

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.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01-01-14</u> through <u>10-18-14</u> Date of election if applicable: (Month, Day, Year) <u>11-04-14</u>	RECEIVED OCT 23 2014 Office of the City Clerk	CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
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1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
L372623

COMMITTEE/FILER'S NAME
TURLOCK ASSOCIATED POLICE OFFICERS
POLITICAL ACTION COMMITTEE
STREET ADDRESS (NO P.O. BOX)
244 N. BROADWAY
CITY STATE ZIP CODE AREA CODE/PHONE
TURLOCK, CA. 95380 (209) 664-7323
OPTIONAL: FAX / E-MAIL ADDRESS
FEAUBNDR@GMAIL.COM

Treasurer (If recipient committee)

NAME OF TREASURER
BRANDON BERTRAM
MAILING ADDRESS
244 N. BROADWAY
CITY STATE ZIP CODE AREA CODE/PHONE
TURLOCK, CA. 95380 (209) 664-7323
OPTIONAL: FAX / E-MAIL ADDRESS
FEAUBNDR@GMAIL.COM

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE NAME OF BALLOT MEASURE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE BALLOT NO./LETTER JURISDICTION	CHECK ONE	
		SUPPORT	OPPOSE
<u>BILL DEHART</u>	<u>CITY COUNCIL, CITY OF TURLOCK</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
<u>OCT. 15, 2014</u>	<u>ABS DIRECT 4724 ENTERPRISE WAY MODESTO, CA. 95356 (209) 545-6090</u>	<u>PURCHASED FLIERS ENDORSING 3 CANDIDATES INCLUDING BILL DEHART.</u>	<u>\$ 4833.³³</u>	<u>\$ 4,833.³³</u>
<u>OCT. 15, 2014</u>	<u>JASON'S MOBILE DECAL 5700 MEYER DRIVE MODESTO, CA. 95356 (209) 492-0127</u>	<u>PURCHASED SIGNS ENDORSING 3 CANDIDATES INCLUDING BILL DEHART.</u>	<u>\$ 269.⁰⁷</u>	<u>\$ 269.⁰⁷</u>

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	I.D. NUMBER (If recipient com.) <u>1372623</u>

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NAME OF FILER
TURLOCK ASSOCIATED POLICE OFFICERS POLITICAL ACTION COMMITTEE

4. Summary

- 1. Total independent expenditures of \$100 or more made this period. (Part 3.) \$ 2102.40
- 2. Total independent expenditures under \$100 made this period. (Not itemized.) \$ 0
- 3. Total independent expenditures made this period (Add Lines 1 + 2.) TOTAL \$ 2,102.40

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
KELLIE WEAVER, CITY CLERK

ADDRESS (NO. AND STREET)
156 S. BROADWAY

CITY STATE ZIP CODE
TURLOCK CA. 95380

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) 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

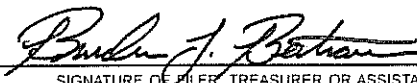
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence 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 10-23-14
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