Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	ink.	Pate Stimp	CALIFORNIA FORM 460			
	Statement covers period from7-1-2012	Date of election if applicable: (Month, Day, Year)	JAN 27 2015 Office of the	Page of For Official Use Only			
SEE INSTRUCTIONS ON REVERSE	through9-30-2012	Nov 2012	City Clerk				
1. Type of Recipient Committee: All committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Primarily Formed Ballot Measure Committee Controlled Misso Complete Part 5) Primarily Formed Candidate/ Officeholder Committee Political Party/Central Committee		 2. Type of Statement: Preelection Statement Quarterly Statement Semi-annual Statement Special Odd-Year Report Termination Statement Supplemental Preelection (Also file a Form 410 Termination) Statement - Attach Form 495 Imathematical error on previously submitted summary page 					
3. Committee information 1 committee NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Steven Nascimento for Turlock City Council 2012	. NUMBER 341647 2	Treasurer(s) NAME OF TREASURER Lisa Mantarro Moore MAILING ADDRESS 3929 Helen Perry Road					
STREET ADDRESS (NO P.O. BOX) 2390 Black Oak Street CITY STATE ZIP COL Turlock, CA 95382 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	209-620-8469	CITY Ceres, CA 95307 NAME OF ASSISTANT TREASU	STATE ZIP CC RER, IF ANY	DDE AREA CODE/PHONE 209-531-1278			
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIP CC	DDE AREA CODE/PHONE			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	· · · · · · · · · · · · · · · · · · ·			

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on $1 - 2075$	By
Executed on 1. 2.7.15	BySignature of Controlling Office holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	By Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460

enent FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

Recipient Committee Campaign Statement Cover Page — Part 2



Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE		
Steven Nascimento		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF	APPLICABLE	E)
Turlock City Council		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE	ZIP
2390 Black Oak Street, Turlock, CA 95382		

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUM	BER	
NAME OF TREASURER		CONTRO	LLED COMMITTEE?
			S 🗌 NO
COMMITTEE ADDRESS	STREET ADDRESS (1	NO P.O. BOX)	······································
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME		I.D. NUM	BER
NAME OF TREASURER		CONTRO	LLED COMMITTEE?
			S 🗌 NO
COMMITTEE ADDRESS	STREET ADDRESS (N	NO P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR GANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page	Type or print in ink. Amounts may be round to whole dollars.				Stater from through .	ment covers period 7-1-2012 	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Steven Nascimento for Turlock City Council 2012	· · · · · · · · · · · · · · · · · · ·			f			I.D. NUMBER 1341647
Contributions Received	TOTAL TH	mn A IS PERIOD ED SCHEDULES)		Column CALENDAR Y TOTAL TO DA	EAR	E	nmary for Candidates ne State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	4698.00 1000.00 5698.00 135.00 5833.00	හ හ භ	20 134 9	63.00 00.00 63.00 35.00 98.00	1/1 1 20. Contributions Received \$	through 6/30 7/1 to Date \$ _\$
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	6485.37 0 6485.37 0 6485.37	\$ \$	118	35.55 0 35.55 0 0 35.55	Candidates 22. Cumulati	Summary for State ve Expenditures Made* o Voluntary Expenditure Limit) Total to Date\$
Current Cash Statement 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. ENDING CASH BALANCE 17. LOAN GUARANTEES RECEIVED 17. LOAN GUARANTEES RECEIVED 18. Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$	5541.33 5698.00 0 6485.37 4753.96 0	am cor froi rep Co figu sut per the for car	calculate Colum ounts in Colum responding am m Column B of ort. Some amcolumn A may be ures that should btracted from p tod amounts. I first report bein this calendar y ry over the am m Lines 2, 7, ar y).	n A to the nounts your last punts in negative d be revious f this is ng filed year, only younts	*Amounts in this section r reported in Column B.	\$
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0				FPPC Toll-Free Helpli	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received		Amount	e or print in Ink. ts may be rounded whole dollars.		-2012	CALIFORNIA 460		
SEE INSTRUCTIO	NS ON REVERSE			through9	-30-12	Page	<u> </u>	
NAME OF FILER Steven Na	scimento for Turlock Cily Council 2012				/ "	1.d. n 1341	UMBER 647	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR V (JAN. 1 - DEC	(EAR	PER ELECTION TO DATE (IF REQUIRED)	
8-28-2012	Stephen Smith PO Box 7 . Turlock, CA 95381		owner SH Smith Farms	500.00				
9-14-2012	John Ferrari PO Box 55 Ballico, CA 95303		self farmer	2000.00				
9-14-2012	Michael Frantz 12337 Riverview Road Hickman, CA 95323	IZIND □COM □OTH □PTY □SCC	owner Frantz Nursery	250.00				
9-14-2012	LeeAnn Dias 7605 Falth Home Road Hilmar, CA 95324		homemaker	100.00	600.00			
9-28-2012	Vance Ahlem 271 Memory Lane Turlock, CA 95382		co-owner James Ahlem Dairy	100.00				
			SUBTOTALS	6 2950.00				
1. Amount re (Include al	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)					(other	al enl Commillee than PTY or SCC)	
	ceived this period - uniternized monetary contributions	s of less than §	\$100 \$	198.00 \	PTY	- Polilica	(e.g., business enlify) Il Party	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)		4698.00			Contributor Committee	

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Type or print in ink. Monetary Contributions Received Amounts may be rounded to whole dollars. NAME OF FILER Steven Nascimento for Turlock City Council 2012		be rounded [Statement covers period from7-1-2012 through9-30-12		512 FORM		
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 CALENDAR Y (JAN, 1 - DEC	YEAR	PER ELECTION TODATE (IF REQUIRED)
9-28-2012	Mlchele Gordon 1804 Greenfield Drive Turlock, CA 95382		SCIENTIST CSUSTANISLAUS	100.00			
9-28-2012	Stephanle Domingos 4132 Cherry Blossom Lane Turlock, CA 95382		dental hygenist Turlock Family Denistry	100.00			
9-28-2012	Mary Bettencourt 14011 East Avenue Turlock, CA 95380		owner East Lake Ranch	250.00			
9-28-2012	Rob Santos 901 E Monte Vista Ave Turlock, CA 95382	ØIND □COM □OTH □PTY □SCC	owner Monte Vista Small Animal Hospital	500.00			
9-28-2012	Jim DeMartini 5013 Jennings Road Modesto, CA 95358		owner DeMartni Inc	500.00			
SUBTOTAL\$ 1450.00							

*Contributor Codes [ND – Individual COM – Recipient Committee (ather than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

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Monetary	A (Continuation Sheet) Contributions Received	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from7-1-2012 through9-30-12		EORM 210	
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
9-28-2012	Jaime Tavares 3220 W Monte Vista PMB 184 Turlock, CA 95380		banker US Bank	100.00			
		IND COM OTH PTY SCC					
			SUBTOTAL	\$ 100.00			

*Contributor Codes IND-- Individual COM -- Recipient Committee (other than PTY or SCC) OTH -- Other (e.g., business entity) PTY -- Political Party SCC -- Small Contributor Committee

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Schedule B – Part 1 Loans Received		Type or print in ink. nounts may be rounded to whole dollars. from					SCHEDULE B - PART CALIFORNIA FORM 460 Page of I.D. NUMBER			
Steven Nascimento for Turlock City Cou	ncil 2012						1341647			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. HUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(1) Outstanding Balance Beginning This Period	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO		(0) INTEREST PAID THIS PERIOD	(1) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
Steven Nascimento 2390 Black Oak Street Turlock, CA 95382	District Director CA State Senate	1000.00	1000.00	PAID 5 FORGIVEN	s_ <u>2000.00</u>	% RATE	s <u>2000.00</u>	CALENDAR YEAR 5 PER ELECTION**		
		s	s	5	DATE DUE	S	DATE INCURRED	5		
		s	5	PAID 5 FORGIVEN	S	RATÉ	5	CALENDAR YEAR 5 PER ELECTION **		
				-	DATE DUE		DATE INCURRED	3		
				\$ \$	_ \$	№ Rate	5	CALENDAR YEAR		
		5	5	s	DATE DUE	\$	DATE INCURRED	£		
		SUBTOTALS \$	i 1000.00 :	}	\$ 2000.00	\$		<u> </u>		
Schedule B Summary				· · · · · · · · · · · · · · · · · · ·		(Enler (e) on Schedule E, Line 3)	<u>1</u>			
 Loans received this period	e of loss than \$100 \	****1 ***************		\$	1000.00					
 Loans paid or forgiven this period	0 paid or forgiven.) t are also itemized on Sched	lule A.)					TH – Ölher (e.g., FY – Political Parly	ommittee PTY ar SCC) business entity) . y		
3. Net change this period. (Subtract Line Enter the net here and on the Summar		······		NET \$	1000.00 (May be a negative number)		CC – Small Contrit	outor Committee		
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.]					FPPC Form	460 (January/05)		

Schedule C Nonmonetary Contributions Received			Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from7-1-2012		CALIFORNIA FORM 460		
SEE INSTRUCT	TIONS ON REVERSE				thro	ugh9-30-1	2	Page(8_ of 10
	* ascimento for Turlock City Council 2012						<u></u>	I.D. NUMB	ER
Olevenin								134164	7
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 BUGINESS)	DESCRIPTION OF GOODS OR SERVICES		AMOUNT/ FAIR MARKET VALUE	CALENDAR YEAR TO DAT		PER ELECTION TO DATE (IF REQUIRED)
9-4-2012	Steven Nascimento 2390 Black Oak Street Turlock, CA 95382	DIND □COM □OTH □PTY □SCC	District Director CA State Senate	poslage		135.00	135.00		
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					<u></u>		
		□IND □COM □OTH □PTY □SCC							
Attach add	ditional information on appropriately labe	led continuati	on sheets.	SUBTO	TAL \$				
	e C Summary		ан - така				(*Conl	ributor Cod	

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1. Amount received this period – itemized nonmonetary contributions.	IND – Individual
(Include all Schedule C subtotals.)	COM – Recipient Committee
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$	(other than PTY or SCC) OTH – Other (e.g., business entity)
3. Total nonmonetary contributions received this period.	PTY – Political Party
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	SCC – Small Contributor Committee

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from7-1-2012	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE		through9-30-12	Page of		
Steven Nascimento for Turlock City Council 2012			1.D. NÜMBER 1341647		
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants	s the payment, you may enter the code. (MBR member communications MTG meetings and appearances	RAD radio airlime and production	costs		
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	OFC office expenses PET petition circulating PHO phone banks	SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and	meals		
FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	TRS staff/spouse travel, lodging, a TSF transfer between committees VOT voter registration WEB information technology costs	mmittees of the same candidate/sponsor		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Seegers Printing 210 N. Center Street Turlock, CA 95380	LIT		2222.54
City of Turlock 156 S Broadway #140 Turlock, CA 95380	FIL		1250.00
Kirk Briggs Signs 551 S Yosemite Oakdale, CA 95361	CMP		2053.40

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 5525.94

Schedule E Summary

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1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	6185.94
2. Unitemized payments made this period of under \$100 \$	299.43
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	6485.37

(Continuation Sheet) Amoun		in Ink. e rounded Ilars.		Statement covers period from7-1-2012 through9-30-12			SCHEDULE E (CONT.) CALIFORNIA 460 FORMI Page / 0 of / 0 I.D. NUMBER 1341647	
CTB contribution (explain nonmonetary)* C CVC civic donations F FIL candidate filling/bailot fees F FND fundraising events F IND independent expenditure supporting/opposing others (explain)* F LEG legal defense F UT campaign literature and mailings F	ABR member.com ATG meetings and DFC office expen TET petition circul AD phone banks POL polling and s POS postage, deli	munications d appearance ses aling urvey resear very and me	25	RAD rad RFD rel SAL ca TEL t.v. TRC ca TRS sta TSF tra VOT vol	escribe the payment. dlo airlime and production urned contributions mpalgn workers' salaries or cable airlime and prod ndidate travel, lodging, an iff/spouse travel, lodging, nsfer between committee ter registration ormallon technology costs	cosis Juction cost: d meals and meals s of the sar	s ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMEER)		CODE	DR	DESCRIPTION OF	PAYMENT		AMOUNT PAID	
Langman Consulting PO Box 579231 Modesto, CA 95357		POS					360.00	
Kenneth Lee Groves Jr 1909 5th Street Ceres, CA 95307		SAL					300.00	
				 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
* Payments that are contributions or independent expenditures must also be	summarized on S	chedule D.			SUE	BTOTAL \$	660.00	

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