

# 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)

Report covers period  
from 7-1-14  
through 9-30-14  
Date of election if applicable:  
(Month, Day, Year)  
11-4-14

Date Stamp

**RECEIVED**

OCT - 7 2014

Office of the  
City Clerk

SUPPLEMENTAL INDEPENDENT EXPENDITURE  
**CALIFORNIA FORM 465**  
Page 1 of 2  
For Official Use Only

## 1. Committee/Filer Information

COMMITTEE/FILER'S NAME

Turlock Firefighters PAC

STREET ADDRESS (NO P.O. BOX)

PO Box 3775

CITY STATE ZIP CODE AREA CODE/PHONE

Turlock CA 95381

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)  
1271215

## Treasurer (If recipient committee)

NAME OF TREASURER

Andrew Quimby

MAILING ADDRESS

9805 Oak Knoll Ave.

CITY STATE ZIP CODE AREA CODE/PHONE

Oakdale CA 95361 209-275-0436

OPTIONAL: FAX / E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Bill DeHart

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

Turlock City Mayor

SUPPORT

OPPOSE

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

## 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)
9-25-14	Bill DeHart for Turlock City Council 4123 St. George Place Turlock, CA 95382 FPPC #1368207	Political Signs	537.45	537.45

# Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
from	7-1-14	
through	9-30-14	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.)	\$	537.45
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>537.45</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 <u>Andrew Quimby</u>	3) NAME OF FILING OFFICER _____
ADDRESS (NO. AND STREET) <u>9805 Oak Knoll Ave.</u>	ADDRESS (NO. AND STREET) _____
CITY STATE ZIP CODE <u>Oakdale CA 95361</u>	CITY STATE ZIP CODE _____
2) NAME OF FILING OFFICER _____	4) NAME OF FILING OFFICER _____
ADDRESS (NO. AND STREET) _____	ADDRESS (NO. AND STREET) _____
CITY STATE ZIP CODE _____	CITY STATE ZIP CODE _____

## 6. Verification

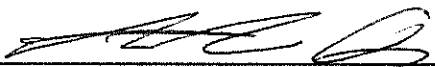
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence 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 10-1-14  
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