

**Recipient Committee
Campaign Statement
Cover Page**

| | |
|-----------------------------|----------------------------|
| Date Stamp | CALIFORNIA FORM 460 |
| RECEIVED | |
| FEB - 1 2021 | Page <u>1</u> of <u>4</u> |
| Office of the City Clerk | For Official Use Only |

| | |
|--|---|
| Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u> | Date of election if applicable: (Month, Day, Year) <u>11/3/2020</u> |
|--|---|

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="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall <small>(Also Complete Part 5)</small> | <input type="radio"/> Sponsored <small>(Also Complete Part 6)</small> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |
| <input checked="" type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement: City Clerk

- | | |
|---|--|
| <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 <small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1372623

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
TURLOCK ASSOCIATED POLICE OFFICERS
POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
TURLOCK CA 95380 [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
TURLOCK CA 95380 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
NAYELI CARMONA DE LEON

MAILING ADDRESS
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
TURLOCK CA 95380

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

MAILING ADDRESS
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 2-1-21
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By [Signature] *Print Name
Signature of 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

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>10/18/2020</u> | CALIFORNIA FORM 460 |
| through <u>12/31/2020</u> | |
| Page <u>2</u> of <u>4</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TURLON ASSOCIATED POLICE OFFICERS POLITICAL ACTION COMMITTEE

I.D. NUMBER

1872623

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ <u>0</u> | \$ <u>\$40,000</u> |
| 2. Loans Received..... Schedule B, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ <u>0</u> | \$ <u>\$40,000</u> |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>0</u> | \$ <u>\$40,000</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..... Schedule E, Line 4 | \$ <u>\$5,100</u> | \$ <u>\$30,925</u> |
| 7. Loans Made..... Schedule H, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ <u>5,100</u> | \$ <u>30,925</u> |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ <u>5,100</u> | \$ <u>30,925</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..... Previous Summary Page, Line 16 | \$ <u>14,752⁹⁹</u> |
| 13. Cash Receipts..... Column A, Line 3 above | \$ <u>0</u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | \$ <u>0</u> |
| 15. Cash Payments..... Column A, Line 8 above | \$ <u>5,100</u> |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>9,652⁹⁹</u> |

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.

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

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

Cash Equivalents and Outstanding Debts

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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|--|----------------------------|
| Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>4</u> |
| I.D. NUMBER <u>1372623</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TURLOCK ASSOCIATED POLICE OFFICERS POLITICAL ACTION COMMITTEE

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------|---|--|---------------------------|-----------------------|---|------------------------------------|
| 10/19/2020 | "YES ON MEASURE A" MAILERS | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | INVOICE PAID | \$850 ⁰⁰ | \$850 ⁰⁰ | \$850 ⁰⁰ |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 10/28/2020 | "YES ON MEASURE A" MEDIA PAGE | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | INVOICE PAID | \$4,000 ⁰⁰ | \$4,000 ⁰⁰ | \$4,000 ⁰⁰ |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 10/19/2020 | "YES ON MEASURE A" VIDEO | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | INVOICE PAID | \$250 ⁰⁰ | \$250 ⁰⁰ | \$250 ⁰⁰ |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | | \$5,100 ⁰⁰ | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 5,100
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... TOTAL.. \$ 5,100

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|-------------------------------|
| Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
| Page <u>4</u> of <u>4</u> | I.D. NUMBER <u>1372623</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

TURLOCK ASSOCIATED POLICE OFFICERS POLITICAL ACTION COMMITTEE

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 |
|---|---------|-----------------------------|-----------------------|
| "YES ON MEASURE A" | LIT | INVOICE PAID FOR MAILERS | \$850 ⁰⁰ |
| "YES ON MEASURE A" | WEB | INVOICE PAID FOR MEDIA PAGE | \$4,000 ⁰⁰ |
| "YES ON MEASURE A" | WEB | INVOICE PAID FOR VIDEO | \$250 ⁰⁰ |

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

SUBTOTAL \$ 5,100⁰⁰

Schedule E Summary

| | |
|---|------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ <u>5100</u> |
| 2. Unitemized payments made this period of under \$100..... | \$ <u>0</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ <u>5,100</u> |