

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED
Date Stamp

COVER PAGE

CALIFORNIA FORM 460

Statement covers period
from 7-1-12
through 9-30-12

Date of election if applicable:
(Month, Day, Year)
11-6-12

OCT - 8 2012
Office of the
City Clerk

Page 1 of 13
For Official Use Only

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 Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- 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

STREET ADDRESS (NO P.O. BOX)
4227 Ivory Ln.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Turlock	CA	95382	209-275-0436

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 3775

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Turlock	CA	95381	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Andrew Quimby

MAILING ADDRESS
4227 Ivory Ln.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Turlock	CA	95382	209-275-0436

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 10-1-12
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

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

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
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 <u>7-1-12</u>	CALIFORNIA FORM 460
through <u>9-30-12</u>	
Page <u>2</u> of <u>13</u>	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 <i>Schedule A, Line 3</i>	\$ <u>2,580</u>	\$ <u>7,740</u>
2. Loans Received <i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>2,580</u>	\$ <u>7,740</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>2,580</u>	\$ <u>7,740</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 <i>Schedule E, Line 4</i>	\$ <u>2,195.39</u>	\$ <u>2,515.39</u>
7. Loans Made <i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>2,195.39</u>	\$ <u>2,515.39</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>2,195.39</u>	\$ <u>2,515.39</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 <i>Previous Summary Page, Line 16</i>	\$ <u>16,535.84</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	\$ <u>2,580</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	\$ <u>2,195.39</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>16,920.45</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>0</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).

Cash Equivalents and Outstanding Debts

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

*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.

SCHEDULE A

Statement covers period from <u>7-1-12</u> through <u>9-30-12</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>13</u>	I.D. NUMBER 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)
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	Firefighters	60	180	
7-1, 8-1, 9-1	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	Firefighters	60	180	
SUBTOTAL \$				300		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	2,580
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 \$	2,580

*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**

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7-1-12</u> through <u>9-30-12</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>13</u>	I.D. NUMBER 1271215

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)
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	Matt Campos 2321 Gallery Wy. 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	60	180	
7-1, 8-1, 9-1	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	60	180	

SUBTOTAL \$ 300

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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**

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

SCHEDULE A (CONT.)

Statement covers period from <u>7-1-12</u> through <u>9-30-12</u>	CALIFORNIA FORM 460
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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)
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	Stephen Dalporto 1900 Page St. #3 San Francisco, Ca 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	Joel Ficher 1884 Greenfield 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	60	180	
SUBTOTAL \$				300		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>7-1-12</u> through <u>9-30-12</u>	CALIFORNIA FORM 460
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NAME OF FILER Turlock Firefighters PAC	I.D. NUMBER 1271215
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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)
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	Troy Gonzales 5637 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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
SUBTOTAL \$				300		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>7-1-12</u> through <u>9-30-12</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>13</u>	I.D. NUMBER <u>1271215</u>

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)
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	Cameron Kaiser 1717 Churchill Downs Circle Oakdale, Ca 95361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
SUBTOTAL \$				300		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7-1-12</u> through <u>9-30-12</u>	CALIFORNIA FORM 460
Page <u>8</u> of <u>13</u>	I.D. NUMBER <u>1271215</u>

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)
7-1, 8-1, 9-1	Dale Melden 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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
SUBTOTAL \$				300		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>7-1-12</u> through <u>9-30-12</u>	CALIFORNIA FORM 460
Page <u>9</u> of <u>13</u>	I.D. NUMBER <u>1271215</u>

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)
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
SUBTOTAL \$				300		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>7-1-12</u> through <u>9-30-12</u>	CALIFORNIA FORM 460
Page <u>10</u> of <u>13</u>	I.D. NUMBER <u>1271215</u>

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)
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	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	60	180	
7-1, 8-1, 9-1	Dan Timko 14648 Deon Dr. Sonora, Ca 94370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter	60	180	
7-1, 8-1, 9-1	Mike Rebensdorf 1790 Chakkar Estates 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	60	180	
SUBTOTAL \$				300		

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 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**

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

SCHEDULE A (CONT.)

Statement covers period from <u>7-1-12</u>	CALIFORNIA FORM 460
through <u>9-30-12</u>	
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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)
7-1, 8-1, 9-1	Justin Rossiter 1832 White Birch 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	60	180	
7-1, 8-1, 9-1	Steve Kramer 1909 Red Hawk Circle 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	60	180	
7-1, 8-1, 9-1	Tony Nascimento 4500 McCauley Dr. 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	180	
		<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 \$				180		

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

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

SCHEDULE D

Statement covers period from <u>7-1-12</u> through <u>9-30-12</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>13</u>
I.D. NUMBER 1271215	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Turlock Firefighters PAC

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)
9-29-12	Amy Bublak for Turlock City Council 1072 Moonbeam Wy. Turlock, Ca 95382 FPPC#: 1350431	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Political Signs and Yard Signs	1,051.78	1,051.78	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9-29-12	Steven Nascimento for Turlock City Council PO Box 3866 Turlock, Ca 95381 FPPC#: 1341647	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Political Signs and Yard Signs	1,051.78	1,051.78	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				2,103.56		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$ <u>2,103.56</u>
2. Unitemized contributions and independent expenditures made this period of under \$100	\$ <u>0</u>
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$ <u>2,103.56</u>

**Schedule E
Payments Made**

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

Statement covers period from <u>7-1-12</u> through <u>9-30-12</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>13</u>
	I.D. NUMBER 1271215

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
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
Andrew Quimby 4227 Ivory Ln. Turlock, Ca 95382	POS	Postage Reimbursement	76.53
Frank Saldivar 2665 Kensington Ct Turlock, Ca 95382	MTG	Meeting Reimbursement	15.30
Kirk Briggs Signs INC 551 Yosemite Ave. Oakdale, Ca 95361	PRT	Political Signs	2,103.56

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

SUBTOTAL \$ 2,195.39

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2,195.39
2. Unitemized payments made this period of under \$100	\$	0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	2,195.39