

# 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 10-1-12  
through 10-20-12  
Date of election if applicable:  
(Month, Day, Year)  
11-6-12

**RECEIVED**  
Date Stamp  
NOV - 1 2012  
Office of the  
City Clerk

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

**Amendment** (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

**Committee/Filer Information**  
I.D. NUMBER (If recipient committee)  
1271215  
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

**Treasurer** (If recipient committee)  
NAME OF TREASURER  
Andrew Quimby  
MAILING ADDRESS  
4227 Ivory Ln.  
CITY STATE ZIP CODE AREA CODE/PHONE  
Turlock CA 95382 209-275-0436  
OPTIONAL: FAX / E-MAIL ADDRESS  
a66quimby@yahoo.com

**Name of Candidate or Measure Supported or Opposed** CHECK ONE

NAME OF CANDIDATE <u>Amy Bublak</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>Turlock City Council</u>	SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	OPPOSE

**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)
10-19-12	Amy Bublak for Turlock City Council 1072 Moonbeam Wy. Turlock, CA 95382 FPPC#: 1350431	Mailers	1,330.71	4,769.64
10-19-12	Amy Bublak for Turlock City Council 1072 Moonbeam Wy. Turlock, CA 95382 FPPC#: 1350431	Mailer Postage	2,387.15	4,769.64

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM <b>465</b>
from	10-1-12	
through	10-20-12	Page <u>2</u> of <u>2</u>
NAME OF FILER Turlock Firefighters PAC		I.D. NUMBER (if recipient com.) 1271215

SEE INSTRUCTIONS ON REVERSE

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	3,717.86
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>\$ 3,717.86</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)  
4227 Ivory Ln.  
CITY STATE ZIP CODE  
Turlock CA 95382

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 10-19-12  
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