

Supplemental Independent Expenditure Report
(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from 01/01/2012 through 10/20/2012 Date of election if applicable: (Month, Day, Year) 11/06/2012	RECEIVED OCT 25 2012 Office of the City Clerk	CALIFORNIA FORM 465 Page 1 of 2 For Official Use Only
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1. Committee/Filer Information

COMMITTEE/FILER'S NAME

Turlock Action for Business - Political Action Committee (Sponsored by Turlock Chamber of Commerce)

STREET ADDRESS (NO P.O. BOX)

115 South Golden State Boulevard

CITY STATE ZIP CODE AREA CODE/PHONE

Turlock CA, 95380 209-632-2221

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)
1302158

Treasurer (If recipient committee)

NAME OF TREASURER

Chris Kiriakou

MAILING ADDRESS

115 South Golden State Boulevard

CITY STATE ZIP CODE AREA CODE/PHONE

Turlock CA, 95380 209-632-2221

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE	
		SUPPORT	OPPOSE
STEVEN NASCIMENTO	City Council Member CITY OF TURLOCK	X	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	OPPOSE

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

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

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Report covers period		CALIFORNIA FORM 465
from	01/01/2012	
through	10/20/2012	Page <u>2</u> of <u>2</u>
NAME OF FILER Turlock Action for Business - Political Action Committee (Sponsored by Turlock Chamber of Commerce)		I.D. NUMBER (If recipient com.) 1302158

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	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.)	TOTAL \$	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

ADDRESS (NO. AND STREET)
POLITICAL REFORM DIVISION
1500 11TH ST. ROOM 495
CITY STATE ZIP CODE
SACRAMENTO, CA 95814

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)
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 perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/25/2012
DATE

Executed on 10/25/2012
DATE

Executed on _____
DATE

Executed on _____
DATE

By Amy Wilson, CPA
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By Thom R. Hulea
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT