

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER <u>TURLOCK ASSOCIATED POLICE OFFICERS POLITICAL ACTION COMMITTEE</u> AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) <u>1372623</u>		Date of This Filing <u>10/20/2020</u> Report No. <u>04-496-2020</u>	Date Stamp RECEIVED OCT 20 2020 Office of the City Clerk	CALIFORNIA FORM 496 For Official Use Only
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>TURLOCK</u> STATE <u>CA</u> ZIP CODE <u>95380</u>		No. of Pages <u>1</u>		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED _____				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED <u>MEASURE A</u>			
OFFICE SOUGHT OR HELD _____	DISTRICT NO. _____	SUPPORT _____	OPPOSE _____	BALLOT NO./LETTER _____	JURISDICTION <u>CITY OF TURLOCK</u>	SUPPORT <u>X</u>	OPPOSE _____

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/19/2020	"YES ON MEASURE A" MEDIA PAGE	\$4,000 ⁰⁰
10/19/2020	"YES ON MEASURE A" VIDEO	\$250 ⁰⁰

Reason for Amendment _____