

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>	RECEIVED	Date Stamp OCT 23 2014	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>11-04-14</u>		Office of the City Clerk	
<input type="checkbox"/> Amendment (Explain Below)			Page <u>1</u> of <u>2</u>
			For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

1372623

COMMITTEE/FILER'S NAME

TURLOCK ASSOCIATED POLICE OFFICER
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

CHECK ONE

NAME OF CANDIDATE

MATTHEW JACOB

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

CITY COUNCIL, CITY OF TURLOCK

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

SUPPORT

OPPOSE

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

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

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 MATTHEW JACOB.</u>	<u>\$ 1,833.³³</u>	<u>\$ 1,833.³³</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 MATTHEW JACOB</u>	<u>\$ 269.⁰⁷</u>	<u>\$ 269.⁰⁷</u>

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01-01-14</u> through <u>10-10-14</u>	CALIFORNIA FORM 465
	Page <u>2</u> of <u>2</u>
I.D. NUMBER (if recipient com.) <u>1372623</u>	

SEE INSTRUCTIONS ON REVERSE

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.) \$ 2,102.40
 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
KELLYE 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

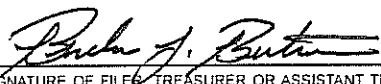
 ADDRESS (NO. AND STREET)

 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