Supplemental Independent Expenditure Report Government Code Section 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.		Report covers po	eriod	Date Stamp	EMENTAL	CALIFORNI FORM		65
EE INSTRUCTIONS (ON REVERSE	Amendment (Ex	(plain Below)	through 10-20-12 Date of election if ap (Month, Day, Ye	plicable: ar)	NOV - 1 2012 Office of the City Clerk		Page 1		2
. Committee	e/Filer Information	I.D. NUMBER (If recipient corr 1271215	ımittee)	Treasurer (III	recipient con	nmittee)				
COMMITTEE/FILE Turlock Firefi	ighters PAC			NAME OF TREASUF Andrew Quimb MAILING ADDRESS						
STREET ADDRESS (NO P.O. BOX)				4227 Ivory Ln.						
PO Box 3775	5 STATE	ZIP CODE AREA COL	DE/PHONE	CITY		STATE Z	IP CODE	AREA	CODE/PH	ONE
Turlock CA 95381			SEA TIONE	Turlock	CA 95382 209-275-0436				86	
	/ E-MAIL ADDRESS			OPTIONAL: FAX / E		SS				
Name of C	andidate or Measure (Supported or Oppos	ed	a66quimby@y	anou.com			10 Sandy (10 Sandy 10 Sandy 1	CHEC	KONE
NAME OF CANDID				OFFICE SOUGHT OR HELI	O AND DISTRI	CT, IF APPLICABLE			SUPPORT	OPPOSE
Steven Nascimento				Turlock City Council			X			
NAME OF BALLOT MEASURE				BALLOT NO./LETTER	JURISDICTIO	N			SUPPORT	OPPOSE
. Independe	ent Expenditures Made	Attach additional information o	n appropriately					CUMULATIV	VE TO DA	
DATE	NAME AND A	DDRESSOF PAYEE		DESCRIPTION OF EXPE	NDITURE	AMOUN	Т		DEC. 31	
0-19-12	Steven Nascimento for Tur PO Box 3866 Turlock, CA 95381 FPPC#: 1341647	rlock City Council	Mailer	s		1,3	30.72		4,769	9.65
Steven Nascimento for Turlock City Council Ma PO Box 3866 Turlock, CA 95381 FPPC#: 1341647		Mailer	Postage	2,3	2,387.15		4,769.65			

Supplemental Independent Expenditure Report

Executed on

DATE

Type or print in ink.
Amounts may be rounded

SUPPLEMENTAL	INDEPENDENT	EXPENDITURE
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CALIFORNIA /

Report covers period

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Expenditure Report			to whole dollars.		from 10-1-12	FOR	M TUU
255	E INSTRUCTIONS ON REVERSE				through 10-20-12	Page2	2 of2
IAI	ME OF FILER urlock Firefighters PAC					I.D. NUMBER 1271215	R (If recipient com.)
4.	Summary						3,717.87
	1. Total independent expenditures of \$100	or more made this pe	riod. (Part 3.)	•••••	***************************************	\$	
	2. Total independent expenditures under \$7	100 made this period.	(Not itemized.)			\$	0
	3. Total independent expenditures made the						3,717.87
5.	Filing Officers Enter the name and add	ress of each filing office	r with whom the filer	's most recent campa	ign statements (Form 450, 460	0 or 461) have be	en filed.
	1) NAME OF FILING OFFICER			3) NAME OF FILING (OFFICER		
	Andrew Quimby						
	ADDRESS (NO. AND STRE	ET)		ADDRESS	(NO. AND STREET	7)	
	4227 Ivory Ln.	STATE ZIF	CODE	CITY		STATE	ZIP CODE
	CITY Turlock		382	CITT		J	
	2) NAME OF FILING OFFICER	GA 00	<u> </u>	4) NAME OF FILING	OFFICER		
					(NO. AND STREET		
	ADDRESS (NO. AND STRE	ET)		ADDRESS	(NO. AND STREET	· ,	
	CITY	STATE ZIF	CODE	CITY		STATE	ZIP CODE
6.	. Verification I certify that the "independent expenditure(s)"	disclosed in this stater	nent were not "made	at the behest of the	e candidate or committee that	benefitted from th	ne expenditure(s)
	as those terms are defined in Government C statement and to the best of my knowledge the foregoing is true and correct.	ode Section 82031 and ne information contained	FPPC Regulation 1 I herein is true and c	8225.7. I have used omplete. I certify un	all reasonable diligence in proder the	eparing and revie e laws of the State	e of California that
	Executed on 10-19-12	Ву					
	DATE	•		SIGNATURE OF FILER, T	REASURER OR ASSISTANT TREASURER		
	Executed onDATE	By	NATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE	, STATE MEASURE PROPONENT, OR RES	PONSIBLE OFFICER OF	SPONSOR
	Executed on	Ву	SIGNATUR	F OF CONTROLLING OFFICE	HOLDER, CANDIDATE, STATE MEASURE	PROPONENT	
	DATE		GOMMAN				