Check One:    Initial	CALIFORNIA 501	
I. Candidate Information:    AMBE OF CANDIDATE (i.sot. First Middle Initial)   DAYTIME TELEPHONE NUMBER   FAX NUMBER (optional)   EMAIL (optional)	For Official Use Only	
AME OF CANDIDATE (Lest, First Middle Initial)  AGENCY NAME  CITY  STATE  JP CODE  Turlock  CA 95382  OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  OFFICE JURISDICTION  State (Compilete Part 2.)  OFFICE JURISDICTION  (Name of Multi-County Jurisdiction)  (Name of Multi-County Jurisdiction)  State Candidate Expenditure Limit Statement:  (Celiberes and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)  Office on the voluntary expenditure ceiling for the election stated above.  Amendment:  O I did not exceed the expenditure ceiling in the primary or special election held on and I accept the voluntary expenditure ceiling for the election.  (Mark if applicable)  On, I contributed personal funds in excess of the expenditure ceiling for the election stated above.  (Mark if applicable)  On, I contributed personal funds in excess of the expenditure ceiling for the election stated above.		
NAME OF CANDIDATE (Last, First Middle Initial)  Robert Puffer  STREET ADDRESS  CITY  STATE  JP CODE  Turlock  CA 95382  OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  Member, City Council - District 4  City of Turlock  Member, City One, Part Preference:  (Check one box, if applicable)  (Chec		
Robert Puffer  STREET ADDRESS  CITY STATE ZIP CODE Turlock CA 95382  PRIVATE CITY STATE DISTRICT NUMBER, if applicable)  FINCE SUIGHT (POSITION TITLE) AGENCY NAME  Member, City Council - District 4 City of Turlock  City of Turlock  AGENCY NAME  City of Turlock  AGENCY NAME  City of Turlock  Cit		
Turlock  CA 95382  DEFICE SOUGHT (POSITION TITLE) AGENCY NAME  OISTRICT NUMBER, if applicable)  DEFICE AGENCY NAME  OISTRICT NUMBER, if applicable)  Check one pox, if applicable)  Check one soc, if applicable)  Check one soc, if applicable)  CITY  CA 95382  DISTRICT NUMBER, if applicable)  DISTRICT NUMBER, if applicable  PARTY PREFERENCE:  In CA 95382  CTY CTURLOCK  CA 95382  DISTRICT NUMBER, if applicable  PARTY PREFERENCE:  In Complete Part 2.)  Check one box, if applicable  (Name of Multi-County Jurisdiction)  (Name of M		
Turlock  CA 95382  DISTRICT NUMBER, If applicable   Month Part State   District 4   Agency Name   District Number, If applicable   Month Part State   Order of Election   Agency Name		
DISTRICT NUMBER, if applicable   Non-partisan office   Party Preference:   Oistract Number, if applicable   Non-partisan office   Party Preference:   Office Jurisbiction   Other one box, if applicable   Oistract Number, if applic		
Member, City Council - District 4  City of Turlock  PARTY PREFERENCE: (Check one box, if app  2020 PRIMARY / GENEI  2020 PRIMARY / G		
OFFICE JURISDICTION State (Complete Part 2) State (Complete Part 2) City County Multi-County: (Name of Multi-County Jurisdiction)  2. State Candidate Expenditure Limit Statement: (Call/PERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.) (Check one box, if app (Check one box, if app and a candidates for local offices do not complete Part 2.) (Check one box) (Check one box, if app and a candidate for local offices do not complete Part 2.) (Check one box, if app and a calsTrs candidates, judges, judg		
State (Complete Part 2.)  City County Multi-County: (Name of Multi-County Jurisdiction)  2020  PRIMARY / GENET  Call Primary / Genet  (Call Pers and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)  (Check one box)  I do not accept the voluntary expenditure ceiling for the election stated above.  Amendment:  O I did not exceed the expenditure ceiling in the primary or special election held on and I accept the voluntary expenditure ceiling for the general or special run-off election.  (Mark if applicable)  On, I contributed personal funds in excess of the expenditure ceiling for the election stated above.	cable.)	
City   County   Multi-County: (Name of Multi-County Jurisdiction)   SPECIAL / RUNOF   Runof   Special / Runof   Specia	'AL	
2. State Candidate Expenditure Limit Statement:  (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)  (Check one box)  (I do not accept the voluntary expenditure ceiling for the election stated above.  Amendment:  (I did not exceed the expenditure ceiling in the primary or special election held on	F	
O I did not exceed the expenditure ceiling in the primary or special election held on/ and I accept the voluntary exceiling for the general or special run-off election.  (Mark if applicable)  On,/ I contributed personal funds in excess of the expenditure ceiling for the election stated above.  3. Verification:		
ceiling for the general or special run-off election.  (Mark if applicable)  On,I contributed personal funds in excess of the expenditure ceiling for the election stated above.  3. Verification:		
On,I contributed personal funds in excess of the expenditure ceiling for the election stated above.  3. Verification:	xpenditure	
3. Verification:		
Certify under penalty of periury under the laws of the State of California that the foregoing is true and correct		
L'aggiv unual pensity di Denuty nuner me laws di me Sixie di Camornia nati ma intendian la truo can correct		
. 1913. Farmer of boildry direct the latte of the otate of California that the following is the and collect.		
Executed on		