

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

Date Stamp

CALIFORNIA
FORM 460

COVER PAGE

Page 1 of 6
For Official Use Only

Statement covers period
from 11-4-08
through 12-31-08

Date of election if applicable:
(Month, Day, Year)
11-4-08

Date Stamp	CALIFORNIA FORM 460
Page 1 of 6	For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsord
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsord (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Turlock Firefighters PAC I.D. NUMBER 1201215

Treasurer(s)

NAME OF TREASURER Jason Bernard

STREET ADDRESS (NO P.O. BOX) Turlock Firefighters PAC
1220 Collegenview Dr.
 CITY Turlock CA STATE CA ZIP CODE 95382 AREA CODE/PHONE _____
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX _____

MAILING ADDRESS 1220 Collegenview Dr.
 CITY Turlock CA STATE CA ZIP CODE 95382 AREA CODE/PHONE 809/632-2571
 MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
 OPTIONAL: FAX / E-MAIL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
 OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

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

Executed on 1-5-09 Date _____
 Executed on _____ Date _____
 Executed on _____ Date _____
 Executed on _____ Date _____

By _____ Signature of Controlling Officer/Treasurer
 By _____ Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officer/Candidate, State Measure Proponent
 By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period
from 11-4-08
through 12-31-08

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California FORM **460**

L.D. NUMBER 1221215

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Turlock Firefighters PAC

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>1,600.00</u>	\$ _____
2. Loans Received	Schedule B, Line 3 <u>0</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>1,600.00</u>	\$ _____
4. Nonmonetary Contributions	Schedule C, Line 3 <u>0</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>1,600.00</u>	\$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>1,482.56</u>	\$ _____
7. Loans Made	Schedule H, Line 3 <u>0</u>	\$ _____
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>1,482.56</u>	\$ _____
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 <u>0</u>	\$ _____
10. Nonmonetary Adjustment	Schedule G, Line 3 <u>0</u>	\$ _____
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>1,482.56</u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>4,523.06</u>	\$ _____
13. Cash Receipts	Column A, Line 3 above <u>1,600.00</u>	\$ _____
14. Miscellaneous Increases to Cash	Schedule I, Line 4 <u>0</u>	\$ _____
15. Cash Payments	Column A, Line 8 above <u>1,482.56</u>	\$ _____
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>4,640.50</u>	\$ _____

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED

18. Cash Equivalents

19. Outstanding Debts

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	\$ _____	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____		

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 11-4-08
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NAME OF FILER Torlock Firefighters PAC

I.D. NUMBER
1271215

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

- Schedule A Summary**
- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0
 - Amount received this period - unitemized monetary contributions of less than \$100 \$ 1,600.00
 - Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,600.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other (other than PTY or SCC)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

SCHEDULED
 CALIFORNIA
 FORM
460

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Turlock Firefighters PAC

Statement covers period
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1271215

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)	PER ELECTION TO DATE (IF REQUIRED)
	<i>Amy Boblak for City Council FPPC # 1288750</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<i>Campaign Donation</i>	<i>1,000.00</i>	<i>5,642.02</i>	
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 1,000.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 1,000.00

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 11-4-08
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NAME OF FILER Turlock Firefighters PAC I.D. NUMBER 1271215

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/balot fees
- FND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LTT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHD phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOI voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Postal Center USA</u>	<u>PDS</u>		<u>Mailing</u>	<u>\$5.48</u>
<u>Verizon Wireless (Bernard's cell)</u>	<u>OFC</u>		<u>Bernard's cell Phone</u>	<u>\$120.20</u>
<u>Postal Center USA</u>	<u>PDS</u>		<u>Mailing</u>	<u>\$10.74</u>
SUBTOTAL \$				

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1482.56
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1482.56

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
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NAME OF FILER

Torlock Firefighters PAC

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SCHEDULE E (CONT.)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- RND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL i.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Frank Saldivar (Leas)	TRS		Reimbursement	43.13
Frank Saldivar (Helmet)	TRS		Reimbursement	346.09

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

SUBTOTAL \$ 346.09