

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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Date Stamp

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AUG -- 2 2011

TURLOCK CITY CLERK

CALIFORNIA FORM 460

Page 1 of 3

For Official Use Only

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

\_\_\_\_\_

Statement covers period from 1-1-2011 through 6-30-2011

SEE INSTRUCTIONS ON REVERSE

**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 Preliminary Statement - Attach Form 495

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee

State Candidate Election Committee (Also Complete Part 5)

Recall

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)

**3. Committee Information**

I.D. NUMBER 1291275

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect Mary Jackson

NAME OF TREASURER Kurt Nass

MAILING ADDRESS Same as Committee

CITY STATE ZIP CODE AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX) 1129 La Sombra

CITY STATE ZIP CODE AREA CODE/PHONE Turlock CA 95380 209-585-7372

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

mary4turlock@sbcglobal.net

**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 July 29, 2011 Date

By Kurt Nass Signature of Treasurer or Assistant Treasurer

Executed on July 29, 2011 Date

By Mary Jackson 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

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COVER PAGE - PART 2

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA  
FORM **460**

Page 2 of 3

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
**Mary Jackson**

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1129 La Sombra Turlock CA 95380**

**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 PROPOONENT

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 1-1-2011  
through 6-30-2011

CALIFORNIA  
FORM 460

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Mary Jackson

I.D. NUMBER

1291275

## Contributions Received

Column B  
CALENDAR YEAR  
TOTAL TO DATE

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
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	\$ _____

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

20. Contributions Received \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_

## Expenditures Made

## Expenditure Limit Summary for State Candidates

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	\$ _____

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	\$ 1,212.55
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	_____
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,212.55

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ _____
<b>Cash Equivalents and Outstanding Debts</b>		
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.