

# 496 Independent Expenditure Report

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

496-INDPENDENT EXPENDITURE REPORT

RECEIVED

Date Stamp: **CALIFORNIA FORM 496**  
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OCT 16 2014

Office of the City Clerk

NAME OF FILER <b>TURLOCK ASSOCIATED POLICE OFFICERS POLITICAL ACTION COMMITTEE</b>		Date of This Filing <b>10-16-14</b>
AREA CODE/PHONE NUMBER <b>(209) 664-7323</b>	I.D. NUMBER (if applicable) <b>1372623</b>	Report No. <b>2</b>
STREET ADDRESS <b>244 N. BROADWAY</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY <b>TURLOCK, CA. 95380</b>	STATE	ZIP CODE
		No. of Pages <b>2</b>

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
<b>BILL DEHART</b>							
<b>CITY COUNCIL, CITY OF TURLOCK</b>		<b>X</b>					

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
<b>OCT. 15, 2014</b>	<b>PURCHASED SIGNS PRINTED WITH ENDORSEMENT IN SUPPORT OF 3 CANDIDATES; GARY SOISETH FOR MAYOR AND BILL DEHART AND MATTHEW JACOB FOR CITY COUNCIL IN TURLOCK. TOTAL COST OF SIGNS WAS \$807.20 PAID FOR WITH CHECK #992 TO JASON'S MOBILE DECAL. (\$807.20 ÷ 3 = \$269.07)</b>	<b>\$269.<sup>07</sup></b>
<b>OCT. 15, 2014</b>	<b>PURCHASED FLIERS PRINTED WITH ENDORSEMENT IN SUPPORT OF 3 CANDIDATES; GARY SOISETH FOR MAYOR AND BILL DEHART AND MATTHEW JACOB FOR CITY COUNCIL IN TURLOCK. TOTAL COST FOR PRINTING AND MAILING OF FLIERS WAS \$5,500.00 PAID FOR WITH CHECK #993 TO ABS DIRECT. (\$5,500.00 ÷ 3 = \$1833.33)</b>	<b>\$1,833.<sup>33</sup></b>

Reason for Amendment: \_\_\_\_\_

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496 INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA FORM 496**  
 I.D. NUMBER (if applicable)  
**1372623**

NAME OF FILER

*TURLOCK ASSOCIATED POLICE OFFICERS POLITICAL ACTION COMMITTEE*

### 3. Contributions of \$100 or More 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	INTEREST RATES
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**\*\*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