Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	nk.	Date Stamp RECEIVED	GALIFORNIA 460 2001/02 FORM	
	Statement covers period from 7-1-09	Date of election if applicable: (Month, Day, Year)	JAN 2 8 2009 Turlock	Page of For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through <u>12-31-09</u>	\$	CITY CLERK		
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	allot Measure Committee) Primarily Formed) Controlled) Sponsored itso Complete Part 6) trimarily Formed Candidate/ officeholder Committee itso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b	t ☐ Speci ☐ Supp	erly Statement al Odd-Year Report emental Preelection ment - Attach Form 495	
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	NUMBER 71215	Treasurer(s) NAME OF TREASURER	ka II laca	1	
STREET ADDRESS (NO P.O. BOX) IDAO CONCAPURED DO CONCAPURE	382 box 632-2573	MAILING ADDRESS CITY NAME OF ASSISTANT TREASUR MAILING ADDRESS	C Harksa Ox 141 STATE 321P.CC PRER, IF ANY		
CITY FOR BOX 37/5 STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CC	DE AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS		
4. Verification I have used all reasonable diligence in preparing and reviews certify under penalty of perjury under the laws of the State of Executed on	of California that the foregoing is true as By By Signature of Contact By	knowledge the information containend correct. Signsture of Treasurer or Assistant rolling Officeholder, Candidate, State Measure Pro	Treasurer poponent or Responsible Officer of Sponsor		

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period california 460 form 12-31-09 page 2 of 14

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 271215 **Contributions Received** Column A Calendar Year Summary for Candidates Column B TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE General Elections 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 1/1 through 6/30 7/1 to Date 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 20. Contributions Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 Candidates 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 198. 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C. Line 3 (mm/dd/yy) 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add 13. Cash Receipts Column A, Line 3 above amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last report. Some amounts in Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ for this calendar year, only *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

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

SCHEDULE A Statement covers period **CALIFORNIA FORM**

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Tuplock FIRE CIALEN DAC I.D. NUMBER

	SMIOCK FIRE SIGHTER TH				1/2	7/2/5
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
- Ann	JARED AIVORD 20751 West GWIEKRD TUDGUK, CA 95380	COM COM OTH PTY SCC	FIRETISHTER	170		vvi.
	PAUL ARAI 3505 KAUSEUD CH SACRAMENTO, CA 55826	OTH SCC		120		
	JIM ARTICIO 4731 SUMISON RD Depair, CA. 95316	☐IND ☐COM ☐OTH ☐PTY ☐SCC		120		
	Peter Becchetti P.O. Box 34 HICKMAN CA 95323	DIND COM OTH PTY		120		
	Bill Beckert POBOX 566 COPPEROPORS, CAISSZZ8			120		- Politica

		 ***************************************	····
SUBTOTAL \$	600		

Schedule A Summary

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

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC) OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period california 460 form 1-2/31/09 Page 24 of 31/9

SEE INSTRUCTIONS ON REVERSE

JUN	lock FINE SIGHERS PLACE	1				D. NUMBER 27/2/5
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)	TE PER ELECTION TO DATE
	NATHAN BENNER 527 SIATH STREET GATT, CA 95632	DAND COM OTH PTY SCC		120		- Allering and the second and the se
	JASON BERDARD 1020 COILESE VILLW DR TURKER, CA 95380	COM COTH PTY SCC		120		
	DAVID BICKLE 631 E. BARNHART TUMBER, CA 95380	□COM □OTH □PTY □SCC		/20		
	ERIC BOYD 225 RESTAR AUG Modesto, CA 95354	□ COM □ OTH □ PTY □ SCC		120		
	MALL CAMPOS 2321 GAILELY DR MOdesLo, ECA, 55354	□HND □COM □OTH □PTY □SCC		120		
## ###################################			SUBTOTAL\$	600		

Scl	he	du	le	Α	Su	m	m	ary
-----	----	----	----	---	----	---	---	-----

Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)\$	
Amount received this period – unitemized contributions of less than \$100\$	

Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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

SCHEDULE A

Statement covers period
om 7/31/09

rough /2/31/09

Page 35 of 460

SEE INSTRUCTIONS ON REVERSE

Tunlock Eine Ein Heu PAC

I.D. NUMBER

, - , -	JOCK FINESISATER FIFE				1/2	7/215
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	GARY CARISON 2362 CAPRICE DR TORBOCK CA 95382	.ZIND COM OTH PTY SCC		120		
	CASEY COCKALII 1806 5AN GABRIEL DR HUSHSON, CA 953TL	DIND COM OTH PTY SCC		120		
	KLETH CKABTAGE 7519 PINE STREET HUGHSON, CA 95326	COM COM OTH PTY SCC		120		
	StepHen DAIPORTO 1313 PARKWAY DRIVE ROHWERL PARK CA 94928	.∑IND ☐COM ☐OTH ☐PTY ☐SCC		120		1000
	MADUEL DRUMONDE 4530 LINWOOD AUE TURIOCIE, CA 95380	ØÎÑD □COM □OTH □PTY □SCC		120		
			SUBTOTAL\$	600		

S	ch	ed	ule	Α	Su	m	m	ary
---	----	----	-----	---	----	---	---	-----

- 2. Amount received this period unitemized contributions of less than \$100\$

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in lnk.

Amounts may be rounded to whole dollars.

Statement covers period m CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE Page <u>复</u>6 of **是**/ NAME OF FILER TURDOCK FIRE FISHIERS PAC I.D. NUMBER 1271215 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE IF AN INDIVIDUAL, ENTER AMOUNT CONTRIBUTOR CUMULATIVE TO DATE (IF COMMITTEE, ALSO ENTER (.D. NUMBER) PER ELECTION RECEIVED OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR CODE * TO DATE (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) Kyle Dyke JAIND ПСОМ 4843 VIVIAD Rd Потн 120 Modeolo, CA, 95358 □ PTY □scc Joel FIGHER IND Псом 2424 TERRALINDA DR ПОТН 170 TURBOLK, CA 95382 □PTY □scc KOUIN JUNS/the ПСОМ 3893 BILMERE DR Потн 120 PTY Tunlock, CA 95382 ∏scc FROY GONZALES []COM 4637 KIRKES DR ☐ OTH 150 PTY TURLICK, CA 95382 [scc Dicholas Gailo **□**HND ГТСОМ 709 Wilde C+ ПОТН 120 DISCOURTY BAY, CA 94514 □ PTY □scc SUBTOTAL\$ 600 Schedule A Summary *Contributor Codes 1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)\$ IND - Individual COM - Recipient Committee 2. Amount received this period – unitemized contributions of less than \$100......\$ (other than PTY or SCC) OTH - Other 3. Total monetary contributions received this period. PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460 FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

TURIOCK FINEFIGHER'S PAC 1271215 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR RECEIVED TO DATE CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC, 31) (IF REQUIRED) OFFUSINESS CHAD HACKELL _HND ПСОМ 1475 D, QUINCY Rd ПОТН 170 □PTY TUAlock, CA 95380 □scc MILLE HARRIESEU **PIND** COM P.O. BOY 141 [[]OTH 120 PTY BALLICO CA 95303 SCC MAH HORD -MND □сом PO. BOX 223 □ OTH 120 □ PTY CALSSEY, CA 95312 □scc TIM HUber -MIND □сом 1401 E GNWOOD □oтн 120 □ PTY TURIOCK, CA. 95380 CHMRLON KAIGER ⊓scc MIND COM 3828 AMMEDSIALN □OTH 120 ☐ PTY Mudeato, CA 95356 □scc SUBTOTALS 600

Schedule	A	Summary
----------	---	---------

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH -- Other

PTY - Political Party

SCC - Small Contributor Committee

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

SCHEDULE A Statement covers period **CALIFORNIA** FORM

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rabork Gur Solliente Pal I.D. NUMBER

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	ANDREW LOVETOY 4158 W. MICHIGAN AUE FREOND, CA 937ZZ	→☐IND ☐COM ☐OTH ☐PTY ☐SCC		/20		
	GARY LUUSCORD 3201 HVALYARD WAY EIK GROVE, CA 95758	☐COM ☐OTH ☐PTY ☐SCC		120		***************************************
	DAVID MUHILORY 680 Blue Field Turbock, CA 95382	☑ND □COM □OTH □PTY □SCC		120		A Pagada
	FLOYD MARLING Ed 660 E. Zeeling Ed Tunlock, CA 95380	□ COM □ COM □ OTH □ PTY □ SCC		120		410
	MATTHEW MASED 173 SUN BIRD DRIVE Modesto, CA 95382	IND COM OTH SCC		120		***************************************

Schedule A Summary

Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	\$	
2. Amount received this period – unitemized contributions of less than \$100		
7. Total managers and the discussion of the second	,	

3. Total monetary contributions received this period. *Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460
FORM

Page 79 of 5 14 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER TURIOCK FIREFIRE, HLUS PAC 1271215 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER AMOUNT DATE CUMULATIVE TO DATE PER ELECTION CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) OCCUPATION AND EMPLOYER RECEIVED THIS RECEIVED CALENDAR YEAR TO DATE CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) Dale MelDED DIND ⊟сом 3008 VAIDEZ DO Потн 120 []PTY Mudesto 95355 **∏SCC** LURERY MOUW FIND ПСОМ ПОТН 120 **□PTY** RIPOT, CA 95366 []SCC MICHALL MUNGHENT DNI₽. ПСОМ 2705 LAHONTAD DR MTOTH 120 MPTY Modesto, CA 95358 SCC KAN PACKWOOD LTIND. ПСОМ 2352 CAPRILE DR 120 **□OTH** □ PTY Turlock, CA 95382 MSCC ANDREW Quimby 4227 Though Lin __IND ПСОМ **∏OTH** 120 PTY Tunlock, CA 95382 □SCC. SUBTOTAL\$ 600 **Schedule A Summary** *Contributor Codes 1. Amount received this period – contributions of \$100 or more. IND-Individual COM - Recipient Committee (other than PTY or SCC) 2. Amount received this period – unitemized contributions of less than \$100\$ OTH - Other PTY - Political Party 3. Total monetary contributions received this period. SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
om 7/1/07

rough 12/31/05

Page 2/0 of 2/2/

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER TURIOCK LINE FIS PLEAS PAC 1271215 AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE DATE PER ELECTION CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) OF BUSINESS) FRANK SHIDIUAR 268551 ПСОМ 2665 KENISING LOW C.F Потн 120 □ PTY Turlock, CA 95382 SCC Mutt 5-eilHeimer **∏**IND Псом 21290 €- CAUAL Потн 120 □ PTY Tunlock, CA 95380 □scc Rabert 5110A **□**{IND Г⊟сом 29 BAJA LOWA C+ □oтн 120 PTY DADVITLE, CA 94526 SCC RICK SOUSIA __IND ПСОМ 1325 BUHLE WAY □ OTH 120 □PTY TURISCK, CA 95380 □scc MARC, ST PIERRE _HMD ПСОМ 346 VIASCHE DUE 120 Потн TAlock, CA 9538Z □ PTY MSCC SUBTOTAL\$ 600 Schedule A Summary *Contributor Codes

٦.	 Amount received this period – contributions of \$100 or more. 	
	(Include all Schedule A subtotals.)\$	
2		

3.	Total monetary contributions received this period.	
	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	_

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA FORM FORM

				from		FO	RM GOU
SEE INSTRUCTIONS ON REVERSE				through /2/31/05		Page 9 // of 5/4	
NAME OF FILER	IK SINE SISHHERS PAC		No.			1.D. NUN	1BER 7 1215
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	DATE AR	PER ELECTION TO DATE (IF REQUIRED)
	KIRK SUMMERS ZIBZT LYOUS-BAID MFRY SONORA CA 95370	JIND □COM □OTH □PTY □SCC		120			
	Keu, D TIDWELL 17247 NILE RIVER DR SONDAICA 95370	□COM □OTH □PTY □SCC		120			
	SHAUN WATHER 1836 EROST WAY DISCOVERY BAY 94505	□COM □CTH □PTY □SCC		120			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	TREVOR WATTS 108 TENNYSON CT DISCOURLY BAY 94505	.☑ÍND □COM □OTH □PTY □SCC		120			The second secon
	JURIOCK, CA 95380	.⊵IND □COM □OTH □PTY □SCC		120			Val., 1,
***************************************			SUBTOTAL\$	600			
 Amount red (Include all Amount red Total mone 	A Summary ceived this period – contributions of \$100 or more. Schedule A subtotals.) ceived this period – unitemized contributions of less that tary contributions received this period. 1 and 2. Enter here and on the Summary Page. Column	ın \$100	\$ <u></u>		IND - Ir COM - OTH - I PTY - F	(other tha Other Political Pa	Committee an PTY or SCC)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period rom 7/1/09 CALIFORNIA 460

FORM Page of 10/2/

SEE INSTRUCTIONS ON REVERSE

TWING OF TILLIN						1 D NI	UMBER
IUNL	ock FINETIS HERPAC						
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 (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)
	Les Austin . 540 Strithaux Pet Turiak, cr. 95380	-⊿MD □COM □OTH □PTY □SCC		120			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
,		□IND □COM □OTH □PTY □SCC		4 ()			
		□IND □COM □OTH □PTY □SCC					
		****	SUBTOTAL\$	170			

Schedule A Summary

1.	Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	, \$	5640-
2.	Amount received this period – unitemized contributions of less than \$100	\$	

 *Contributor Codes

IND-Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule E Payments Made

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

Statement covers period **CALIFORNIA** FORM through 12-31-09 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Trade Vice Cilian

CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events ND independent expenditure supporting/opposing others (explain)* legal defense IT campaign literature and mailings	MBR member con MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, de	ou may enter the code. Other nmunications at appearances nses plating	Prwise, describe the payment. RAD radio airtime and production cosmology returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and product TRC candidate travel, lodging, and material staff/spouse travel, lodging, and transfer between committees of voter registration WEB information technology costs (in	ion costs eals 1 meals f the same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Kirk Summers		Reim	bursement/event	- \$60.ºº

Postal Center USA

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$ 96.

Schedule E Summary

 Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period

Payments Made	to whole do	ollars.		from 7-1-09	FOR	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		un		through 12-31-09	Page_/	14 of 14
Torlock	* Firefight	95	PAC		I.D. NUMB	71215
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CMB campaign consultants CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* IND independent expenditure supporting/opposing others (explain)* COFC civic donations FND phone banks FND phone banks FND postage, delivery and messenger services professional services (legal, accounting) FRT print ads COFC civic donations FRD radio airtime and production costs returned contributions returned contributions returned contributions returned contributions returned contributions returned contribution circulating returned contributions r					duction costs duction costs d meals and meals s of the san	me candidate/sponsor
NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I.D. NUME	:E 3ER)	CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Joson Berno	ard		Rein	nbursment		\$42,50
Chili's		TRC	PAC	Lunch		\$60.00

SUBTOTAL \$ \$102 50

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.