>	\$ <u>125.24</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>11,050.37</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	\$ <u>2,480</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$ <u>125.24</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>13,405.13</u>

If this is a termination statement, Line 16 must be zero.

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).

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

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1-1-18</u>		CALIFORNIA FORM 460
through <u>6-30-18</u>		
		Page <u>3</u> of <u>4</u>
NAME OF FILER Turlock Firefighters PAC		I.D. NUMBER 1271215

SEE INSTRUCTIONS ON REVERSE

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)
1-20, 2-20 3-20, 4-20 5-20, 6-20	Turlock Firefighters Local 2434	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighters	2,480	2,480	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	2,480
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$	2,480

*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**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 1-1-18 through 6-30-18	CALIFORNIA FORM 460
	Page 4 of 4
I.D. NUMBER 1271215	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Turlock Firefighters PAC

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
PAK Mail Oakdale, CA 95361	POS	Postage	95.24
Secretary Of State		Annual Fee	20.00
City of Turlock Turlock, CA 95380		Fee	10.00

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

SUBTOTAL \$ 125.24

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	125.24
2. Unitemized payments made this period of under \$100.	\$	0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	125.24