SEE INSTRUCTIONS ON REVERSE		(Government Code Sections 84200-84216.5)	Recipient Committee Campaign Statement
12/31/08	from10/19/08	Contomost covers period	Type or print in ink
	(Month, Day, Year)	Data of classian if applicable.	nk.
TURLOCK	FEB - 2 2009	THOM SMU	Date Stamp
	For Official Use Only	Page of C	COVERPAGE CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE	through12/31/08		TURLOCK	····	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	Complete Parts 1, 2, 3, and 4.	Type of Statement:			
 ✓ Officeholder, Candidate Controlled Committee ◯ State Candidate Election Committee ◯ Recall (Also Complete Part 5) ☐ General Purpose Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored (Mso Complete Part 6)	☐ Preelection Statement ☑ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	[mination)	☐ Quarter ☐ Special ☐ Suppler Stateme	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)		,		
3. Committee Information	I.D. NUMBER 1288750	Treasurer(s)			The second secon
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	TEE)	NAME OF TREASURER			
Amy Bublak for City Council		Milton Richards			
		mailing address 1072 Moonbeam Way			
STREET ADDRESS (NO P.O. BOX) 1072 Moonbeam Way		CITY Turlock, CA 95382	STATE	ZIP CODE	E AREA CODE/PHONE
CITY STATE ZI Turlock, CA 95382	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	ER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	O. BOX	MAILING ADDRESS			
CITY STATE ZI	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	SS		

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	Executed on	Executed on 2-1-2006	Executed on 2-/
BySignature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeroof Sponsol	" meti Eneld

cnerit FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

	Attach continuation sheets if necessary	h continuation	Attaci	DE AREA CODE/PHONE	STATE ZIP CODE	СІТҮ
				0	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDÍDATE	NAME OF OFFICEHOLDER OR CANDIDATE	ייייי אמעייייייייייייייייייייייייייייייי		
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	DE AREA CODE/PHONE	STATE ZIP CODE	COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE		STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
names of	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	lidate/Office for which this	7. Primarily Formed Cand officeholder(s) or candidate(s)	CONTROLLED COMMITTEE?		NAME OF TREASURER
				I.D. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	are primarily formed to receive dacy.	not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	not included in this states contributions or make ex
	SPONENT	DIDATE, OR PRO	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ment: List any committees	Related Committees Not Included in this Statement: List any committees	Related Committees
ponent, if any.	ng officeholder, candidate, or state measure proponent, if any.	eholder, canc	Identify the controlling offic	Y STATE ZIP	DDRESS (NO. AND STREET) CITY ay	RESIDENTIAL/BUSINESS ADDRESS 1072 Moonbeam Way
SUPPORT OPPOSE		JURISDICTION	BALLOT NO. OR LETTER	NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Turlock City Council	OFFICE SOUGHT OR HELD Turlock City Council
						Amy Bublak
	Management		NAME OF BALLOT MEASURE		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	Sommittee	Ballot Measure Committee	6. Primarily Formed Ballot	èee	Officeholder or Candidate Controlled Committee	5. Officeholder or Can

Campaign Disclosure Statement Summary Page

Type or print in ink.

SUMMARY PAGE

Summary Page Am	Amounts may be rounded to whole dollars.	Statem	Statement covers period 10/19/08	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through _	12/31/08 F	Page <u>3</u> of <u>9</u>
NAME OF FILER Amy Bublak				1.D. NUMBER 1288750
Contributions Received	Column A CO TOTAL THIS PERIOD FROMAL TACHED SCHEDULES) TO	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	ary for Candidates State Primary and
1. Monetary Contributions Schedule A, Line 3 \$	7,356 \$	31,603 3,000 34,306 6,092 40,695	20. Contributions Received \$ 21. Expenditures Made	1/1 through 6/30 7/1 to Date
Expenditures Made 6. Payments Made Schedule E, Line 4 \$	15,374 \$	35,515	Expenditure Limit Su Candidates	Limit Summary for State
	es		22. Cumulative (If Subject to Vol	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10 \$	15,374 \$	35,515	Date of Election (mm/dd/yy)	Total to Date
Current Cash Statement 12. Beginning Cash Balance	5,304 To calculate Columanum in Column Some am Column A may be figures that shou subtracted from period amounts.	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	*Amounts in this section may be different from amounts reported in Column B.	\$y be different from amounts
17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$	the lifst report be for this calendar carry over the ar from Lines 2, 7, any).	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).		
S Add Line 2 + Line 9 in Column B above			FPPC Toll-Free Helpline:	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Co) * !

Type or print in ink. Amounts may be rounded

SCHEDULE A

Monetary (Monetary Contributions Received	to	to whole dollars.	Statement covers period 10/19/08 from10/19/08		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	VS ON REVERSE			through12	12/31/08	Page 4 of 9
NAME OF FILER Amy Bublak	k					I.D. NUMBER 1288750
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	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 R TODATE (IF REQUIRED)
10/28/2008	Bistro 234, LLC 234 E. Main Street Turlock, CA 95380	□IND □COM DOTH □PTY □SCC		100.00	100.00)
11/6/2008	Manual Silva 2331 Summersons Court Turlock, CA 95382	ZIND □COM □PTY □SCC	Retired	100.00	100.00	J
10/24/2008	Michele Lahti 221 Waters Edge Waterford, CA 95386	Zind Com PTY Scc	Development officer, UC Merced	100.00	100.00)
10/20/2008	Louis Maceira 4309 Songbird Court Modesto, CA 95355	SCC	Supervisor MID	100.00	100.00)
10/28/2008	Lamonte & Joselyn Thornburg 625 Palacia Street Turlock, CA 95380	OTH SCC	Retired	100.00	100.00	J
**************************************		**********	\$UBTOTAL	500.00		
Schedule A Summary 1. Amount received this peri (Include all Schedule A si	chedule A Summary Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		(4)	7,100	*Contributor Co IND Individual COM Recipier	*Contributor Codes IND Individual COM Recipient Committee
2. Amount rec	Amount received this period – unitemized monetary contributions of less than \$100	of less than \$	100\$	256	OTH -	OTH – Other (e.g., business entity) PTY – Political Party
	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	nn A, Line 1.)	* TOTAL	7,356		EBBC Form Act (language)

Monetary Contributions Received Schedule A (Continuation Sheet)

NAME OF FILER

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

Statement covers period

SCHEDULE A (CONT.)

ionetary Contributions Received	Amounts may be rounded	Statement covers period	
	to whole dollars.	from 10/19/08	FORM 400
		12/31/08	Page _ S of 9
NME OF FILER		•	I.D. NUMBER
Amy Bublak			1288750

	11/6/2008	10/30/2008	10/24/2008	10/27/2008	10/20/2008	DATE RECEIVED
	Piro Enterprises, Inc. 3811 Crowell Road Turlock, CA 95382	Turlock Firefighters PAC PO Box 3775 Turlock, CA 95381	Phil Rheinschild 270 W. Main Street Turlock, CA 95380	CREPAC 525 S. Virgil Ave Los Angeles, CA 90020	Michael & Jonette Crowell PO Box 1005 Turlock, CA 95381	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE *
	□ IND □ COM □ PTY □ SCC	□IND □COM PTY □SCC	ZIND COM OTH PTY SCC	□IND □COM ØOTH □PTY □SCC	ZIND COM OTH PTY SCC	CONTRIBUTOR CODE *
SUBTOTAL\$			Business Owner		Farmer	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
5,000	1,500.00	1,000.00	1000.00	750.00	750.00	AMOUNT RECEIVED THIS PERIOD
	1,500.00	1,000.00	1000.00	750.00	750.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC, 31)
						PER ELECTION TO DATE (IF REQUIRED)

*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 B-PART 1

Schedule B – Part 1	Amo	Amounts may be rounded	unded		Statement covers period	vers period	GALIEORNIA	
Loans Received		to whole dollars.	ŗ		from10,	10/19/08	FORM	7:00
SEE INSTRUCTIONS ON REVERSE				<u> </u>	through1	12/31/08	Page <u>(</u>	of 9
NAME OF FILER							I.D. NUMBER	
Amy Bublak							1288750	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Amy Bublak	Police Officer			□ PAID				CALENDAR YEAR
1072 Moonbeam Way Turlock, CA 95382			·····	\$	\$ 3,000	RATE %		PER ELECTION**
TIM IND □ COM □ OTH □ PTY □ SCC		5	\$3,000	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				SS	\$	RATE	8	PER ELECTION **
†□ IND □ COM □ OTH □ PTY □ SCC		٠ ا	\$	\$ <u> </u>	DATE DUE	\frac{\sqrt{\sq}\ext{\sqrt{\sq}}}}}}}}}}}\signt{\sqrt{\sqrt{\sq}\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	DATE INCURRED	6
				PAID				CALENDAR YEAR
				FORGIVEN	6	RATE	S	\$PER ELECTION***
[†] □ IND □ COM □ OTH □ PTY □ SCC		5		5	DATE DUE	S	DATE INCURRED	\$
		SUBTOTALS \$	3,000 \$	1	\$ 3,000	€A		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period				ω	3,000	, J		
(lotal Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period	of less than \$100.)			: :	0		†Contributor Codes IND – Individual	
	paid or forgiven.) are also itemized on Schec	lule A.)		-		OT C	(other than PTY or SCC) OTH Other (e.g., business entity)	TY or SCC) usiness entity)
3. Net change this period. (Subtract Line 2 from Line 1.)	2 from Line 1.)			NET \$	3,000	Sc	SCC – Small Contribu	Small Contributor Committee
Enter the net here and on the Summary Page, Column A, Line 2.	/ Page, Column A, Line 2.				(May be a negative number)			

Schedule C Nonmonetary Contributions Received

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

from_

Statement covers period

10/19/08

SCHEDULEC

Attach ado				12/5/08	DATE RECEIVED	Amy Bublak	SEE INSTRUCT
Attach additional information on appropriately labeled continuation sheets				Monte Vista Crossings, LLC 1855 Olympic Boulevard, Suite 250 Walnut Creek, CA 94596	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ak	SEE INSTRUCTIONS ON REVERSE NAME OF FILER
led continuati	□ COM □ OTH □ PTY □ SCC	□ COM □ PTY SCC	□ SCC	□ IND □ COM □ PTY □ SCC	CONTRIBUTOR CODE *		
on sheets.					IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		
SUBTOT				Billboard on Highway 99	DESCRIPTION OF GOODS OR SERVICES		
TOTAL \$							through
576.02				576.02	AMOUNT/ FAIR MARKET VALUE		12/31/08
					CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)		1 8
					VE TO	1288750	Page 7
					PER ELECTION TO DATE (IF REQUIRED)		of

Schedule C Summary

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	576.02	2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	\$ 5/6.02		Schedule C Sullillary
	SCC - Small Contributor Committee	OTH – Other (e.g., business entity) PTY – Political Party	COM Recipient Committee (other than PTY or SCC)	IND - Individual	*Contributor Codes

Payments Made Schedule E

Amounts may be rounded to whole dollars.

Type or print in ink.

	from	Staten
19/31/08	10/19/08	Statement covers period

Page __ I.D. NUMBER ALIFORNIA 앜

1288750

SEE INSTRUCTIONS ON REVERSE Amy Bublak through

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment contribution (explain nonmonetary)* petition circulating office expenses meetings and appearances member communications 世點點 켰 radio airtime and production costs t.v. or cable airtime and production costs campaign workers' salaries candidate travel, lodging, and meals returned contributions

QS Q

campaign paraphernalia/misc

campaign consultants

골끝 SAS CAB

fundraising events candidate filing/ballot fees civic donations

与原置

legal defense

independent expenditure supporting/opposing others (explain)*

campaign literature and mailings

ARS C 무용 프 유 플 postage, delivery and messenger services professional services (legal, accounting) polling and survey research phone banks

print ads

젊젊 information technology costs (internet, e-mail) voter registration staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. Stockton, CA 95206 811 Queensland Circle Fogliani Strategies Stockton, CA 95206 811 Queensland Circle Fogliani Strategies Charlene Bargas Turlock, CA 95382 3080 Augsberg Court NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE SAL 유 Slates Campaign Worker Expenses Slates DESCRIPTION OF PAYMENT SUBTOTAL\$ AMOUNT PAID 1,100.00 500.00 500.00 100.00

Schedule E Summary

- ω 2. Unitemized payments made this period of under \$100 1. Itemized payments made this period. (Include all Schedule E subtotals.) Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) (/) (/) 49 15,084.31 290.00
- TOTAL \$ 15,374.31

Schedule E Payments Made (Continuation Sheet)

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Amy Bublak from. through. Statement covers period 10/19/08 12/31/08 CALIFORNIA FORM 1288750 Page ___ I.D. NUMBER 2 of Q 460

\$ 13,984.31	SUBTOTAL \$	Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
6,884.31	Slates	ПТ	Fogliani Strategies 811 Queensland Circle Stockton, CA 95206
3,000.00	Slates	=	Fogliani Strategies 811 Queensland Circle Stockton, CA 95206
2,600.00	Slates	Ę	Fogliani Strategies 811 Queensland Circle Stockton, CA 95206
1,500.00	Slates	드	Fogliani Strategies 811 Queensland Circle Stockton, CA 95206
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE O	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
s ne candidate/sponsor -mail)	payment, you may enter the code. Otherwise, describe the payment. RAD radio airlime and production costs meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads RAD radio airlime and production costs RED returned contributions SAL campalign workers' salaries campalign workers' salaries shall campalign workers, deging, and meals tw. or cable airlime and production costs traction airlime and production costs shall campalign workers, salaries tw. or cable airlime and production costs traction airlime and production costs traction airlime and production costs stall read airlime and production costs traction airlime and production costs the campalign workers' salaries traction airlime and production costs tractions TRS staff/spouse travel, lodging, and meals traction airlime and production costs traction airlime and production costs traction airlime and production costs tractions TRS staff/spouse travel, lodging, and meals traction airlime and production costs traction airlime and production costs tractions TRS staff/spouse travel, lodging, and meals tractions TRS transfer between committees of the same candidate/sponsor tractions TRS transfer between committees of the same candidate/sponsor tractions TRS transfer between committees of the same candidate/sponsor tractions TRS transfer between committees of the same candidate/sponsor tractions TRS transfer between committees of the same candidate/sponsor tractions are tractions.	hayment, you may enter member communications meetings and appearances office expenses pelition circulating phone banks polling and survey research postage, delivery and mess professional services (legal, print ads	CODES: If one of the following codes accurately describes the payment, you may e CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member communications MIG meetings and appearant OFC office expenses FET petition circulating PHO phone banks POL polling and survey reser POS postage, delivery and m PRO professional services (left) FRT print ads

ノイログ Ū

Type or print in ink.

497 Contribution Report		Amounts may be rounded to whole dollars	ollars.	497 CC	497 CONTRIBUTION REPORT
NAME OF FILER		Date of	00/ 10	Date Stamp ⊖XVIII+0;	
Amy Bublak		ing	0/31/06		習ったがら
AREA CODE/PHONE NUMBER	3ER I.D. NUMBER (II applicable)		AR-2		For Official Use Only
209-346-9344	1288750	Report No.		OCT 3 1 2008	
STREET ADDRESS		Amandmant		-	
1072 Moonbeam Way	lay	to Report No.		TURLOOK	
СІТҮ	STATE ZIP CODE	(explain below)			
Turlock	CA 95382	No. of Pages	_		
1. Contribution(s) Received	(s) Received				
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
10/30/08	Turlock Firefighters PAC		COM		\$1 000.0°
	PO Box 3775 Turlock, CA 95381		J PY N		☐ Check if Loan
			SCC		Provide interest rate

*Contributor Codes

SCC SCC

☐ Check if Loan

Provide interest rate

SCC COM NO IND

Check if Loan

Provide interest rate

IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Reason for Amendment:

FPPC Form 497 (November/07) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)