Supplemental Independent Expenditure Report (Government Code Section 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period		CALIFORNIA 465	
SEE INSTRUCTIONS ON REVERSE	Amendment (Explain Below)	through10/20/2012	OCT 2 5 2012	Page_1 of2	
		Date of election if applicable: (Month, Day, Year)	Office of the	For Official Use Only	
		11/06/2012	City Clerk		
1. Committee/Filer Information		Treasurer (If recipient cor	nmittee)		
COMMITTEE/FILER'S NAME		NAME OF TREASURER			
Turlock Action for Business - Political by Turlock Chamber of Commerce)	Chris Kiriakou				
STREET ADDRESS (NO P.O. BOX) 115 South Golden State Boulevard		MAILING ADDRESS 115 South Golden State Boulevard			
CITY STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE	
Turlock CA, 95380				209-632-2221	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	Teaching III	

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2. Name of Candidate or Measure Supported or Opposed			CHECK ONE	
NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	SUPPORT	OPPOSE	
MARY JACKSON	City Council Member CITY OF TURLOCK	x		
NAME OF BALLOT MEASURE	BALLOT NO./LETTER JURISDICTION -	SUPPORT	OPPOSE	

3. Independe	CUMULATIVE TO DATE CALENDAR YEAR				
DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	(JAN. 1 - DEC. 31)	
	PATHWAYS				
10/08/2012	P.O. BOX 577612	MAILER TO SUPPORT MARY JACKSON & STEVEN NASCIMENTO FOR TURLOCK CITY COUNCIL		2,402.74	
	Modesto, CA 95357			- 1.00 (1.000)	
	US POST OFFICE		3,462.48		
	555 EAST MAIN ST.	POSTAGE FOR MAILER TO SUPPORT MARY JACKSON & STEVEN NASCIMENTO FOR TURLOCH CITY COUNCIL	MEMO Subpayment made PATHWAYS	through:	
	Turlock, CA 95380				

Complemental Independent	Type or print in ink.	SUPPLEMENTAL I	IPPLEMENTAL INDEPENDENT EXPENDITURE		
Supplemental Independent Expenditure Report	Amounts may be rounded	Report covers period	CALIFO	DRNA / RAZ	
	to whole dollars.	from01/01/2012	FO	RMIA 465	
SEE INSTRUCTIONS ON REVERSE		10/20/2012 through	Page2	2 of2	
NAME OF FILER Turlock Action for Business - Political Action	I.D. NUMBE	ER (If recipient com.) 1302158			
4. Summary				2,402.74	
1. Total independent expenditures of \$100 or more	\$	2,402.74			
2. Total independent expenditures under \$100 made this period. (Not itemized.)				0.00	
3. Total independent expenditures made this period (Add Lines 1 + 2.)				2,402.74	

5. Filing Officers Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER SECRETARY OF STATE				3) NAME OF FILING OFFIC	ER		
ADDRESS POLITICAL REFORM DIVISION 1500 11TH ST. ROOM 495	(NO, AND STREET)			ADDRESS	(NO. AND STREET)		
CITY SACRAMENTO, CA 95814		STATE	ZIP CODE	CITY	44444444444444444444444444444444444444	STATE	ZIP CODE
2) NAME OF FILING OFFICER				4) NAME OF FILING OFFIC	ER		
ADDRESS	(NO. AND STREET)			ADDRESS	(NO. AND STREET)		
СПҮ		STATE	ZIP CODE	CITY		STATE	ZIP CODE

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of periup under the laws of the State of California that the foregoing is true and correct. $Executed \text{ on } 10 25 2012 \text{ By } \text{ By$

Executed on DATE	BY SIGNATURE OF FILER TREASURER OR ASSISTANT TREASURER
Executed on	By
Executed on	By
Executed on	By