COVER PAGE **Recipient Committee** Type or print in ink. **CALIFORNIA Campaign Statement** FORM **Cover Page** FFR - 4 2013 (Government Code Sections 84200-84216.5) Page Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only 10-21-2012 Office of the City Clerk 12-31-12 November 6, 2012 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure ☐ Preelection Statement Quarterly Statement O State Candidate Election Committee Committee ✓ Semi-annual Statement Special Odd-Year Report Controlled ☐ Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Sponsored Primarily Formed Candidate/ Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1341647 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Lisa Mantarro Moore Steven Nascimento for Turlock City Council 2012 MAILING ADDRESS 3929 Helen Perry Road STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 2390 Black Oak Street CA Ceres 95307 209-531-1278 CITY NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE AREA CODE/PHONE Turlock CA 95382 209-620-8469 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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, Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on .

Executed on ...

Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (January)টে5)
FPPC Toll-Free Helpline: 856/ASK-FPPC (টেট্ৰ/275-3172)
State of Callfornia

	Officeholder or Candidate Controlled Committee			Primarily Formed Balle	ot Measure	Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	Steven Nascimento							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	OT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
	Turlock City Council							OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP		Identify the controlling of	iooboldar ca	andidato or stato m	noscuto n	rononant if any
	2390 Black Oak Street Turlock	, CA 95382				<u> </u>	neasure p	roponent, it any.
				NAME OF OFFICEHOLDER, CAI	NDIDALE, OR PI	KOPONENT		
	Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your car	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTR	RICT NO. II	ANY
	COMMITTEE NAME	I.D. NUMBER				· · · · · · · · · · · · · · · · · · ·		
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can				
	NAME OF TREASURER	YES NO		officeholder(s) or candidate(s	s) for which th	is committee is prim	arily forme	≥d.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	OR HELD	SUPPORT OPPOSE
	COMMITTEE ADDRESS (NO P.O. B	ox)					***	

Campaign Disclosure Statement Summary Page

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

Statement covers period CALIFORNIA **FORM** 10-21-2012 from 12-31-12

SUMMARY PAGE

Total to Date

through _ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Steven Nascimento for Turlock City Council 2012 1341647 Column A Calendar Year Summary for Candidates Column B **Contributions Received** TOTALTHIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTALTODATE General Elections 14918.50 1. Monetary Contributions Schedule A. Line 3 \$ 1/1 through 6/30 7/1 to Date 1000.00 20. Contributions 696.50 15918.50 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 S Received 0 935.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 696.50 16853.50 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ Made **Expenditures Made Expenditure Limit Summary for State** 17981.30 6. Payments Made Schedule E, Line 4 \$ Candidates 7. Loans Made Schedule H. Line 3 0 0 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 2979.54 17981.30 (if Subject to Voluntary Expenditure Limit) 750.00 750.00

Cash Equivalents and Outstanding Debts		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _	
If this is a termination statement, Line 16 must be zero.		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ _	-686.29
15. Cash Payments	-	3729.54
14. Miscellaneous Increases to Cash Schedule I, Line 4	-	0
13. Cash Receipts Column A, Line 3 above	_	696.50
12. Beginning Cash Balance	\$ -	2346,75
Current Cash Statement		
11. TOTALEXPENDITURES MADE Add Lines 8 + 9 + 10	_	
10. Nonmonetary Adjustment	_	0

18. Cash Equivalents See instructions on reverse S __ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _

To calculate Column B. add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

18731.30

*Amounts in this section may be different from amounts reported in Column B.

Date of Election

(mm/dd/yy)

FPPC Form 460 (January/05) 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		CALIFORNIA / CO
from	10-21-2012	FORM 40U
through _	12-31-12	Page U of 1
 		I.D. NUMBER
		1341647

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steven Nascimento for Turlock City Council 2012

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 (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10-25-12	Daniel McCauley 1729 N. Olive Ave. Turlock, CA 95382	☑IND □COM □OTH □PTY □SCC	self employed physician	150.00	150.00	
11-5-2012	Joe Louro 4165 Donovan Way Turlock, CA 95382	☑IND □COM □OTH □PTY □SCC	retired	100.00	100.00	
11-5-2012	PG&E 77 Beale Street San Francisco, CA	☐IND ☐COM ØOTH ☐PTY ☐SCC		250.00	250.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL S	500		

Schedule A Su	ımmary
---------------	--------

*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

FPPC Form 460 (January/05)

Sched	ule	B	Рa	rt	1
Loans	Red	eive	be		

** If required.

Type or print in ink.

SCH	IE DI	HER.	- PART

Loans Received	Am	ounts may be ro to whole dollar			from 10-2	ers perioa 1-2012	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE						-31-12	Page	of
NAME OF FILER			***************************************	······································			I.D. NUMBER	
Steven Nascimento for Turlock City Cour	ncil 2012						1341647	
FULL NAME, STREET ADDRESS 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 PAIL OR FORGIVE THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Steven Nascimento 2390 Black Oak Street Turlock, CA 95382	District Director State Senate	1000.00	0	s O	s 1000.00	%	s 2000.00	SPERELECTION**
TO IND COM OTH PTY SCC		s	s	s	DATE DUE	\$	DATE INCURRED	s
				5 FORGIVEN	. 5	% RATE	s	CALENDAR YEAR 5 PERELECTION **
TO IND COM OTH PTY SCC		\$	5	\$	DATE DUE	S	DATE INCURRED	S
				PAID S FORGIVEN	s		s	SPERELECTION**
TO IND COM OTH PTY SCC		S	\$	\$	DATE DUE	S	DATE INCURRED	5
		SUBTOTALS \$		\$	\$ 1000.00	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans			****************	\$	0	(†	Contributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that 			\$	0	C	OTH - Other (e.g., PTY - Political Part	PTY or SCC) business entity) y	
Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.) / Page, Column A, Line 2.	.,		NET \$	O May be a negative number)	(s	SCC – Small Contri	butor Committee
*Amounts forgiven or paid by another party also r	must be reported on Schedule A.	7						

Schedule E	
Payments Ma	ide

Type or print in lnk.

SCHEDULEE Statement covers period **CALIFORNIA** FORM 10-21-2012 from . 12-31-12 through I.D. NUMBER

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. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs phone banks TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals FND fundraising events polling and survey research independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor ND TSF VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE CODE OR AMOUNT PAID (IF COMMITTEE, ALSO ENTER LD, NUMBER) DESCRIPTION OF PAYMENT Turlock City News.com PO Box 3867 PRT 600.00 Turlock, CA 95381 Kirk Briggs Signs CMP 613.81 551 S Yosemite Avenue Oakdale, CA 95361 Costco 189,52 2955 N Tegner Road FND Turlock, CA 95380 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 1403.33 Schedule E Summary 2792.33 187.21 2979.54

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

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

CALIFORNIA 460	
Page of 7	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steven Nascimento for Turlock City Council 2012

I.D. NUMBER 1341647

CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MER member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services of	ns nces earch messenger services	Otherwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/s VOT voter registration WEB information technology costs (internet, e-mail)			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Events Unlimited PO Box 576473 Modesto, CA 95357	FNd	750.00	750.00	0	750.00	
 Payments that are contributions or Independent expenditures must also be summarized on Schedule D. 	SUBTOTALS :	750.00	\$ 750.00	\$ 0	\$ 750.00	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized expenses of \$100 or more, plus			INC	URRED TOTALS \$	750.00	
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)						
Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and	i 		NET \$	750.00 May be a negative number	