

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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)

Statement covers period from Aug/06 through 9.30.06

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

11.7.06

- 2. Type of Statement:**
- 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)

Committee to Elect Mary Jackson

I.D. NUMBER

STREET ADDRESS (NO P.O. BOX)

1129 La Sombra

CITY

Turlock

STATE

CA

ZIP CODE

95380

AREA CODE/PHONE

209/656.8810

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

PO BOX 2056

CITY

Turlock

STATE

CA

ZIP CODE

95331

AREA CODE/PHONE

209/595.1372

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kurt Nagss

MAILING ADDRESS

PO BOX 2056

CITY

Turlock

STATE

CA

ZIP CODE

95331

AREA CODE/PHONE

209/656.8810

MAILING ADDRESS

CITY

Turlock

STATE

CA

ZIP CODE

95331

AREA CODE/PHONE

209/656.8810

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 9.10.06

Date

Executed on 10.6.06

Date

Executed on _____

Date

Executed on _____

Date

By Kurt Nagss
Signature of Treasurer or Assistant Treasurer

By Mary Jackson
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

RECEIVED

Date Stamp

OCT - 6 2006

TURLOCK CITY CLERK

CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

CALIFORNIA
FORM
460

Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mary Jackson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Candidate, Turlock City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY, STATE ZIP
PO Box 2056, Turlock CA 95331

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 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	<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

Statement covers period
from 9-06
through 9-30-06

CALIFORNIA
FORM **460**

Page 3 of 8
I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Jackson

Contributions Received

Column B
CALENDAR YEAR
TOTAL TO DATE

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

1. Monetary Contributions	Schedule A, Line 3	\$	<u>670.-</u>	\$	1/1 through 6/30	7/1 to Date
2. Loans Received	Schedule B, Line 3	\$	<u>1,000.-</u>	\$		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$	<u>1,670.-</u>	\$		
4. Nonmonetary Contributions	Schedule C, Line 3	\$	<u>0</u>	\$		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$		\$		

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$	<u>804.-</u>	\$
7. Loans Made	Schedule H, Line 3	\$		\$
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	<u>804.-</u>	\$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$	<u>1,952.-</u>	\$
10. Nonmonetary Adjustment	Schedule C, Line 3	\$		\$
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	<u>2,756.-</u>	\$

**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	\$	<u>1,140.-</u>
13. Cash Receipts	Column A, Line 3 above	\$	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$	
15. Cash Payments	Column A, Line 8 above	\$	<u>574.-</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$	<u>1,091.-</u>

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

To calculate Column B, add amounts in 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.

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

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

Schedule A

Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
FORM
460

Statement covers period
from Aug-06
through 9.30.06

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Jackson

I.D. NUMBER

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8.23.06	Alan Strauss 4304 Mugnet - Modesto,	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	40.-	40.-	40.-
8.30.06	Joe & Margaret Souza 4101 Harding Turlock, CA. 95380	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Treasurer, City of Paterson Accountant	50.-	50.-	50.-
8.30.06	Kathy O'Brien 2005 Carnigan Turlock, CA. 95380	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher	60.-	60.-	60.-
8.30.06	Larry Sanders 681 Minaret Turlock, CA. 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Newspaper Publishing Distributor	100.-	100.-	100.-
8.30.06	Tony Rojas 1536 Neil Turlock, CA. 95380	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Custodian	20.-	20.-	20.-

SUBTOTAL \$

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 270.-

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ ---

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 270.-

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

Schedule A

Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
FORM **460**

Statement covers period
from 8-06
through 9-30-06

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary JACKSON

I.D. NUMBER

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-30-06	Timmy & Dolores LaVelle 1260 Linn TUNLOCK, CA. 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountants, CFO Today	100.-	100.-	100.-
9-1-06	Kurt NASS PO BOX 2056 TUNLOCK, 95381	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Computer Consultant	300.-	300.-	300.-
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 400.-

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ _____

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 400.-

*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)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER MARY JACKSON

(a) FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(b) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(c) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(d) AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(f) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(g) INTEREST PAID THIS PERIOD	(h) ORIGINAL AMOUNT OF LOAN	(i) CUMULATIVE CONTRIBUTIONS TO DATE
<u>MARY JACKSON</u> <u>PO BOX 2056</u> <u>Turlock, CA 95381</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Executive</u> <u>Director,</u> <u>Lodi District</u> <u>Grape Growers</u> <u>Asso.</u>	<u>0</u>	<u>\$ 1,000.-</u>	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<u>\$</u>	<u>%</u> RATE	<u>\$</u>	<u>\$</u> PERELECTION**
		<u>\$</u>	<u>\$</u>	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<u>\$</u>	<u>%</u> RATE	<u>\$</u>	<u>\$</u> PERELECTION**
		<u>\$</u>	<u>\$</u>	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<u>\$</u>	<u>%</u> RATE	<u>\$</u>	<u>\$</u> PERELECTION**
SUBTOTALS \$		\$	\$	\$	\$	\$	\$	\$

Schedule B Summary
 (Enter (e) on Schedule E, Line 3)

1. Loans received this period \$ 1,000.-
 (Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period \$ _____
 (Total Column (c) plus loans under \$100 paid or forgiven.)
 (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 1,000.-
 Enter the net here and on the Summary Page, Column A, Line 2.
 (May be a negative number)

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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Jackson

Statement covers period
from 8-06
through 9-30-06

Page 7 of 8

I.D. NUMBER

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 |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Wilmes Company 5478 Mission So. SF, CA.</i>	<i>CMP</i>		<i>1/2 cost of yard signs (balance due Oct.)</i>	<i>\$ 579.-</i>
<i>Briggs Sign Co. 4400 F. Post Oakdale, 95361</i>	<i>CMP</i>		<i>4x8 foot signs</i>	<i>\$ 225.-</i>

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

SUBTOTAL \$ 804.-

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 804.-
- Unitemized payments made this period of under \$100 \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 804.-**

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

Statement covers period
from 8-06
through 9-30-06

CALIFORNIA **460**
FORM

Page 8 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mary Jackson

I.D. NUMBER

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
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
<i>Wilmes Signs 5978 Mission SF, CA</i>	<i>CMP</i>	<i>\$500.-</i>			
<i>Home Depot 2800 Countryside Turlock, CA 95382</i>	<i>CMP</i>	<i>77.-</i>			
<i>Campaign Strategies 3500 Main St. Irvine, CA</i>	<i>LIT</i>	<i>1,375.-</i>			
SUBTOTALS \$		<i>1,952.-</i>	\$	\$	\$

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** _____
- 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.) **PAID TOTALS \$** _____
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 1,952
May be a negative number