Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in ink.		DalerStamp	california 460
(COVERNMENT CODE CECASIAS 04200-04210.3)	Statement covers period from 14-19-14	Date of election if applica (Month, Day, Year)	Office of the	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>12-31-14</u>	11-04-14	_ City Clerk	
○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ○ Small Contributor Committee	mplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	2. Type of Statemen Preelection Statem Semi-annual Statem Termination Statem (Also file a Form 4	nent Qua ment Sper nent Sup 110 Termination)	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) TURLOCK ASSOCIATED POLICE POLITICAL ACTION COMMITTEE STREET ADDRESS (NO P.O. BOX) 244 N. BROADWAY CITY STATE ZIP CO	DE AREA CODE/PHONE (49) 664-7323	Treasurer(s) NAME OF TREASURER PRANDON MAILING ADDRESS 244 N. C CITY TURLOCK NAME OF ASSISTANT TRE	BERTRAM BROADWAY STATE ZIP C CA. 95380 (2004)	
OPTIONAL: FAX / E-MAIL ADDRESS FEAUBNDR @ GMAZL.COM 4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	this statement and to the best of my kno	OPTIONAL: FAX / E-MAIL		1
Executed on	BySignature of Con	Signature of Treasurer or Ass rolling Officeholder, Candidate, State Measurer or Ass Signature of Controlling Officeholder, Candidate, State Measurer or Assertion (Controlling Officeholder, Candidate, Candid	ure Proponent or Responsible Officer of Sponsor	

Executed on ____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

Campaign Disclosure Statement Summary Page

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

6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H. Line 3 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7

12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15

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

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

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

Cash Equivalents and Outstanding Debts

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

SUMMARY PAGE Statement covers period CALIFORNIA FORM

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

Contributions Received

Expenditures Made

Current Cash Statement

NAME OF FILER

TURLOCK ASSOCIATED POLICE OFFICERS POLITIC

	TE 1372623
S 10,000.000 S 10,000.000 S 10,000.000	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 \$ \$
s 7,883.20 s 7883.20 b c s 7,883.20 s 7,883.20	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) //\$
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. FPPC Form 460 (January/05)
	S 10,000.00 S 10,000.00 S 10,000.00 S 10,000.00 S 7883.20 S 7883.20 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

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 1ϕ -19.14 GALIFORNIA 460 FORM through 1P-31-14 Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER TURLOCK ASSOCIATED POLICE OFFICERS POLITICAL ACTION COMMITTEE 1372623 CUMULATIVE TO DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR PER ELECTION DATE TYPE OF PAYMENT DESCRIPTION AMOUNT THIS CALENDAR YEAR MEASURE NUMBER OR LETTER AND JURISDICTION. TODATE (IF REQUIRED) PERIOD (JAN, 1 - DEC, 31) (IF REQUIRED) OR COMMITTEE GIARY SOISETH FOR TNDEPENDENT NOV. 03. CONTRIBUTION Contribution MAYOR ZOLY OF \$ 500.00 ☐ Nonmonetary #2602.40 #2602.4<u>0</u> (TURLOCK) 2014 \$500.00 Contribution (CHECK #LOO1) I.D. # 1365658 Independent Expenditure Support Oppose BILL DEHART FOR TURLOCK ☐ Monetary NOV. \$3. INDEPENDENT CITY COUNCIL 2014 Contribution 2014 CONTRIBUTION ☐ Nonmonetary OF \$500,00 \$ 500.00 \$2602.40 \$2602.40 I.D. #13GRZ07 Contribution (CHECK #1002) Independent Expenditure Support Oppose MATTHEW TACOB FOR ☐ Monetary ITHPEPENDENT TURLOCK CZTY COUNCEL ZO14 Contribution Nov. 03. OF \$500.00 Nonmonetary 工.D. 井 1367258 \$500.00 2014 \$2602.40 \$2602.40 Contribution (CHECK#1003) Support Oppose Expenditure SUBTOTAL \$ 1500.00

Schedule D Summary	¢.
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$ <u>1</u> ,5\$\$\d\d\d\d\d\d\d\d\d\d\d\d\d\d\d\d\d\d\
Unitemized contributions and independent expenditures made this period of under \$100	s
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$ 1500 0.00

Schedule E	
Payments Made	

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

MBR member communications

MTG meetings and appearances

Statement covers period from 1ϕ -19-14 FORM FORM 160 FORM through 12-31-14 Page 4 of 4

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

CNS campaign consultants

NAME OF FILER

TURLOCKASSOCIATED 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.

1372623

CVC civic donations PET per	ffice expenses etition circulating hone banks olling and survey rese ostage, delivery and r rofessional services (I rint ads	nessenger services	VOT voter registration	nd production costs ing, and meals		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CODE		CRIPTION OF PAYMENT	AMOUNT PAID		
GARY SOZSETH FOR MAYOR 2014		ZNDEPENDEN CCHECK#LOC	IT CONTRIBUTION O	OF \$5210.90		
775 ALPHA RD. 745380			<i></i>)	\$ 500.00		
J.D. # 1365658 BILL DEHART FOR TURLOCK CITY COUNCIL 2014	INI		CONTREBUTION OF	# 500.		
4123 ST. GEORGE PLACE	-	C C HECK # 100	02)	4300.22		
TURLOCK, CA. 95382			~- /	H ac		
I.D. # 1368207	INO)		\$500.00		
MATTHEW JACOB FOR TURLOCK CZTY COUNCZL ZO	114	ZNDEPENDEN	TCONTREBUTION OF	f \$ 500.00		
2166 ELLESMERE COURT TURLOCK, CA. 953BZ		CCHECK # 10	003)	4 00		
I.D.#1367258	IND		·	\$ 500.00		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 1500-00						
Schedule E Summary				<i>ል</i> መ		
Itemized payments made this period. (Include all Schedule E subtota	als.)			\$ <u>1,500. ***</u>		
2. Unitemized payments made this period of under \$100			••••••	s <u>Ф</u>		
3. Total interest paid this period on loans. (Enter amount from Schedule B. Part 1, Column (e).)						
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here	and on the Summ	nary Page, Column A,	Line 6.)	TOTAL \$ <u>1,500.00</u>		