

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED AUG - 1 2011 TURLOCK CITY CLERK	CALIFORNIA FORM 460
Page <u>1</u> of <u>15</u>	For Official Use Only

Statement covers period
from 1-1-11
through 6-30-11

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.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1271215

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Turlock Firefighters PAC

Treasurer(s)

NAME OF TREASURER

Andrew Quimby

MAILING ADDRESS

4227 IVORY LN

CITY

Turlock

STATE

CA

ZIP CODE

95382

AREA CODE/PHONE

209-275-0436

STREET ADDRESS (NO P.O. BOX)

4227 Ivory Ln

CITY

Turlock

STATE

CA

ZIP CODE

95382

AREA CODE/PHONE

209-275-0436

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

PO Box 3775

CITY

Turlock

STATE

CA

ZIP CODE

95380

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 7-27-11 By [Signature]
Date
Executed on _____ By _____
Date
Executed on _____ By _____
Date
Executed on _____ By _____
Date

Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 1-1-11
through 6-30-11

Page 2 of 15

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	Schedule A, Line 3 \$ 5,340	\$ 5,340
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 5,340	\$ 5,340
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 5,340	\$ 5,340

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 3,429.27	\$ 3,429.27
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 3,429.27	\$ 3,429.27
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 3,429.27	\$ 3,429.27

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 5,661.39
13. Cash Receipts	Column A, Line 3 above 5,340
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0
15. Cash Payments	Column A, Line 8 above 3,429.27
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 7,572.12

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

17. LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0
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Cash Equivalents and Outstanding Debts

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

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

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

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
____/____/____	\$ _____
____/____/____	\$ _____

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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1-1-11
through 6-30-11

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)
1-1, 2-1	Jared Alvord 4218 Cherish Ct Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1	Paul Arai 2781 Cooper Circle Livermore, CA 94550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
5-1, 6-1	Peter Becchetti PO Box 34 Hickman, CA 95323	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
1-1, 2-1	Bill Becker PO Box 566 Copperopolis, CA 95228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1	Nathan Benner 5009 Chalmer Wy Denair, CA 95316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
5-1, 6-1						
SUBTOTAL \$				600		

Schedule A Summary

1. Amount received this period -- itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5,340

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 \$** 5,340

*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 A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Turlock Firefighters PAC

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)
1-1, 2-1	Jason Bernard 1020 Collegeview Dr. Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	David Bickle 631 E. Barnhart Rd. Turlock, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Eric Boyd 225 Rosina Ave. Modesto, CA 95354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Matt Campos 2321 Gallery Ave. Modesto, CA 95354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Gary Carlson 2302 Caprice Dr. Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
SUBTOTAL \$				600		

Schedule A Summary

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

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IND - Individual
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PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA
FORM **460**

Statement covers period
from 1-1-11
through 6-30-11

Page 5 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Turlock Firefighters PAC

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)
1-1, 2-1	Casey Cockrell 1806 San Gabriel Dr. Hughson, CA 95326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Keith Crabtree 7519 Pine St Hughson, CA 95326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Stephen Dalporto 1313 Parkway Dr. Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Manuel Drumonde 4530 Linwood Ave. Turlock, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Kyle Dyke 4843 Vivian Rd. Modesto, CA 95358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
				SUBTOTAL \$	600	

Schedule A Summary

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

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COM -- Recipient Committee
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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 1-1-11
through 6-30-11

Page 6 of 15

**CALIFORNIA
FORM 460**

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)
1-1, 2-1 3-1, 4-1 5-1, 6-1	Joel Ficher 2424 Terra Linda Dr. Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
1-1, 2-1 3-1, 4-1 5-1, 6-1	Kevin Forsythe 3893 Biltmore Dr. Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
1-1, 2-1 3-1, 4-1 5-1, 6-1	Troy Gonzales 4637 Kirkes Dr. Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
1-1, 2-1 3-1, 4-1 5-1, 6-1	Nicholas Grillo 709 Wilde Ct. Discovery Bay, CA 94514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
1-1, 2-1 3-1, 4-1 5-1, 6-1	Chad Hackett 1475 N. Quincy Rd. Turlock, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
SUBTOTAL \$				600		

Schedule A Summary

1. Amount received this period -- itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____

2. Amount received this period -- unitemized monetary contributions of less than \$100 \$ _____

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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**Schedule A
Monetary Contributions Received**

Type or print in Ink.
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER
1271215

Turlock Firefighters PAC

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)
1-1, 2-1	Mike Harcksen PO Box 141 Ballico, CA 95303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Matt Horn PO Box 223 Cressey, CA 95312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Cameron Kaiser 3828 Ambrosia Ln. Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Gary Lunsford 9405 Ventry Ct. Elk Grove, CA 95758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	David Mallory 680 Bluefield Dr. Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
SUBTOTAL \$				600		

Schedule A Summary

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

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(other than PTY or SCC)
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**Schedule A
Monetary Contributions Received**

Type or print in Ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1-1-11
through 6-30-11

Page 8 of 15

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)
1-1, 2-1	Floyd Martin 5205 Fleming Rd. Atwater, CA 95301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Matthew Mason 173 Sunbird Dr. Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Dale Meiden 3008 Valdez Ct Modesto, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Larry Mouw 629 Kelcie Dr. Ripon, CA 95366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Michael Mungaray 5036 Solero Wy. Salida, CA 95368	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter.	120	120	
3-1, 4-1						
5-1, 6-1						
SUBTOTALS				600		

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ _____

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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COM - Recipient Committee
(other than PTY or SCC)
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SCC - Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 1-1-11
through 6-30-11

CALIFORNIA **460**
FORM

Page 9 of 15

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)
1-1, 2-1	Kain Packwood 2352 Caprice Dr. Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1	Andrew Quimby 4227 Ivory Ln. Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
5-1, 6-1	Frank Saldivar 2665 Kensington Ct. Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
1-1, 2-1	Matt Seilheimer 1290 Canal Dr. Turlock, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1	Robert Silva 29 Baja Loma Ct. Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
5-1, 6-1						
SUBTOTAL \$				600		

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ _____

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*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 A
Monetary Contributions Received**

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA
FORM
460

Page 10 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Turlock Firefighters PAC

I.D. NUMBER

1271215

Statement covers period

from 1-1-11

through 6-30-11

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)
1-1, 2-1	Rick Sousa 1325 Butte Wy. Turlock, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Marc St. Pierre 346 Vasche Ave. Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Kirk Summers 271 Arbona Circle North Sonora, CA 95370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Kevin Tidwell 17247 Nile River Dr. Sonora, CA 95370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
1-1, 2-1	Shaun Walker 1836 Frost Wy. Discovery Bay, CA 94505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
3-1, 4-1						
5-1, 6-1						
SUBTOTAL \$				600		

Schedule A Summary

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

*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 A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 1-1-11
through 6-30-11

CALIFORNIA **460**
FORM

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1271215

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Turlock Firefighters PAC

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)
1-1, 2-1 3-1, 4-1 5-1, 6-1	Trevor Watts 108 Tennyson Ct. Discovery Bay, CA 94505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
1-1, 2-1 3-1, 4-1 5-1, 6-1	Scott Wejmar 1930 California St. Turlock, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
1-1, 2-1 3-1, 4-1 5-1, 6-1	Larry Chalupnik PO Box 1699 Hughson, CA 95326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	120	120	
1-1 2-1 3-1	Andrew Lovejoy 4158 W. Michigan Ave. Fresno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	60	60	
1-1 2-1 3-1	Tim Huber 1401 E. Linwood Ave. Turlock, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	60	60	
SUBTOTAL \$				480		

Schedule A Summary

1. Amount received this period - itemized monetary contributions.

(Include all Schedule A subtotals.) \$ _____

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ _____

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*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 A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

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Statement covers period
from 1-1-11
through 6-30-11

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)
1-1, 2-1, 3-1	Jim Artrip 4731 Swanson Rd. Denair, CA 95316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	60	60	
		<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 \$				60		

Schedule A Summary

- Amount received this period -- itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5,340
- 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.) **TOTAL \$** 5,340

*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

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1-1-11
through 6-30-11

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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
C/TB 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
LT 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
Verizon Wireless	MBR		Jason Bernard Cell Phone Bill	162.54
Turlock Firefighter L-2434	FND		Crab Feed Fund Raiser Reimbursement	640
Verizon Wireless	MBR		Jason Bernard Cell Phone Reimbursement	209.45

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

SUBTOTAL \$ 1,011.99

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 3,429.27
- Unitemized payments made this period of under \$100 \$ -
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ -
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 3,429.27**

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1-1-11
through 6-30-11

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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
FL	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
Verizon Wireless	MBR		Jason Bernard Cell Phone Bill	158.08
Verizon Wireless	MBR		Jason Bernard Cell Phone Bill	158.08
Staples	OFC		Office Supplies	71.65
Jason Bernard	MTG		Jason Bernard Reimbursement for Conference Attendance	878.60
Jason Bernard	MTG		Jason Bernard Reimbursement for Meetings	132.45
SUBTOTAL \$				1,398.86

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

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Turlock Firefighters PAC

Statement covers period
from 1-1-11
through 6-30-11

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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 | REF | 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
Gary Carlson	OFC		Reimbursement for Office Supplies	14.64
Verizon Wireless	MBR		Jason Bernard Cell Phone Bill	157.98
Hot Heads Leather			Purchase of Leather Helmet Shields	677.34
Verizon Wireless	MBR		Jason Bernard Cell Phone Bill	168.46

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

SUBTOTAL \$ 1,018.42