Recipient Committee Campaign Statement Cover Page			Date Stamp	california 460 FORM		
	Statement covers period from $\frac{7/1/2020}{}$	Date of election if applicable: (Month, Day, Year)	RECEIVED JAN 28 2021	Page of For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2020</u>	11/6/2018	Office of the			
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	Stry Otone			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statemen Semi-annual Statemen Termination Statemen (Also file a Form 410 Amendment (Explain	int S nt Termination)	uarterly Statement pecial Odd-Year Report		
	D. NUMBER 403369	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	403309	NAME OF TREASURER				
AMY BUBLAK FOR TURLOCK CITY MAYOR 201	SHAWNA CASEY					
		MAILING ADDRESS				
			STATE ZIF	CODE AREA CODE/PHONE		
STREET ADDRESS (NO P.O. BOX)		CITY TURLOCK	=	5382		
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASU		3302		
0111		NA				
TURLOCK CA 9538 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO.		MAILING ADDRESS	1944			
,		NA				
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIF	CODE AREA CODE/PHONE		
TURLOCK CA 9538	2	NA				
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDI	RESS			
4. Verification			age of court of the second	askadulas is tous and associated 1		
I have used all reasonable diligence in preparing and reviewi	ng this statement and to the best of my	/ knowledge the information contains	ed herein and in the attached	schedules is true and complete.		
certify under penalty of perjury under the laws of the State of	California that the foregoing is true an	d correct.				
Executed on	Ву	Signature of Treasurer or Assista	ant Treasurer	<u> </u>		
1/21/2021	D v					
Executed onDate	Signature of Cor	ntrolling Officeholder, Candidate, State Measure	Proponent or Responsible Officer of Sp	ponsor		
Executed on	Ву	Signature of Controlling Officeholder, Candidate	e, State Measure Proponent	140 de 1-1-1-		
Executed on	Ву	Signature of Controlling Officeholder Candidate	State Measure Proponent	1-wan		

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Recipient Committee Campaign Statement Cover Page — Part 2

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CALI F	FORNIA ORM	⁴ 460
_	2	5

Officeholder or Candidate Controlled Committee			6.	. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
AMY BUBLAK OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLIC	CABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
TYRLOCK CITY MAYOR 2018 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE TURLOCK CA	21P 95382		Identify the controlling office			ire propo	nent, if any.
Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your can	r are primarily formed to	mmittees o receive		OFFICE SOUGHT OR HELD	indibate, orti		RICT NO. IF	FANY
COMMITTEE NAME	I.D. NUMBER		_		1: 1-4- <i>(</i> 0 <i>f</i> 6:-	ab alden Consmit		
NAME OF TREASURER	CONTROLLED COMM		7.	Primarily Formed Can- officeholder(s) or candidate(s) for which this	committee is primari	itee List ly formed.	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
		DDE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMM			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
		DE/PHONE		Atta	ach continuati	on sheets if necessa	ary	

Campaign Disclosure Statement **Summary Page**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{7/1/2020}{}$	california 460
through 12/31/2020	_ Page3 of5
	I.D. NUMBER
	1403369

BUBLAK FOR TURLOCK CITY MAYOR 2018 Calendar Year Summary for Candidates Column B Column A **Contributions Received** CALENDAR YEAR TOTAL TO DATE TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 49230.00 1000.00 1/1 through 6/30 7/1 to Date 0 Loans Received...... Schedule B. Line 3 20. Contributions 1000.00 55550.00 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 2850.00 21. Expenditures Nonmonetary Contributions...... Schedule C, Line 3 58400.00 Made 1000.00 TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** 55001.48 109.50 Candidates 6. Payments Made...... Schedule E, Line 4 0 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 55001.48 109.50 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 Total to Date Date of Election 0 (mm/dd/yy) 10. Nonmonetary Adjustment...... Schedule C, Line 3 109.50 55001.48 **Current Cash Statement** 128.32 To calculate Column B, 1000.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 0 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 109.50 15. Cash Payments Column A, Line 8 above amounts in Column A may 1018.82 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse FPPC Form 460 (Jan/2016)) 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 7/1/2020		california 460	
SEE INSTRUCTI	ONS ON REVERSE			through <u>12/31/20</u>	20	Page	4_of_5
NAME OF FILER						I.D. NI 14033	UMBER 69
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
12/3/2020	MILTON RICHARDS FOR YCCD TRUSTEE 3 2020 TURLOCK CA 95382	□IND □COM ØOTH □PTY □SCC		1000.00	1000.00		1000.00
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
***************************************		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC			·		
			SUBTOTAL S	\$			
1. Amount re (Include al	A Summary eceived this period – itemized monetary contributions Il Schedule A subtotals.)	•••••		00.00	IND - COM OTH PTY	(other – Other – Politic	ual sient Committee r than PTY or SCC) (e.g., business entity)

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ 1000.00

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Schedule E Amounts may be rounded to whole dollars. Payments Made		Statement covers period from $\frac{7/1/2020}{\text{through}}$	CALIFORNIA 460 FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUMBER
BUBLAK FOR TURLOCK CITY MAYOR 2018				1403369
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications I appearances es ating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging,	n costs duction costs nd meals , and meals as of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditures must also be	oe summarized on Sche	edule D.	SI	UBTOTAL \$
Schedule E Summary		Manager and a second		0
1. Itemized payments made this period. (Include all Schedu	le E subtotals.)			\$
Unitemized payments made this period of under \$100				\$
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Par	t 1, Column (e).)		5
4. Total navments made this period. (Add Lines 1, 2, and 3,	Enter here and on	the Summary Page, C	olumn A, Line 6.) T	UIAL \$