

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

**Amendment** (Explain Below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPPLEMENTAL INDEPENDENT EXPENDITURE

<b>Report covers period</b> from <u>10-1-14</u> through <u>10-18-14</u>	<b>Date Stamp</b> RECEIVED OCT 23 2014 Office of the City Clerk	<b>CALIFORNIA FORM 465</b> Page <u>1</u> of <u>2</u> For Official Use Only
<b>Date of election if applicable:</b> (Month, Day, Year) <u>11-4-14</u>		

<b>1. Committee/Filer Information</b> COMMITTEE/FILER'S NAME <u>Turlock Firefighters PAC</u> STREET ADDRESS (NO P.O. BOX) <u>PO Box 3775</u> CITY STATE ZIP CODE AREA CODE/PHONE <u>Turlock CA 95381</u> OPTIONAL: FAX / E-MAIL ADDRESS	I.D. NUMBER (if recipient committee) <u>1271215</u>	<b>Treasurer</b> (if recipient committee) NAME OF TREASURER <u>Andrew Quimby</u> MAILING ADDRESS <u>9805 Oak Knoll Ave</u> CITY STATE ZIP CODE AREA CODE/PHONE <u>Oakdale CA 95361 209-275-0436</u> OPTIONAL: FAX / E-MAIL ADDRESS
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<b>2. Name of Candidate or Measure Supported or Opposed</b>		CHECK ONE	
NAME OF CANDIDATE <u>Gary Soiseth</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>Turlock City Mayor</u>	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10-17-14	Gary Soiseth for City of Turlock Mayor PO Box 706 Turlock, CA 95380	Mailers	3,514.89	4,052.34

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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
from	10-1-14	
through	10-18-14	Page <u>2</u> of <u>2</u>
		I.D. NUMBER (If recipient com.) 1271215

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Turlock Firefighters PAC

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	3,514.89
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL \$</b>	<b>3,514.89</b>

## 5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER  
Andrew Quimby

ADDRESS (NO. AND STREET)  
9805 Oak Knoll Ave.

CITY STATE ZIP CODE  
Oakdale CA 95361

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

## 6. Verification


I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 10-19-14  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By   
SIGNATURE OF FILER, 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