

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA FORM 460

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For Official Use Only

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MAR 1 2012

City of Turlock

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

Statement covers period from 01/01/2011 through 06/30/2011

SEE INSTRUCTIONS ON REVERSE

2. Type of Statement Administrative Services

- Pre-election Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election 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
- 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)

3. Committee Information

I.D. NUMBER 1290600

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

NICK HACKLER FOR TURLOCK CITY COUNCIL

Treasurer(s)

NAME OF TREASURER

KEVIN KAJIOKA

MAILING ADDRESS

2240 POLYVIEW

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

NAME OF ASSISTANT TREASURER, IF ANY
 REBECCA ARELLANO

MAILING ADDRESS
 2420 SEBASTIAN

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

OPTIONAL: FAX / E-MAIL ADDRESS

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

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

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

CITY STATE ZIP CODE AREA CODE/PHONE

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
 Executed on 6/30/11 Date
 Executed on _____ Date
 Executed on _____ Date

By _____ Signature of Treasurer or Assistant Treasurer
 By _____ 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

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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

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 01/01/2011
through 06/30/2011

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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 \$ 0
21. Expenditures Made \$ 0 \$ 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 Total to Date
(mm/dd/yy) / / \$ / / \$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 867.96
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 \$ 867.96

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.