

# 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 [REDACTED] I.D. NUMBER (if applicable) <u>1372623</u>		Date of This Filing <u>10/28/2020</u> Report No. _____ <input checked="" type="checkbox"/> Amendment to Report No. <u>1</u> (explain below) <u>FILED 10/20/2020</u> No. of Pages _____	Date Stamp <b>RECEIVED</b> OCT 28 2020 Office of the City Clerk	<b>CALIFORNIA FORM 496</b> For Official Use Only
STREET ADDRESS [REDACTED]				
CITY <u>TURLOCK</u> STATE <u>CA</u> ZIP CODE <u>95380</u>				

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED					
OFFICE SOUGHT OR HELD				DISTRICT NO.	SUPPORT	OPPOSE	YES ON <u>MEASURE A</u> BALLOT NO./LETTER <u>A</u> JURISDICTION <u>STANISLAUS</u> SUPPORT <input checked="" type="checkbox"/> OPPOSE		

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
<u>10/28/2020</u>	<u>ORBIT PRODUCTIONS LLC "YES ON MEASURE A" MEDIA PAGE - INVOICE PAID</u>	<u>\$4,000<sup>00</sup></u>

Reason for Amendment ORIGINAL CHECK WAS ~~LOST~~ LOST IN THE MAIL. NEW CHECK BEING SENT OUT.