

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

DATE STAMP
RECEIVED
MAR 1 2012
City of Turlock

CALIFORNIA
FORM
460
Page 1 of 3
For Official Use Only

Type or print in ink.

Statement covers period from 01/01/2010 through 06/30/2010

Date of election if applicable (Month, Day, Year) _____

SEE INSTRUCTIONS ON REVERSE

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
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored (Also Complete Part 6)
 Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement: Administrative Services

Preelection Statement
 Semi-annual Statement
 Termination Statement (Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental/Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
NICK HACKLER FOR TURLOCK CITY COUNCIL

I.D. NUMBER
1290600

STREET ADDRESS (NO P.O. BOX)
2531 MOONEYHAM CT.

CITY
TURLOCK STATE
CA ZIP CODE
95382 AREA CODE/PHONE
209-603-1051

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
2420 POLYVIEW

CITY
TURLOCK STATE
CA ZIP CODE
95382 AREA CODE/PHONE
209-667-6588

MAILING ADDRESS
2420 SEBASTIAN

CITY
TURLOCK STATE
CA ZIP CODE
95382 AREA CODE/PHONE
209-656-7010

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
KEVIN KAJIOKA

MAILING ADDRESS
2240 POLYVIEW

CITY
TURLOCK STATE
CA ZIP CODE
95382 AREA CODE/PHONE
209-667-6588

NAME OF ASSISTANT TREASURER, IF ANY
REBECCA ARELLANO

MAILING ADDRESS
2420 SEBASTIAN

CITY
TURLOCK STATE
CA ZIP CODE
95382 AREA CODE/PHONE
209-656-7010

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 _____ Date _____
 By Kevin Kajioka Signature of Treasurer or Assistant Treasurer

Executed on _____ Date _____
 By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date _____
 By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on _____ Date _____
 By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
NICK HACKLER FOR TURLOCK CITY COUNCIL

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
TURLOCK CITY COUNCIL - TURLOCK

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
FORM **460**

Statement covers period
from 01/01/2010
through 06/30/10

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NICK HACKLER FOR TURLOCK CITY COUNCIL

I.D. NUMBER

1290600

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 0	\$ 0
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 0	\$ 0
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 0	\$ 0

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ 0 \$
21. Expenditures Made \$ 0 \$

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 0	\$ 0
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 0	\$ 0
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 0	\$ 0

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) _____ Total to Date _____
 _____ / _____ / _____ \$ _____
 _____ / _____ / _____ \$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 1093.20
13. Cash Receipts	Column A, Line 3 above 0
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0
15. Cash Payments	Column A, Line 8 above 0
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1093.20

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

See instructions on reverse \$ _____

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).

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