

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp	<b>RECEIVED</b>  <b>OCT 22 2018</b>  Office of the City Clerk	<b>CALIFORNIA FORM 460</b>
		Page <u>1</u> of <u>11</u>  For Official Use Only

Statement covers period from <u>09/23/2018</u>  through <u>10/20/2018</u>	Date of election if applicable: (Month, Day, Year)  <u>11/6/2018</u>
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SEE INSTRUCTIONS ON REVERSE

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

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

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

**3. Committee Information**

I.D. NUMBER  
1403369

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
BUBLAK FOR TURLOCK CITY MAYOR 2018

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>TURLOCK</u>	<u>CA</u>	<u>95382</u>	

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

SAME

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAME</u>			

SAME

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
SHAWNA CASEY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>TURLOCK</u>	<u>CA</u>	<u>95382</u>	

NAME OF ASSISTANT TREASURER, IF ANY

NONE

MAILING ADDRESS

SAME

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAME</u>			

SAME

OPTIONAL: FAX / E-MAIL ADDRESS

NA

**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 10/22/2018  
Date

Executed on 10/22/2018  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
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

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**AMY BUBLAK**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**TURLOCK CITY MAYOR 2018**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**TURLOCK CA 95382**

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

  

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>9/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>11</u>
	I.D. NUMBER 1403369

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
BUBLAK FOR TURLOCK CITY MAYOR 2018

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions..... Schedule A, Line 3	\$ 12087.50	\$ 47347.60
2. Loans Received..... Schedule B, Line 3	13500.00	13500.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 25587.50	\$ 60847.60
4. Nonmonetary Contributions..... Schedule C, Line 3	1550.00	4350.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 27137.50	\$ 65197.60

**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	\$ _____	\$ _____

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Expenditures Made</b>		
6. Payments Made..... Schedule E, Line 4	\$ 26167.53	\$ 63825.16
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 26167.53	\$ 63825.16
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	\$ 26167.53	\$ 63825.16

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

<b>Current Cash Statement</b>	
12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 2602.47
13. Cash Receipts..... Column A, Line 3 above	25587.50
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	26167.53
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2022.44
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 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.

<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>9/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BUBLAK FOR TURLOCK CITY MAYOR 2018

I.D. NUMBER

1403369

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)
9/24/2018	BALIHAR SINGH TURLOCK CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER BILL SINGH RENTALS	500.00	500.00	500.00
9/24/2018	HARINDER GREWAL KEYES CA 95328	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500.00	500.00	500.00
10/01/2018	ED FITZPATRICK MODESTO CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER FITZPATRICK DEALERSHIP GROUP	300.00	300.00	300.00
10/01/2018	ALVERNAZ INVESTMENTS LLC TURLOCK CA 95380	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		467.00	467.00	467.00
10/01/2018	ALVERNAZ ENTERPRISES LLC TURLOCK CA 95380	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		467.00	467.00	467.00
<b>SUBTOTAL \$</b>				2234.00		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 11770.50
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 317-
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 12087.50

\*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 (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>BUBLAK FOR TURLOCK CITY MAYOR 2018</b>	I.D. NUMBER <b>1403369</b>
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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)
10/02/2018	NEWMAN 47 HOMES INC TURLOCK CA 95382	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00
10/05/2018	JAMES BRENDA TURLOCK CA 95381	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED JKB ENERGY	1000.00	1000.00	1000.00
10/05/2018	MICHAEL V CROWELL TURLOCK, CA 95381	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1000.00	1000.00	1000.00
10/05/2018	DANIEL DEAN HOULDEN TURLOCK CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED <i>HER</i>	100.00	100.00	100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>3100.00</b>		

\*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 (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>9/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>BUBLAK FOR TURLOCK CITY MAYOR 2018</b>	I.D. NUMBER <b>1403369</b>
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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)
10/12/2018	TULOCK 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	4000.00	4000.00
10/10/2018	RAY FRANCO TURLOCK, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED GENERAL CONTRACTOR	500.00	500.00	500.00
10/10/2018	PAM FRANCO TURLOCK CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED REALTOR	500.00	500.00	500.00
10/10/2018	HEIRLOOM COLLECTION LLC TURLOCK CA 95382	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00
10/17/2018	RON EIVAZ TURLOCK CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>MSA</i> Pester Harvest Mou Christein Center	186.50	186.50	186.50
<b>SUBTOTAL \$</b>				<b>6186.50</b>		

\*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 (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>9/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>BUBLAK FOR TURLOCK CITY MAYOR 2018</b>	I.D. NUMBER <b>1403369</b>
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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)
10/05/2018	AMERICAN CHEVROLET MODESTO CA 95356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00
		<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				
<b>SUBTOTAL \$</b>				<b>250.00</b>		

\*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 B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>9/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>BUBLAK FOR TURLOCK CITY MAYOR 2018</b>	I.D. NUMBER <b>1403369</b>
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
MILTON RICHARDS TURLOCK CA 95382  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED ATHLETIC DIRECTOR	\$ <u>3000.00</u>	\$ <u>13500.00</u>	<input type="checkbox"/> PAID \$ <u>NA</u> <input type="checkbox"/> FORGIVEN \$ <u>NA</u>	\$ <u>16500.00</u>  \$ <u>NA</u> DATE DUE	<u>      </u> % RATE	\$ <u>5000.00</u>  <u>3/26/201</u> DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	<u>      </u> % RATE	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	<u>      </u> % RATE	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS</b>		\$ <b>13500.00</b>	\$ <b>13500.00</b>		\$ <b>16500.00</b>			

**Schedule B Summary**

1. Loans received this period ..... \$ 13500.00  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 13500.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

(Enter (e) on  
Schedule E, Line 3)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.



**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

BUBLAK FOR TURLOCK CITY MAYOR 2018

**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
AMY BUBLAK TURLOCK, CA 95382	WEB	REIMBURSE CANDIDATE FOR FB ADS AND OFFICE SUPPLIES	783.93
BALVINO IRIZARRY MAILING SERVICES MODESTO CA 95354	LIT	PRINTING, MAILING, SLATE SERVICES 15,000 FLYERS	9987.50
AMY BUBLAK TURLOCK, CA 95382	WEB	REIMBURSE CANDIDATE FOR FB ADS AND OFFICE SUPPLIES	885.00

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

**SUBTOTAL \$ 11656.43**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ <u>26133.03</u>
2. Unitemized payments made this period of under \$100.....	\$ <u>34.50</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 Summary Page, Column A, Line 6.).....	<b>TOTAL \$ <u>26167.53</u></b>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>9/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>BUBLAK FOR TURLOCK CITY MAYOR 2018</b>	
I.D. NUMBER <b>1403369</b>	

SEE INSTRUCTIONS ON REVERSE

**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
AMY BUBLAK TURLOCK CA 95382	WEB	REIMBURSE CANDIDATE FOR SOCIAL MEDIA AD	715.00
VOTER GUIDE SLATE CARDS	LIT	VOTER SLATE CARDS	960.00
CARDMEMBER SERVICES CAROL STREAM IL 60197	WEB	REIMBURSE CANDIDATE CREDIT CARD FOR SOCIAL MEDIA AD	1500.00
BALVINO IRIZARRY MAILING SERVICES MODESTO CA 95354	LIT	PRINTING, MAILING, SLATE SERVICES FOR 15,000 FLYERS	11301.60

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

**SUBTOTAL \$ 14476.60**

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>9/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>11</u> of <u>11</u>
I.D. NUMBER 1403369	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BUBLAK FOR TURLOCK CITY MAYOR 2018

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/201	GREG MARTIN SKIN LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		VIDEO CREATION AND SOCIAL MEDIA ADD	1550.00	1550.00	1550.00
		<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					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 1550.00**

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$ 1550.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....	<b>TOTAL \$ 1550.00</b>

\*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