

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp <b>RECEIVED</b>  JUL 31 2019  Office of the City Clerk	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>5</u>  For Official Use Only

Statement covers period from <u>1-119</u>  through <u>6-30-19</u>	Date of election if applicable: (Month, Day, Year)  _____
--	--

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

<input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <i>(Also Complete Part 5)</i>	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i>
<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	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i>

**2. Type of Statement:**

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input checked="" type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i>	
<input type="checkbox"/> Amendment (Explain below)	

**3. Committee Information**

I.D. NUMBER: 1271215

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Turlock Firefighters PAC

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY: Oakdale STATE: CA ZIP CODE: 95361 AREA CODE/PHONE: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AREA CODE/PHONE: \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS  
\_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER  
Andrew Quimby

MAILING ADDRESS  
\_\_\_\_\_

CITY: Oakdale STATE: CA ZIP CODE: 95361 AREA CODE/PHONE: \_\_\_\_\_

NAME OF ASSISTANT TREASURER, IF ANY  
\_\_\_\_\_

MAILING ADDRESS  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AREA CODE/PHONE: \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS  
\_\_\_\_\_

**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>7-1-19</u> Date	By <u>[Signature]</u> 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>1-1-19</u> through <u>6-30-19</u>	<b>CALIFORNIA FORM 460</b>
Page <u>2</u> of <u>5</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
Monetary Contributions..... Schedule A, Line 3	\$ 2,820	\$ 2,820
Loans Received..... Schedule B, Line 3	\$ 0	\$ 0
SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 2,820	\$ 2,820
Nonmonetary Contributions..... Schedule C, Line 3	\$ 0	\$ 0
TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 2,820	\$ 2,820

**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
Payments Made..... Schedule E, Line 4	\$ 411.96	\$ 411.96
Loans Made..... Schedule H, Line 3	\$ 0	\$ 0
SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 411.96	\$ 411.96
Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ 0	\$ 0
0. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 0	\$ 0
1. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 411.96	\$ 411.96

**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**

2. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 1816.19
3. Cash Receipts..... Column A, Line 3 above	\$ 2,820
4. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ 0
5. Cash Payments..... Column A, Line 8 above	\$ 411.96
6. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4,224.23

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

7. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
---	------

**Cash Equivalents and Outstanding Debts**

8. Cash Equivalents..... See instructions on reverse	\$ 0
9. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0

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.

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>1-1-19</u> through <u>6-30-19</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Turlock Firefighters PAC

I.D. NUMBER  
1271215

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 FPPC# 1271215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	2,820	2,820	
		<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**

Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$	2,820
Amount received this period – unitemized monetary contributions of less than \$100 .....	\$	0
Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$</b>	2,820

\*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.

Statement covers period from 1-1-19 through 6-30-19	<b>GALIFORNIA FORM 460</b>
	Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Turlock Firefighters PAC

I.D. NUMBER

1271215

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |   |   |
|--|---|---|
| MP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| NS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| TB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| VC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| IL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| ND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| ID independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| IT 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
Costco Wholesale Turlock, CA 95380	MTG	Meeting Expenses	351.76
FedEx Office Turlock, CA 95380	OFC	FPPC Form 460 Copies	9.82
FedEx Office Turlock, CA 95380	POS	Postage	40.69

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

**SUBTOTAL \$ 402.27**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 411.96
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.)	<b>TOTAL \$ 411.96</b>

**Schedule E  
Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>1-1-19</u> through <u>6-30-19</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Turlock Firefighters PAC

I.D. NUMBER  
1271215

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |   |   |
|--|---|---|
| MP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| NS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| TB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| VC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| IL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| ND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| ND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| IT 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
FedEx Office Turlock, CA 95380	POS		Postage	9.69

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

**SUBTOTAL \$ 9.69**