Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	HA HAVE AND A STATE OF	hale Stamp 5 2012	coverpage california 4.60
SEE INSTRUCTIONS ON REVERSE	Statement covers period 10-1-2012 through 10-20-2012		Turiock Ive Service	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Implete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored 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)	Specia	rly Statement I Odd-Year Report mental Preelection ent - Attach Form 495
	DDE AREA CODE/PHONE 2 209-620-8469 OX DDE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Lisa Mantarro Moore MAILING ADDRESS 3929 Helen Perry Road CITY Ceres NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP COE CA 95307 STATE ZIP COE	209-531-1278
1. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on 10 2 3 12 Executed on Date Executed on Date Executed on Date	a that the foregoing is true and correct. By	Signature of Treasurer or Assistant Treasurer Signature of Treasurer or Assistant Treasurer Assistant Treasurer Signature of Controlling Officeholder, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, Cand	onsible Officer of Sponsor	s is true and complete. I certify
Uale		Signature of Controlling Officeholder, Candidate, State Measure Pr	aboutarii	EDDC Form ACO / Innumulation

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA A CO
EDRM 4.00
2 6
Page of

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				<u> </u>
Steven Nascimento							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUM	BER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC)N		SUPPORT
Turlock City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		2 4 416 42 42 44 124 4 PP				*F
2390 Black Oak Street Turlock, CA	95382		Identify the controlling office		<u> </u>	ate measure	proponent, ir any
			NAME OF OFFICEHOLDER, CANI	DIDATE, OR PR	OPONENT		
Related Committees Not Included in this Statement and included in this statement that are controlled by you or are contributions or make expenditures on behalf of your candidact	orimarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME I.D. 1	IUMBER				<u>.</u>		- MAN-A
NAME OF TREASURER CON	TROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Offic	eholder Co	mmittee L	ist names of
	YES NO					·	
CDMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	3HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. I	UMBER		NAME OF OFFICEHOLDER OR CA	ALIDIDATE	OFFICE COLU	GHT OR HELD	
			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUR	ani ok neto	SUPPORT OPPOSE
	TROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	YES NO						OPPOSE
CDMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					<u> </u>		
CITY STATE ZIP CODE	AREA CODE/PHONE				n sheets if n		

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1341647 Steven Nascimento for Turlock City Council 2012 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDARYEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTO DATE General Elections 14222.00 2759.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 1000.00 -1000.00 2. Loans Received Schedule 8. Line 3 20. Contributions 1759.00 15222.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 S __ Received 935.00 0 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 16157.00 1759.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made** Expenditure Limit Summary for State 15001.76 6. Payments Made Schedule E, Line 4 \$ 3136.21 Candidates 0 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 3136.21 15001.76 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0 (mm/dd/yy) 0 10. Nonmonetary Adjustment Schedule C, Line 3 3136.21 15001.76 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 S **Current Cash Statement** 3723.96 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____ To calculate Column B. add 1759.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 3136.21 Column A may be negative 2346.75 figures that should be 16. ENDING CASHBALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ____ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A **Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIEORNIA A CO
from	10-1-2012	FORM 40U
through .	10-20-2012	Page4 of

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Steven Na	scimento for Turlock City Council 2012				134	11647
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)
10-6-2012	Alan Marchant PO Box 1865 Turlock, CA 95381	ØIND ☐COM ☐OTH ☐PTY ☐SCC	owner Turlock Scavenger	500.00	500.00	
10-10-12	Associated Feed PO Box 2367 Turlock, CA 95381	□IND □COM ØOTH □PTY □SCC		1000.00	1000.00	
10-10-2012	CREPAC 525 S Virgil Avenue Los Angeles, CA 90020	□IND ☑COM □OTH □PTY □SCC		1000.00	1000.00	
		□IND □COM □OTH □PTY □SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL \$	2500.00		
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)					*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCO	
2. Amount re	ceived this period – unitemized monetary contributions	s of less than \$	\$100 \$	259.00	PTY - Polit	
	stary contributions received this period.	mn A line 1)	TOTAL \$	2759.00	SCC-Sma	all Contributor Committee

Sche	dule	B	Part	1
Loan	s Red	ceivo	be	

Type or print in ink.

SC	Ш	-0	ıl Ji	F	A.	. p	Δ١	ЭT	4

Loans Received	Amounts may be rounded to whole dollars.					-1-2012	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE					through1)-20-2012	Page5	of <u>6</u>
NAME OF FILER				······································			I.D. NUMBER	
Steven Nascimento for Turlock City Coun	cil 2012						1341647	
FULL NAME, STREET ADORESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOI	N CLOSE OF THE	DAID THIS	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Steven Nascimento 2390 Black OaK Street Turlock, CA 95382	District Director CA State Senate		_	s 1000.00	<u>1000.00</u>	% RATE	ş <u>2000.00</u>	CALENDAR YEAR \$ PER ELECTION **
†□ IND □ COM □ OTH □ PTY □ SCC		\$	50	S	DATE DUE	_ s	DATE INCURRED	5
				PAID S FORGIVEN	_ s		s	SPER ELECTION **
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	DATE DUE	_	DATE INCURRED	\$
		A Company of the Comp		SFORGIVEN	_ \$	% RATE	s	SPER ELECTION **
[†] □ IND □ COM □ OTH □ PTY □ SCC		5	s	s	DATE DUE	. 5	DATE INCURRED	s
		SUBTOTALS \$. 0 :	1000.0	0 \$ 1000.00	\$		
Schedule B Summary			The state of the s		TO THE PERSON NAMED OF THE	(Enter (e) on Schedula E, Line 3	3)	
Loans received this period (Total Column (b) plus unitemized leans				\$	(+0t.1t	
2. Loans paid or forgiven this period						OTH – Other (e.g., PTY – Political Part	ommittee PTY or SCC) business entity) y	
 Net change this period. (Subtract Line Enter the net here and on the Summary 				NET \$	-1000.00 (May be a negalive number		SCC – Small Contri	butor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Schedule	E
Payments	Made

Type or print in ink.

Statement covers period	CALIFORNIA / CO
from10-1-2012	FORM 400
through10-20-2012	Page6 of 🔑
	I.D. NUMBER
	13/16/7

COMEDIII DE

Amounts may be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Steven Nascimento for Turlock City Council 2012 1341647

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airlime and production costs CMP campaign paraphernalia/misc. campaign consultants meetings and appearances returned contributions CTB contribution (explain nonmonetary)* SAL campaign workers' salaries office expenses TEL t.v. or cable airtime and production costs CVC civic donations petition circulating TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees phone banks polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) LIT NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Bistro 234 265.69 234 Main Street **FND** Turlock, CA 95381 Seegers Printing LIT 1070.52 210 N. Center Street Turlock, CA 95380 Pathways 1800.00 LIT 122 Maynell Ave Modesto, CA 95354 Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 3136.21

Schedule E Summary 3136.21 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100\$ _ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 3136.21