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PRACTICES COMMISSION



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**1. Office, Agency, or Court**

Agency Name \_\_\_\_\_  
City of Ceres  
Division, Board, Department, District, if applicable \_\_\_\_\_ Your Position Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County \_\_\_\_\_
- City of Ceres
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual:** The period covered is January 1, 2012, through December 31, 2012.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2012.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ (Check one)
  - The period covered is January 1, 2012, through the date of leaving office.
  - The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

**None - No reportable interests on any schedule**

5. Verifying the accuracy of the information provided in this statement and any attached schedules is true and complete. I acknowledge that I am responsible for the accuracy of the information provided in this statement and any attached schedules. I certify under penalty of perjury under the laws of the State of California that the information provided in this statement and any attached schedules is true and complete. I acknowledge that I am responsible for the accuracy of the information provided in this statement and any attached schedules.

Date Signed \_\_\_\_\_  
(month, day, year)