SEE INSTRUCTIONS ON REVERSE (Government Code Sections 84200-84216.5) Cover Page Campaign Statement Recipient Committee K Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Committee Information TUN OCK LA 95383 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Officeholder, Candidate Controlled Committee REET ADDRESS (NO P.O. BOX) General Purpose Committee Sponsored
Small Contributor Committee
Party/Central Commit State Candidate Election Committee (Also Complete Part 5) O Recall Box 3776 Political Party/Central Committee Primarily Formed Ballot Measure Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 6) Controlled Committee (Also Complete Part 7) Sponsored from through _ Statement covers period 10-17-10 2091-275-0436 12-31-10 AREA CODE/PHONE AREA CODE/PHONE Type or print in ink. Date of election if applicable: (Month, Day, Year) 'n MAILING ADDRESS Treasurer(s) NAME OF ASSISTANT TREASURER, IF ANY NAME OF TREASURI Type of Statement: Semi-annual Statement Manh Preelection Statement Amendment (Explain below) (Also file a Form 410 Termination) Termination Statement Date Stamp STATE 20 Special Odd-Year Report Supplemental Preelection
Statement - Attach Form 495 Quarterly Statement ZIP CODE Page. CALIFORNIA For Official Use Only AREA CODE/PHONE 으 COVER PAGE CODE/PHONE 460 5-04% 5

. Verification

FAX / E-MAIL ADDRESS

under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 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

OPTIONAL:

FAX / E-MAIL ADDRESS

Executed on	By Signature of Treasurer of Assistant teagurer
Executed on	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	By Signature of Cortrolling Officeholder, Candidate, State Measure Proponent
Executed on	By

Summary Page Campaign Disclosure Statement

Type or print in ink.

Amounts may be rounded

SUMMARY PAGE

Summary Page	to whole dollars.	Staten	Statement covers period m 10-17-10	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through _	12-31-10	Page 2 of 15
Two lock Firefighters PAC				1271215
Contributions Received	Column A TOJALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidate Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	\$ _2,760 s	11,060	General Elections	ns 1/1 through 6/30 7/1 to Date
Coan's Received	\$ 2,760 \$	11,060	20. Contributions Received \$ 21. Expenditures Made \$	€0 €0
Payments Made	\$ 8,915,33 \$	20,5,10.80	Expenditure Limit Summary for State Candidates	summary for State
8. SUBTOTAL CASH PAYMENTS	\$ 8,915,23 \$ \$ 8,915,23 \$	20,510.80	22. Cumulative (If Subject to) Date of Election (mm/dd/yy)	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) of Election Total to Date nm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 11,816.62 10 2,760 20 0 0 0 0 0 0 0 0 0 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in	*Amounts in this section m	*Amounts in this section may be different from amounts reported in Column B.
ENDING CASH BALANCE Add Lines 12 + 13 + If this is a termination statement, Line 16 must be zero	\$ 5,661.39 oo	Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed		
8 -	\$	for this calendar year, only carry over the amounts from I ines 2. 7. and 9 (if		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See Instructions on reverse	\$ ar	any).		

19. Outstanding Debts

Add Line 2 + Line 9 in Column B above

€3

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Schedule A Monetary Contributions Received	Type c Amounts to wi	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period		SCHEDULE A
			from 10-17-10		
SEE INSTRUCTIONS ON REVERSE			through 10-31-10		0 ef 0
Turlock Fireflighters PAC				1.D. NUMBER	2. NUMBER
JE 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 TO DATE (IF REQUIRED)
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Turlock, CA 95388	□scc		O 2-		
Paul Arai	ZON MIND	1777			
2181 Cooper Cir	□□ PIY H				
Livermore, CA 44550	Scc		60		
Peter Becchetti	□ ⊠ CoM N		•		
120 Box 34					
Bill Becker	N N N N N N N N N N N N N N N N N N N		90		
PO Box 566					
Copperatolis, CA 95228	□scc		60		,
Nathan Benner					
527 FIFTH St.	□SCC PTY HTO		5		
		SUBTOTALS	300		
Schedule A Summary				*Contributor Codes	odes
i. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		& Q >	2,760	IND - Individual COM - Recipient Committee	nt Committee
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Total monetary contributions received this period.(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	n A, Line 1.)	TOTAL \$	2,760	SCC - Small C	SCC - Small Contributor Committee

Mon Schedule A

Type or print in ink.

Amounts may be rounded

Monetary C	Monetary Contributions Received	to w	to whole dollars.	Statement covers period from 0 - 1 - 0		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	IS ON REVERSE			through 12-31-10		Page 4 of 15
NAME OF FILER	Turlock Fireflahters PAC				ם.ו	1971915
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	Jason Bernard 1020 Collegeview Dr.	OTH MOOD				
	Turlack CA 95382	□PTY □SCC		60		****
	David Bickle	□ X iNb				
	631 E. Barnhart Rd Turlock, CA 95380	□ SCC PTY		60		
	Eric Boyd	DTL COM DIND				
	Modesto, CA 95354	□ PTY □ SCC		60		
	Matt Campos	□ COM XIND	THE TAX PART OF TA			
	1331 Gallery Ave Modesto, CA 95354			5		
	Gary Carlson	DCOM ND ND				
	2302 Caprice Dr. Turlock, CA 95382	□□□OTH SCC		60		
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Type or print in ink.

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$ a \eta a $ i.d. NUMBER	DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE *
	Turlock Fireflighters PAC
through 12-31-10 Page 5 of	SEE INSTRUCTIONS ON REVERSE
to whole dollars. from 10-17-10 FORM 4.60	Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

Monetary Contributions on Reverse	Monetary Contributions Received	to whole	to whole dollars.	Statement covers period from 10-17-10 through 12-31-10		CALIFORNIA 460 FORM Fage 6 of 5
NAME OF FILER	V [0 11 - 0 - 1				I.D. NUMBER	MBER
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 TO DATE (IF REQUIRED)
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	Turlock, CA 95388	□ □ □ □ □ NOC		60		
	Kevin Forsuthe	DXIND COM				
	J893 Biltmore Dr.	□□□□ Yrq HO⊒		6		
	Tray Ganzales	IXIND COM				
	1637 Kirkes Dr.	□□□ YT9□ SCC		8		
	Nicholas Grillo	□XI COM D				
	709 Wilde Ct	THOUSE		<u> </u>		
	Chad Hackett	D COM				The state of the s
	Turlock, CA 45380	□SCC □SCC		60		
9 100 9 7 7 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10			SUBTOTAL\$	* 300		
Schedule , 1. Amount re, (Include al)	Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		₩		*Contributor Codes IND Individual COM Recipient Committee	int Committee
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Type or print in ink.

Amounts may be rounded

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)		Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	Schedule A Summary		Turlock, CA 95388	David Mallory David	EIK Grove, CA 95758 Borr	 Modesta, CA 95356	 Cressey, CA 45319 Scc Scc	· 22%	Ballico, CA 95303	PO Box 141	O CODE *	ET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR	Turlock Firefighters PAC	SEE INSTRUCTIONS ON REVERSE	to whole dollars.
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Mon Schedule A

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	Floyd Martin 5205 Fleming Rd. Atwater, CA 95301	DSCC		60		
	Matthew Moson 173 Sunbird Dr. Turlock, CA 95389	SCC STAND		(%)		
	Dale Melden 3008 Valdez Ct Modesto, Melden	□□□□₩ □□□OTH SCC		09	:	:
	Larry Mouw 629 Kelcie Dr. Ridon, CA 95366	□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□		60		
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Schedule A

Amounts may be rounded Type or print in ink.

SCHEDULE A

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ SEE INSTRUCTIONS ON REVERSE Amount received this period - itemized monetary contributions Schedule A Summary Monetary Contributions Received DATE RECEIVED Total monetary contributions received this period. (Include all Schedule A subtotals.)\$ 29 Baya Loma Ct. 2665 Kensington Ct. Robert Silva Andrew Quimby 2352 Caprice Dr. Kain Packward FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER) Matt Seilheimer Frank Saldivan 1240 Canal Dr. unock, ch 95382 <u>anville, CA 94586</u> urlock, CA 95382 Fireflighters CONTRIBUTOR SCC PITY OF THE SCC PITY OF TH OSC POPUL OSC PALA MONTH OF THE PART OF SCC PTY SCC to whole dollars. IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME SUBTOTAL \$ from _ through AMOUNT RECEIVED THIS PERIOD Statement covers period S 6 0-17-10 12-31-10 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) OTH - Other (e.g., business entity) COM - Recipient Committee SCC - Small Contributor Committee PTY - Political Party *Contributor Codes ND - Individual CALIFORNIA Page . I.D. NUMBER (other than PTY or SCC) 120118115 FORM PER ELECTION TO DATE (IF REQUIRED) 으 S

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Monetary Contributions Received	to w	to whole dollars.	from D-17-10		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through 12-31	1-10	Page 10 of 15
TOPIOS FIRE PASS PAS				:- -	1271215
ADDRESS AND ZIP CODE OF (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 TO DATE (IF REQUIRED)
RICK Sousa					
1325 Butte Wy	□□ FIQ I		- >		
Turlock, CA 95380	□scc		60		
Marc St. Pierre					
346 Vasche Ave	Trough				
Turlock, CA 95382	□scc	1 III I I III III III III III III III I	60		
KICK SUMMERS	□ KÌN COM N N N N N N N N N N N N N N N N N N N				
Scarca Circle North	□SCC ALA BLA		5		
Kevin Tidwell	I XIND	The second secon			
May Nile River Dr.	□ □ OTH				· · · · · · · · · · · · · · · · · · ·
Sonofa, CA 95370	□scc	The second distribution of the second	60		
Shaun Walker					
1836 Frost Wy	ALG		•	Professional Profe	
Discovery Bay, CA 94505	□scc		60		2
		\$UBTOTAL	* 3W		
Schedule A Summary				*Contrib	*Contributor Codes
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	of less than \$	\$100\$		OTH -	OTH - Other (e.g., business entity) PTY - Political Party
Total monetary contributions received this period.				SCC-8	SCC – Small Contributor Committee

Sche

- 1. Amo (Include all Schedule A subtotals.)\$
- 2. Amount received this period unitemized monetary contributions of less than \$100\$

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

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Monetary Contributions Received	0 %	hole dollars.	statement cove		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through 12-3		Page of
ock Fireflighters PAC					191918
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE, ALSOENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31	
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nis period – unitemized monetary contributions	of less than \$	100\$		9-7-19-	OTH - Other (e.g., business entity)
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Schedule A Monetary Contributions Received	Type c Amounts to w	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period	rs period ©	
	6		from 10-17-10	5	FORM
SEE INSTRUCTIONS ON REVERSE			through 12-31-10		Page Q of S
Turlock Fireflighters PAC					191915
T AI	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 TO DATE (IF REQUIRED)
Jim Artrip 4731 Swanson Rd Nenaur, CA 95316	SCC SALVE		60		
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	□ PTY □ SCC				
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3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	umn A, Line 1.)	(A	2,760	scc-s	Small Contributor Committee

Schedule D Summary of Supporting/(Candidates,

through 12-31-10	from 10-17-10	Statement covers period
Page 13 of 15	FORW 4.00	SCHEDULED CALIFORNIA / A

Summary	Summary or Expenditures	Amounts may be rounded	rounded	Statement covers period		JIFORNIA / CO
Supporting	Supporting/Opposing Omer Candidates, Measures and Committees	to whole dollars.	llars.	from 10-17-10		FORM
SEE INSTRUCTION	SEE INSTRUCTIONS ON REVERSE			through 12-31-10		Page 13 of 15
NAME OF FILER	The state of the s				I.D.	I.D. NUMBER
	Turlock Fireflahters PAC					laniais
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	R PER ELECTION R TO DATE (IF REQUIRED)
	William DeHart	☐ Monetary Contribution				
1-15-11	TURIOCK CITY COUNCIL	Nonmonetary Contribution		8,115,18	16,633.01	
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Schedule D Summary

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3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the	2. Unitemized contributions and independent expenditures made this period of under \$100	1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).
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Payments Made Schedule E

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

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SEE INSTRUCTIONS ON REVERSE		thro	through 12-31-10	Page 14 of 5
Turlock Firefighters PAC				1271/215
es the pa MBR MTG OFC POL POL POS PRO PRO PRO PRO	I may entenunications appearances es ating attrey researchers and messervices (legales)	nyment, you may enter the code. Otherwise, communications meetings and appearances RFD office expenses SAL petition circulating TEL phone banks TRS postage, delivery and messenger services professional services (legal, accounting) WEB print ads	erwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campalgn workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same cal VOT voter registration WEB information technology costs (internet, e-mail)	scribe the payment. adio airilme and production costs returned contributions campalgn workers' salaries candidate travel, lodging, and meals staffispouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR		JESCRIPTION OF PAYMENT	AMOUNT PAID
Jason Bernard		Food Reir	Reimbursement	39.12
Postal Center USA	POS	Pastage		21,38
Veryzon Wireless/Joson Bernard		Jason Bernar	ernard Cell Reimbursement 157,	ment 157.61
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	arized on Sc	chedule D.	SUI	SUBTOTALS 218.01

Schedule E Summary

	4.	ω	2		1
	4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A	3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)(e).	2. Unitemized payments made this period of under \$100	1. Itemized payments made this period. (Include all Schedule E subtotals.)	
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Schedule E Payments Made (Continuation Sheet)

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER courately describes the payment, you may enter the code. Otherwise, describe the payment Type or print in Ink.
Amounts may be rounded to whole dollars. from_ through 18-31-10 Statement covers period 0-17-10 CALIFORNIA 460 Page 15 I.D. NUMBER 15

SUBTOTAL \$ 582.04	SUBTOTAL	Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D

389.49	Supplies Rembursement	OFC	Frank Saldıvar
167.29	Cell Phone Reimbursement		Jason Bernard/Verizon Wireless
20,44	Postage Rembursement	Pos	Andrew Ovimby
4.32	Office Supplies	OFC	Andrew Quimby
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
ne candidate/sponsor	r the code. Otherwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS voter registration VOT voter registration VAEB information technology costs (internet, e-mail)	payment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	CODES: If one of the following codes accurately describes the payment, you may e CMP campaign paraphernalla/misc. CNS campaign consultants CNC civic donations FIL candidate filing/ballot fees FND fundraising events IND legal defense LTC campaign literature and mailings CNS postage, delivery and m PRO professional services (le PRT print ads