

# 496 24-HOUR INDEPENDENT EXPENDITURE REPORT

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

LATE INDEPENDENT EXPENDITURE REPORT

|   |  |                       |
|---|--|-----------------------|
| NAME OF FILER<br>CALIFORNIA TAXPAYER PROTECTION COMMITTEE |  |                       |
| AREA CODE/PHONE NUMBER<br>[REDACTED]                      | I.D. NUMBER (if applicable)<br>1287571 |                       |
| STREET ADDRESS<br>[REDACTED]                              |  |                       |
| CITY<br>ELVERTA   | STATE<br>CA                            | ZIP CODE<br>956269411 |

Date of This Filing 10/24/2020

Report No. 24OCT20 - 2

Amendment to Report No. 000  
(explain below)

No. of Pages 2

Date Stamp

RECEIVED

OCT 26 2020

Office of the City Clerk

**CALIFORNIA FORM 496**

For Official Use Only

## 1. List Only One Candidate or Ballot Measure

|  |         |        |   |                                 |         |             |
|--|---------|--------|---|---------------------------------|---------|-------------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED |         |        | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED<br>Sales Tax Increase |                                 |         |             |
| OFFICE SOUGHT OR HELD/DISTRICT NO.     | SUPPORT | OPPOSE | BALLOT NO./LETTER<br>A  | JURISDICTION<br>City of Turlock | SUPPORT | OPPOSE<br>X |

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

| DATE                    | DESCRIPTION OF EXPENDITURE   | AMOUNT  |
|-------------------------|--|---------|
| 10/23/2020 - 10/24/2020 | Designed and produced yard signs and related text messaging opposing Measure A | 4424.84 |
|                         |  |         |
|                         |  |         |
|                         |  |         |
|                         |  |         |

Reason for Amendment: \_\_\_\_\_

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LATE INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA**  
**FORM** **496**

NAME OF FILER  
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

I.D. NUMBER (if applicable)  
1287571

### 3. Contributions of \$100 or More Received\*

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE**   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES                                    |
|---------------|---|--|---|-----------------|---|
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan,<br>enter interest rate, if any<br>_____% |

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

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

FPPC Form 496 (June/01)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC  
 866/275-3772