

**497 Contribution Report**

Amounts may be rounded to whole dollars.

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NAME OF FILER <b>BUBLAK FOR TURLOCK CITY MAYOR 2018</b>			Date of This Filing <b>10/12/2018</b>	Date Stamp <b>RECEIVED</b>  <b>OCT 12 2018</b>  Office of the City Clerk	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <b>1403369</b>		Report No. <b>6</b>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>TURLOCK</b>	STATE <b>CA</b>	ZIP CODE <b>95382</b>	No. of Pages <b>1</b>		

**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
10/12/2018	TURLOCK ASSOCIATED POLICE OFFICERS TURLOCK CA 95380	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% Provide interest rate

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

OCT-12-2018 14:12 From: 209-632-2299