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Statement of Organization Recipient Committee

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STATEMENT OF ORGANIZATION

Statement Type [X] Initial [] Not yet qualified [X] or

[] Amendment List I.D. number: #

[] Termination - See Part 5 List I.D. number: #

OCT 03 2011

_____ Date qualified as committee _____

ADMINISTRATIVE SERVICES

Date qualified as committee _____ (if applicable)

Date of Termination _____

RECEIVED AND FILE stamp with date SEP 16 2011 and DEBRA BOWEN Secretary of State

1. Committee Information

NAME OF COMMITTEE Steven Nascimento for Turlock City Council 2012

2. Treasurer and Other Principal Officers

NAME OF TREASURER Fernando Nascimento
STREET ADDRESS (NO P.O. BOX) 2571 Roberts Road
CITY Turlock STATE CA ZIP CODE 95382 AREA CODE/PHONE 209-634-1215

STREET ADDRESS (NO P.O. BOX) 2390 Black Oak Street
CITY Turlock STATE CA ZIP CODE 95382 AREA CODE/PHONE 209-681-4466

MAILING ADDRESS (IF DIFFERENT) P.O. Box 3866 Turlock, CA 95381
OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE Stanislaus
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE Stanislaus

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing 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 9/14/11 DATE
Executed on 9/14/11 DATE
Executed on _____ DATE
Executed on _____ DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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COMMITTEE NAME

I.D. NUMBER

Steven Nascimento for Turlock City Council 2012

4. Type of Committee

Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Steven Nascimento	Turlock City Council	2012	<input checked="" type="checkbox"/> Non-Partisan <input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION _____ BANK ACCOUNT NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE
		SUPPORT
		OPPOSE

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COMMITTEE NAME

I.D. NUMBER

Steven Nascimento for Turlock City Council 2012

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Support Steven Nascimento for Turlock City Council 2012

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET

CITY

STATE ZIP CODE

Small Contributor Committee

_____ Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.