Recipient Committee Campaign Statement Cover Page

Page Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only from January 1, 2023 November 8, 2022 through February 22, 2023 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Primarily Formed Ballot Measure **Quarterly Statement** Officeholder, Candidate Controlled Committee Semi-annual Statement O State Candidate Election Committee Special Odd-Year Report Committee **Termination Statement** O Recall Controlled (Also file a Form 410 Termination) Sponsored (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1418900 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Nancy Young for Tracy Mayor 2022 LaVerne Jackson MAILING ADDRESS ZIP CODE AREA CODE/PHONE STATE STREET ADDRESS (NO P.O. BOX) CA 95376 Tracy AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY ZIP CODE CITY STATE Meena Saiprasad 95376 CA Tracy MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX ZIP CODE AREA CODE/PHONE AREA CODE/PHONE CITY STATE CITY ZIP CODE STATE CA 95376 Tracv OPTIONAL: FAX / E-MAIL ADDRESS 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 02/22/2023Executed on Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

COVER PAGE

CALIFORNIA

FORM

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	R PAGE - PART 2
CALIFORM FORM	MA 460
Page 2	of 7

Officeholder or Candidate Controlled Comm	nittee			6.	. Prim	arily Formed Ballo	t Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME	OF BALLOT MEASURE		-		
Nancy D. Young										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER	IF APPLICA	ABLE)		BALL	OT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Mayor (City of Tracy)										OPPOSE
	CITY	STATE	ZIP		Ident	ify the controlling office	eholder, candid	late, or state	measure prop	onent, if any.
	Tracy	CA	95376			OF OFFICEHOLDER, CA				
•					NAME	OF OFFICEHOLDER, OF	at Dibrite, oit			
Related Committees Not Included in this Sta not included in this statement that are controlled by you o contributions or make expenditures on behalf of your can	r are primarily	ist any con formed to	nmittees receive		OFFI	CE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER	R			***					
	CONTROLL	ED COMMI	TTEE2	7.	. Prin	narily Formed Can holder(s) or candidate(s	didate/Offic	eholder Co	ommittee Li	st names of
NAME OF TREASURER	YES	□ NO			опіс	molder(s) or candidate(s) for winch ans	committee io	printerny remine	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.					NAM	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	☐ SUPPORT
										☐ OPPOSE
CITY STATE ZIP	CODE	AREA CO	DE/PHONE		NAMI	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBE	R			NAMI	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLL				NAM	OF OFFICEHOLDER OF	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT
	☐ YES	Пис)							☐ OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	. BOX)								1000	
CITY STATE ZIP	CODE	AREA CO	DE/PHONE			Att	ach continuati	on sheets if r	necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from January 1, 2023	california 460
through February 22, 2023	Page _3 of _7
	I.D. NUMBER
	1418900

Column A TOTAL THIS PERIOD	Column B	Calendar Year Summary for Candidates
(FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE	Running in Both the State Primary and General Elections
\$\\ \\$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	\$\frac{92632.60}{0.00}\$ \$\frac{92632.60}{0.00}\$ \$\frac{92632.60}{0.00}\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$ \$
637.00 0.00 7 \$ 637.00 0.00 0.00 0.00 637.00	\$\frac{93942.44}{0.00}\$ \$\frac{93942.44}{0.00}\$ \frac{0.00}{0.00}\$ \$\frac{93942.44}{0.44}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
6 \$ \frac{-7.21}{-70.15} 4 \frac{714.36}{637.00} 5 \$ \frac{0.00}{0.00} 2 \$ \frac{0.00}{0.00}	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. FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
3 2 3 4 4 3 7 3 3 6	-9795.00 -70.15 -70.15 -70.15 -70.15 -70.15 -70.15 -70.15 -70.15 -70.10	-9795.00

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Monetary Contributions Received		to	whole dollars.	Statement covers period from January 1, 2023		FORM 460	
SEE INSTRUCTI	IONS ON REVERSE			through February	22, 2023	Page	of 7
NAME OF FILER Nancy D. Yo	3					1.D. N 14189	UMBER 00
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR ((JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
1/11/2023	Stars Gaming Inc. 775 West Clover Road Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		2400.00	4900.00		4900.00
1/31/2023	Sheet Metal Workers Local Union 104 Pol. Committee 3232 Constitution Drive Livermore, CA 94551	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00		500.00
2/22/2023	Nancy D. Young Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Candidate forgive loan	6824.85			
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL	\$ 9724.85			
1. Amount re	A Summary eceived this period – itemized monetary contributions all Schedule A subtotals.)		\$ 97	24.85	CO	(othe	lual pient Committee er than PTY or SCC)
•	eceived this period – unitemized monetary contributio			00	PT	Y - Politic	r (e.g., business entity) cal Party I Contributor Committee
	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, Co					FP	PC Form 460 (Jan/2016)

S	ch	ec	iul	е	В	_	Pa	ırt	1	
ı.	na	ns	: R	۵	CP	iv	ed			

Amounts may be rounded to whole dollars.

	COLLEGEE D 1741
Statement covers period from January 1, 2023	CALIFORNIA 460
through February 22, 2023	Page <u>5</u> of <u>7</u>
	I.D. NUMBER
	1418900

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Nancy D. Young (g) CUMULATIVE ORIĞİNAL IF AN INDIVIDUAL, ENTER INTÈREST OUTSTANDING OUTSTANDING AMOUNT AMOUNT PAID FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT OF CONTRIBUTIONS OCCUPATION AND EMPLOYER BALANCE AT PAID THIS BALANCE BEGINNING THIS RECEIVED THIS OR FORGIVEN OF LENDER CLOSE OF THIS LOAN PERIOD TO DATE (IF SELF-EMPLOYED, ENTER THIS PERIOD * PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD NAME OF BUSINESS) PERIOD CALENDAR YEAR **✓** PAID , 10815.00 , 10815.00 Candidate s 2970.15 0.00 s Nancy D. Young RATE PER ELECTION* **✓** FORGIVEN Tracy, CA 95376 9795.00 0.00 s 6824.85 10/25/22 DATE INCURRED DATE DUE [†]

✓ IND □ COM □ OTH □ PTY □ SCC CALENDAR YEAR PAID RATE PER ELECTION* FORGIVEN DATE INCURRED DATE DUE ☐ COM ☐ OTH ☐ PTY ☐ SCC [†]□ IND CALENDAR YEAR ☐ PAID RATE FORGIVEN PER ELECTION** DATE INCURRED DATE DUE ☐ COM ☐ OTH ☐ PTY ☐ SCC \$ 0.00 0.00 SUBTOTALS \$ 0.00 **s** 9795.00 \$ (Enter (e) on Schedule E, Line 3) †Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC)

S	Schedule B Summary					
1.	Loans received this period	\$	0.00			
^	(Total Column (b) plus unitemized loans of less than \$100.) Loans paid or forgiven this period	\$	9795.00			
	(Total Column (c) plus loans under \$100 paid or forgiven.)		-9795 00			
3.	(Include loans paid by a third party that are also itemized on Schedule A.) Net change this period. (Subtract Line 2 from Line 1.)	Γ\$	-3133.00			
			(May be a negative number)			

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.

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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S	ch	edi	ule	E	
Pa	ay	me	nts	Mad	ek

Amounts may be rounded to whole dollars.

	SOUIE DOLL E
Statement covers period	CALIFORNIA 160
from January 1, 2023	FORM 460
through February 22, 2023	Page of
	I.D. NUMBER

1418900

SCHEDIII E E

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

Nancy D. Young

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations

TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events

POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) LEG legal defense

PRT print ads

TSF transfer between committees of the same candidate/sponsor

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
Smartlite 4800 N. Federal Hwy., Suite 200A Boca Raton, FL 33431	PRT			590.00

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

SUBTOTAL \$ 590.00

Schedule	E Summary
----------	-----------

2. Unitemized payments made this period of under \$100.....\$ _ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

Miscellaneous Increases to Cash	to whole dollars.	Otatana and a susana manifest	
	to mole usuals.	Statement covers period from January 1, 2023	california 460
		through February 22, 2023	Page 7 of 7
Name of filer Nancy D. Young			1.D. NUMBER 1418900
DATE FULL NAME AND ADDRESS OF SOURCE RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
02/16/2023 City of Tracy 333 Civic Center Drive Tracy, CA 95376	Election Cand Refund	lidate Statement of Qualifications	714.36
Attach additional information on appropriately labeled continuation sheets.		SUBTOTA	L\$ 714.36
Schedule I Summary		\$ 714.36	
Itemized increases to cash this period. Unitemized increases to cash of under \$100 this period.		0.00	

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from October 23, 2022	(World), Day, Today	RECEIVED CLERK'S OFFIC	For Official Ose Offig
SEE INSTRUCTIONS ON REVERSE	through December 31, 2022	November 8, 2022	EB-I AM 9:44 YOF TRACK	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	RACY OF	
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter Amendment (Explain bel	rmination)	Quarterly Statement Special Odd-Year Report
	D. NUMBER 418900	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	410900	NAME OF TREASURER		
Nancy Young for Tracy Mayor 2022		LaVerne Jacksom		
		MAILING ADDRESS		
CTDEET ADDDESS (MO BO BOY)		CITY	STATE	ZIP CODE AREA CODE/PHONE
		Tracy	CA	95376
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY	
Tracy CA 9537		Meena Saiprasad		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	×	MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
SINIE ZIFOC	AREA CODE/FHORE			
OPTIONAL: FAX / E-MAIL ADDRESS		Tracy OPTIONAL: FAX / E-MAIL ADDRES	CA CA	95376
4. Verification				
I have used all reasonable diligence in preparing and reviewi	ng this statement and to the best of my kr	nowledge the information contained h	nerein and in the attache	ed 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 a	age of		
Executed on 01/31/2023	Ву			
01/31/2023	,	· ·	reasurer	
Executed on Date	By — Signatu		conent or Responsible Officer of	Sponsor
Executed on	Ву	0 0		
Date	Sig	gnature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	
Executed onDate	By — Sig	gnature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	PAGE - PART 2
CALIFORNIA FORM	460
Page 2	of <u>9</u>

Officeholder or Candidate Controlled Committee	tee			6.	Primarily Formed Ballot	: Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Nancy D. Young									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	CT NUMBER IF	APPLICAE	BLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Mayor of Tracy									OPPOSE
(NO. AND STREET) CIT	racy	STATE	ZIP 95376		Identify the controlling office	holder, candid	ate, or state	measure pro	oonent, if any.
					NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PE	ROPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candid	re primarily for	any comn rmed to re	mittees eceive		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE WATE	I.D. NUMBER			7.	Primarily Formed Cand	lidate/Office	holder Co	mmittee <i>L</i>	ist names of
NAME OF TREASURER	CONTROLLED	COMMIT	TEE?		officeholder(s) or candidate(s)	for which this o	committee is	primarily form	ed.
	YES	□ NO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD) [] avancar
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)								SUPPORT OPPOSE
CITY STATE ZIP CO		REA CODE	E/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL		SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED	COMMIT	TEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELI	□ SUPPORT
	YES	□ №							OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO		REA COD	E/PHONE		Atta	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 46

Statement covers period

from October 23, 2022

		through	December 31, 2022	Page 3 of 9
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Nancy D. Young				I.D. NUMBER 1418900
Contributions Received 1. Monetary Contributions	**TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \frac{11393.00}{5295.00} \\ \$ \frac{16688.00}{0.00} \\ \$ \frac{16688.00}{16688.00} \\ \$ \frac{1}{16688.00} \\ \$ \frac{1}{1668	**Equation	Running in Both th General Elections	nmary for Candidates te State Primary and through 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made	\$\frac{22193.53}{0.00}\$ \$\frac{22193.53}{0.00}\$ \$\frac{0.00}{22193.53}\$ \$\$\$\$	\$\frac{93305.44}{0.00}\$ \$\frac{93305.44}{0.00}\$ \$\frac{0.00}{93305.44}\$ \$\$\frac{93305.44}{93305.44}\$		Summary for State ive Expenditures Made* b Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	16688.00 0.00 22193.53 -7.21 \$ 0.00	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).	reported in Column B.	\$may be different from amounts
18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00 \$ 9795.00		FPPC Advice: ad	FPPC Form 460 (Jan/2016) vice@fppc.ca.gov (866/275-3772 www.fppc.ca.gov

Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

Monetary Contributions Received		to	whole dollars.	Statement covers period from October 23, 2022 through December 31, 2022		CALIFORNIA 460 FORM Page 4 of 9	
NAME OF FILER	ONS ON REVERSE					I.D. NU	JMBER
Nancy D. Yo						141890	00
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/24/2022	Mercedes Patrick Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00		200.00
10/25/2022	Angelo K. Tsakopoulos and Affiliated Entities 7919 Folsom Blvd. 300 Sacramento, CA 95826	□IND □COM ØOTH □PTY □SCC		1250.00	1250.00		1250.00
10/25/2022	Louis Vismara Sacramento, CA 95819	☑ IND □ COM □ OTH □ PTY □ SCC	Retired Physician	1250.00	1250.00		1250.00
10/25/2022	Kuane Washington Tracy, CA 95378	☑ IND □ COM □ OTH □ PTY □ SCC	Maintenance Lightrail Valley Transportation Autority	1000.00	1030.00		1030.00
10/31/2022	California Real Estate Political Action Committee (CREPAC) #890106 C/O Reed & Davidson LLP 515 S. Figueroa Street, Ste. 1110	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		2000.00	2000.00		2000.00
			SUBTOTAL	\$ 5700.00			
Amount re (Include a	A Summary eceived this period – itemized monetary contribution III Schedule A subtotals.)		\$	00.00 93.00	IND COM OTH PTY	other) I – Other – Politic	ual bient Committee r than PTY or SCC) (e.g., business entity)
3. Total mon (Add Line	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	olumn A, Line	1.) TOTAL \$ 11	393.00	FPPC Advice: adv		PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

				from October 23,	2022	F	ORM 400
NAME OF FILER Nancy D. Yo				through December	er 31, 2022	Page . I.D. NU 14189	JMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \(\)	/EAR	PER ELECTION TO DATE (IF REQUIRED)
11/04/2022	Ieffrey Miller Tracy, CA 95376	IND COM OTH PTY	Retired	200.00	200.00		200.00
11/04/2022	Golden Park Real Estate 321 E. Grantline Road Tracy, CA 95376	☐IND ☐COM ②OTH ☐PTY ☐SCC		1000.00	1000.00		1000.00
11/04/2022	Tracy Renewable Energy P.O. Box 583 Tracy, CA 95378	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		1000.00	1000.00		1000.00
11/04/2022	Teichert, Inc. P.O. Box 15002 Sacramento, CA 95851	□IND □COM ☑OTH □PTY □SCC		1000.00	1000.00		1000.00
		□IND			1		1

SUBTOTAL \$ 3200.00

☐ COM ☐ OTH ☐ PTY ☐ SCC

*Contributor Codes IND – Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Sched	ule	B –	Part	1
Loans	Re	ceiv	ed	

Amounts may be rounded to whole dollars.

	SCHEDGEE D - I AIN				
Statement covers period from October 23, 2022	california 460				
through December 31, 2022	Page 6 of 9				
	I.D. NUMBER				
	1418900				

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Nancy D. Young

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Nancy D. Young	Candidate			D PAID 8 1020.00	s <u>9795</u>	0 RATE	s_6315	\$ 10815.00
Tracy, CA 95376		s	\$ 6315	FORGIVEN S	DATE DUE	\$	10/25/22 DATE INCURRED	PER ELECTION** S
TO IND COM OTH PTY SCC				PAID	s	o_	\$	CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC		\$	s	□ PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR
				\$	s	% RATE	\$	\$PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	s	5	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS S	6315.00	\$ 1020.00	\$ 9795.00	\$ 0		

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

Schedule B Summary	6315 00
1. Loans received this period	\$ 6315.00
(Total Column (b) plus unitemized loans of less than \$100.)	1020.00
2. Loans paid or forgiven this period	\$ 1020.00
(Total Column (c) plus loans under \$100 paid or forgiven.)	
(Include loans paid by a third party that are also itemized on Schedule A.)	5295.00
3. Net change this period. (Subtract Line 2 from Line 1.)	\$

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 (other than PTY or SCC)

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.

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from October 23, 2022	CALIFORNIA FORM
		through December 31, 2022	Page 7

I.D. NUMBER

1418900

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

Nancy D. Young

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. returned contributions MTG meetings and appearances CNS campaign consultants

OFC office expenses CTB contribution (explain nonmonetary)* petition circulating CVC civic donations candidate travel, lodging, and meals phone banks PHO

candidate filing/ballot fees polling and survey research POL FND fundraising events

postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* IND professional services (legal, accounting) legal defense

print ads PRT

campaign workers' salaries SAL t.v. or cable airtime and production costs

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	SCRIPTION OF PAYMENT	AMOUNT PAID
Google Ads 1600 Amphitheatre Parkway Mountain View, CA 94043	PRT		3946.32
FaceBook 1 Hacker Way, Menlo Park, CA 94025	PRT		3835.58
Addressers 15700 Texaco Ave Paramount, CA 90723	LIT		3864.48

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

SUBTOTAL \$ 11646.38

21639.17

Schedule E Summary

554.36 2. Unitemized payments made this period of under \$100.....\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

FPPC Form 460 (Jan/2016))

Schedule	E
(Continuat	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA** October 23, 2022 **FORM** from __ through December 31, 2022 Page. I.D. NUMBER

1418900

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nancy D. Young

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
FII candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals

candidate filing/ballot fees FND fundraising events

independent expenditure supporting/opposing others (explain)* IND

legal defense

TRS staff/spouse travel, lodging, and meals POL polling and survey research TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads

VOT voter registration

WEB information technology costs (internet, e-mail)

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)	cc	DDE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Robocent, Inc. 2129 General Booth Blvd. Suite 103-277 Virginia Beach, VA 23454	PH	Ю		446.12	
Robodial.org, LLC 4601 North Fairfax Drive, Suite 1200 Arlington, VA 22203	PF	Ю		494.78	
Wpy Scale to Win 13742 Harper Street Santa Ana, CA 92705	LI	Т		5725.44	
Voterlist Pro 5055 Canyon Crest Drive, Riverside, CA 92508	Lr	Г		650.00	
Mikasa 2610 S Tracy Blvd #110 Tracy, CA 95377		Lui	nch Meeting	130.95	

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

SUBTOTAL \$ 7447.29

SC	HEDU	JLE	E (C	ONT.)

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers period October 23, 2022 from	california 460 form
through December 31, 2022	Page of
	I.D. NUMBER
	1418900

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nancy D. Young

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc.

campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events independent expenditure supporting/opposing others (explain)*

LEG legal defense campaign literature and mailings MBR member communications MTG meetings and appearances

office expenses OFC PET petition circulating

PHO phone banks POL polling and survey research

postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

voter registration VOT

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
Top Ten Nails 2646 Pavilion Pkwy Tracy, CA 95377		Team Gift	103.00
Tracy Press P.O. Box 419 Tracy, CA 95378	PRT		1852.50
Smartlite 4800 N. Federal Hwy., Suite 200A Boca Raton, FL 33431	PRT		590.00

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

SUBTOTAL \$ 2545.50

Executed on -

Executed on -

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

COVER PAGE

CALIFORNIA

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460	_
Page 2 of 14	7

5. Officeholder or Candidate Controlled Comm	ittee			6.	Primarily Formed Ballot	Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Nancy D. Young									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER I	IF APPLICA	BLE)		BALLOT NO. OR LETTER	JURISDICTION	N .		SUPPORT
Mayor of Tracy									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY	STATE	ZIP						
	Ггасу	CA	95376		Identify the controlling officel			neasure propo	nent, if any.
	J				NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily f	st any com formed to r	mittees receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	FANY
COMMITTEE NAME	I.D. NUMBER	₹							
NAME OF TREASURER	CONTROLLE		TTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office for which this c	holder Con ommittee is pi	nmittee List rimarily formed	t names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)	□ NO	-		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
CITY STATE ZIP C	CODE	AREA COD	E/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	₹			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLE	ED COMMIT			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP C		AREA COD	DE/PHONE		Atta	ch continuatio	n sheets if ne	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from September 25, 2022	california form 460
through October 22, 2022	Page _3 of
	I.D. NUMBER
	1418900

		1410000
Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
\$\frac{36959.00}{4500.00}\$ \$\frac{41459.00}{0.00}\$ \$\$	\$\frac{71514.75}{4500.00}\$ \$\frac{76014.75}{0.00}\$ \$\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
0.00	\$\frac{71111.91}{0.00}\$ \$\frac{71111.91}{0.00}\$ \$\frac{0.00}{71111.91}\$ \$\frac{0.00}{71111.91}\$	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) \$
\$\frac{963.46}{41459.00} \\ 0 \\ 36924.14 \\ \$\frac{5498.32}{4500.00}\$	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. FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)
	** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 36959.00 4500.00 \$ 41459.00 0.00 \$ 36924.14 0.00 0.00 \$ 36924.14 0.00 0.00 36924.14 \$ 963.46 41459.00 0 36924.14 \$ 5498.32 \$ 0.00 \$ 0.00	Sabstraction

Schedule A

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement covers period from September 25, 2022		CALII F(california 460	
SEE INSTRUCTION	ONS ON REVERSE			through October	22, 2022	Page		
NAME OF FILER Nancy D. Yo						1.D. NU 141890		
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
09/27/2022	Richard Hughes Tracyy, CA 95377	✓ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00		100.00	
09/28/2022	Independent Construction Company 3911 Laura Alice Way Concord, CA 94520	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		2500.00	2500.00		2500.00	
09/29/2022	Country Mart Gas & Food 34243 South Crisman Road Tracy, CA 95376	□ IND □ COM ☑ OTH □ PTY □ SCC		500.00	500.00		500.00	
09/29/202	Gas City 4198 Lone Tree Way Antioch, CA 94531	□IND □COM ØOTH □PTY □SCC		500.00	500.00		500.00	
09/29/2022	Harpreet Singh Livermore, CA 94551	IND COM OTH PTY	Self Employed, Beer Barn	500.00	500.00		500.00	
			SUBTOTAL	\$ 4100.00				
Amount re (Include a	A Summary eceived this period – itemized monetary contribution III Schedule A subtotals.)eceived this period – unitemized monetary contribut		\$	050.00	IND COI OTH PTY	other) d – Other – Politic	ual sient Committee than PTY or SCC) (e.g., business entity)	
3. Total mon	netary contributions received this period.		0.0	959.00		FPF	PC Form 460 (Jan/2016))	

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from September 25, 2022

NAME OF FILER Nancy D. Yo	ung			through October	22, 2022	Page _ I.D. NU 14189	JMBER
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
09/29/2022	Mohinder Khinda Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Self Employed, Pete's Liquor	250.00	250.00		250.00
09/29/2022	Ghai Management Services 1904 Viaddi Salerno Pleasanton, CA 94566	☐IND ☐COM ØOTH ☐PTY ☐SCC		1000.00	1000.00		1000.00
09/29/2022	Santokh Judge Tracy, CA 95304	IND COM OTH PTY	Self Employed, Sansar	1000.00	2000.00		2000.00
09/29/2022	Dhoot Bros 15600 South Harlan Road Lathrop, CA 95330	□IND □COM ØOTH □PTY □SCC		1100.00	1100.00		1100.00
10/3/2022	Rhonda Authur Roseville, CA 95661	☑IND □COM □OTH □PTY □SCC	Teacher, John Adams Academy	4900.00	4900.00		4900.00
			SUBTOTAL	\$ 8250.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars. SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from September 25, 2022

NAME OF FILER Nancy D. You	ung			through October 2	22, 2022	Page I.D. NU 14189	IMBER
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/3/2022	Dianne Equivias Mountain View, CA 94040	☑IND □COM □OTH □PTY □SCC	Trust & Safety Associate, FaceBook	4900.00	4900.00		4900.00
10/3/2022	Brandon Cade North Hills, CA 91343	☐IND ☐COM ☑OTH ☐PTY ☐SCC	COO, Executives on the Go	500.00	500.00		500.00
10/3/2022	Angele Cade North Hills, CA 91343	☑IND □COM □OTH □PTY □SCC	CEO, Executives on the Go	500.00	500.00		500.00
10/5/2022	Engeo 2010 Crow Canyon Place, Suite 250 San Ramon, CA 94583	□IND □COM ØOTH □PTY □SCC		800.00	800.00		800.00
10/5/2022	Two Guy's Food and Fuel, Inc. 147 Lathrop Road Lathrop, CA 95330	□IND □COM ØOTH □PTY □SCC		500.00	500.00		500.00
			SUBTOTAL	\$ 7200.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole o	lollars.	Statement coverage from September 2			ORM 460
				through October 2	22, 2022	Page _	7 of
NAME OF FILER Nancy D. Yo	oung					141890	1
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/7/2022	Nathaniel Young Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Warehouse Associate, Amazon	800.00	800.00		800.00
10/7/2022	Ruth Paiva Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	750.00	750.00		750.00
10/7/2022	Michala Saltus Goodyear, AZ 85338	☑IND □COM □OTH □PTY □SCC	Unum, Insurance Agent	950.00	950.00		950.00
10/7/2022	Robert Cihla Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	900.00	900.00		900.00
10/7/2022	Cynthia Evans Tracy, CA 95376	ZIND COM OTH PTY SCC	Store Manager, TJMaxx	200.00	290.00		290.00
			SUBTOTAL	\$ 3600.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from September 25, 2022

NAME OF FILER Nancy D. You	ung			through October 2	22, 2022	Page	MBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/11/2022	Michael Repetto Tracy, CA 95304	IND COM OTH PTY	President, Delta Disposal Waste Management	1000.00	1000.00		1000.00
10/12/2022	Veronica Peterson Goodyear, AZ 8533	IND COM OTH PTY	Retired	100.00	1100.00		1100.00
10/12/2022	Jasbir Tatia Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Self Employed, JT Farms	4500.00	4500.00		4500.00
10/13/2022	Stars Gaming, Inc, 775 West Clover Road Tracy, CA 95376	□IND □COM ØOTH □PTY □SCC		2500.00	2500.00		2500.00
10/18/2022	Reliance Gas Investments Inc. 2420 W. Grant Line Road Tracy, CA 95377	□IND □COM ØOTH □PTY □SCC		200.00	200.00		200.00
			SUBTOTAL	\$ 8300.00			

*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 (Jan/2016))
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www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA AGO

Statement covers period

•				from September 2	5, 2022	F	ORM TO	
NAME OF FILER Nancy D. Yo				through October	22, 2022	Page I.D. NU 141890	JMBER	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/20/2022	Michel Bazinet Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00		100.00	nat minuturistani
10/20/2022	RPG E LLC 3715 Northside Pkwy. NW, Bldg. 200-610 Atlanta, GA 30327	☐IND ☐COM ☑OTH ☐PTY ☐SCC		2500.00	2500.00		2500.00	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						mbron
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 2600.00				

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

chedule B – Part 1	Amounts may be rounded to whole dollars.
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	00	
Statement covers period	CALIFORNIA	46
from September 25, 2022	FORM	
October 22 2022	10	14

Loans Received					from September	ZO, ZUZZ	FORM	
				ĺ	through October	22, 2022	Page 10	of 14
SEE INSTRUCTIONS ON REVERSE							I.D. NUMBER	
NAME OF FILER								
Nancy D. Young							1418900	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Nancy D. Young	Candidate			s 0	s 4500.00	0 %	s_4500.00	\$ 4500.00
Tracy, CA 95376		\$	\$	s 0	N/A DATE DUE	\$ <u>0</u>	10/17/22 DATE INCURRED	PER ELECTION** s 100000.00
TO IND COM OTH PTY SCC				PAID	DATE DUE		DATE INCORRED	CALENDAR YEAR
				S	, \$	RATE	\$	PER ELECTION**
† IND COM OTH PTY SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	SCALENDAR YEAR
				S FORGIVEN	s	RATE	s	\$PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS S	\$ 4500.00	\$ 0.00	\$ 4500.00	\$ 0.00		
Schedule B Summary 1. Loans received this period				\$	00.00	(Enter (e) on Sche	dule E, Line 3)	
(Total Column (b) plus unitemized loar2. Loans paid or forgiven this period(Total Column (c) plus loans under \$1	ns of less than \$100.) 00 00 paid or forgiven.)				00	- 1	Contributor Codes ND – Individual COM – Recipient C	Committee
(Include loans paid by a third party that 3. Net change this period. (Subtract Lin Enter the net here and on the Summa	e 2 from Line 1.)			NET \$ 45	00.00	· F	OTH – Other (e.g., PTY – Political Par	
				(May be a negalive number)	C		

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

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

	s may be rounded whole dollars.		Statement covers period from September 25, 2022 through October 22, 2022	CALIFORNIA 460 FORM Page 11 of 14 I.D. NUMBER
CNS campaign consultants CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events POL polli IND independent expenditure supporting/opposing others (explain)* POS post	nber communications itings and appearance e expenses ion circulating ne banks ng and survey researd age, delivery and mes essional services (lega	ch ssenger services	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel. lodging, a	ction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook 1 Hacker Way Menlo Park, CA 94025	PRT	Online Ads		3978.11
Addressers 15700 Texaco Ave. Paramount, CA 90723	LIT			11534.17
Google Ads 1600 Amphitheatre Parkway Mountain View, CA 94043	PRT	Online Ads		2849.83
* Payments that are contributions or independent expenditures must also be summarized	d on Schedule D.		SUI	BTOTAL \$ 18362.11

Schedule E Summary

Schedule	Ε	
(Continua	tion	Sheet)
Payments	Ma	de

Amounts may be rounded to whole dollars.

	· · · · · · · · · · · · · · · · · ·
Statement covers period September 25, 2022 from	CALIFORNIA 460
through October 22, 2022	Page of
	I.D. NUMBER

1418900

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nancy D. Young

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals

FND fundraising events

FND fu

LEG legal defense PRO professional services (legal, accounting)

T campaign literature and mailings PRT print ads

WEB information technology costs (internet, e-mail)

id mailings			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
	TEL	Commercial Creation	350.00
4	LIT	Design	100.00
	RAD	Radio and Print	9000.00
0	CMP	Signs	920.13
	LIT		1800.00
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF COMMITTEE, ALSO ENTER I.D. NUMBER) TEL LIT RAD CMP	TEL Commercial Creation LIT Design RAD Radio and Print CMP Signs

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

SUBTOTAL \$ 12,170.13

Schedi (Contir	ule E nuation Sh	eet)	
•	nts Made	 ,	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nancy D. Young Amounts may be rounded to whole dollars.

	OOMEDOLL L (OOM)
Statement covers period September 25, 2022 from	CALIFORNIA 460
through October 22, 2022	Page of
	I.D. NUMBER
	1418900

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations TRC candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events

POS postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)* professional services (legal, accounting) LEG legal defense

PRT print ads

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

WEB information technology costs (internet, e-mail)

LIT campaign literature and	d mailings	PRT print ads	WEB Information technology costs (internet, 5 mail)			
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID	
Enterprise Car Rental 2995 Naglee Rd. Tracy, CA 95304				Truck Rental to deliver and post signs	504.95	
Costco Gas 3250 W. Grantline Blvd. Tracy, CA 95304				Gas for Truck	105.27	
Tracy Press P.O. Box 419 Tracy, CA 95378			PRT		3464.00	
Menchies 1888 W. 11th Street Tracy, CA 95376	·		FND		287.50	
Applebees 3060 Naglee Road Tracy, CA 95304			MTG		173.29	

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

SUBTOTAL \$ 4535.01

Schedule	E
(Continua	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

	001125022 2 (001111)
Statement covers period September 25, 2022 from	CALIFORNIA 460
through October 22, 2022	Page of
· · · · · · · · · · · · · · · · · · ·	I.D. NUMBER
	1418900

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nancy D. Young

CODES: If one of the following codes accurately describes	s the payment, you may enter the code.	Otherwise,	describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)*	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same	e candidate/sponsor
NAME AND ADDRESS OF PAVEE			ON OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Robocent, Inc. 2129 General Booth Blvd. Suite 103-277 Virginia Beach, VA 23454	СМР	Text Messaging	977.57
Smartlite 4800 N. Federal Hwy., Suite 200A Boca Raton, FL 33431	PRT		295.00
		`	

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

SUBTOTAL \$ 1272.57

Paginiant Committee		<u>-</u>		COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from $\frac{07/01/2022}{}$ through $\frac{09/24/2022}{}$	Date of election if applicable (Month, Day, Year) November 8, 2022	SEP 2 9 2022 CHI CHERK TRACY CA	Page 1 of 12 For Official Use Only
				1
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	61 11 01 9 8	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	☐ Spec rmination)	rterly Statement cial Odd-Year Report
S L'OMMITTAG INTORMATION	D. NUMBER 418900	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Nancy Young for Tracy Mayor 2022		LaVerne Jackson		
		MAILING ADDRESS	-	
STREET ADDRESS (NO.P.O. BOX)		CITY	STATE ZIP CO	ODE AREA CODE/PHONE
31821 800838 100 1-0. 100		Tracy	CA 9537	
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		
Tracy CA 9537	6	Meena Saiprasad		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	×	MAILING ADDRESS		
CITY STATE ZIP CO		CITY	STATE ZIP CO	
Tracy CA 9537 OPTIONAL: FAX / E-MAIL ADDRESS	6	Tracy	CA 9537	['] 6
OF HOWAL. FAX / E-WAIEADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	55	
4. Verification				
I have used all reasonable diligence in preparing and reviewi	ng this statement and to the best of my ki	nowledge the information contained l	herein and in the attached sch	nedules is true and complete. I
certify under penalty of perjury under the laws of the State of	5		Toron and in the attached con	iodalico lo dide di la complete.
Executed on 09/29/2022				
Date	Ву	Constitute of Transmiss on Assistant		
Executed on 09/29/2022 Date	By Signature of Control	ling Officeholder, Gandidate, State Measure Pro	normal or Passarrible Officer of Space	<u> </u>
	100 € 100 ×	and outself outsidate, state weastie Po	Porton of Nesponsible Officer of Sports	vi
Executed on	By ————————————————————————————————————	nature of Controlling Officeholder, Candidate, St	tate Measure Proponent	
Executed onDate	Bysic	nature of Controlling Officeholder, Candidate, St	tata Massura Proposant	
Date	Sig	mature of Controlling Cincendides, Candidate, St	ale measure Propolient	EDDC Form 460 (lan/2016))

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Page 2 o	f_12

Officeholder o	r Candidate Contr	rolled Committee			6.	Primarily F	ormed Ballo	t Measure (Committee		
NAME OF OFFICER	NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALL	LOT MEASURE				
Nancy D. Young	g										
OFFICE SOUGHT C	R HELD (INCLUDE LOCA	ATION AND DISTRICT NUM	BER IF APPLI	CABLE)		BALLOT NO. C	RLETTER	JURISDICTIO	ON		SUPPORT
Mayor of Tracy											OPPOSE
RESIDENTIAL/BUS	INESS ADDRESS (NO. A	AND STREET) CITY Tracy	STAT	E ZIP 95376		Identify the c	ontrolling office	holder, candid	late, or state	measure propo	onent, if any.
						NAME OF OFF	ICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
not included in this	nittees Not Include s statement that are con take expenditures on be	ed in this Statemen strolled by you or are prin half of your candidacy.	: List any co arily formed t	ommittees to receive		OFFICE SOUG	HT OR HELD			DISTRICT NO.	FANY
COMMITTEE NAME		I.D. NU	MBER							I	
NAME OF TREASU	RER		ROLLED COM		7.	. Primarily F officeholder(s	Formed Cand or candidate(s)	didate/Office for which this	eholder Co committee is	ommittee Lis primarily forme	t names of d.
COMMITTEE ADDR	ESS STREET ADI	DRESS (NO P.O. BOX)	ES N	10		NAME OF OFF	ICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
CITY		STATE ZIP CODE	AREA C	ODE/PHONE		NAME OF OFF	ICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NU	MBER			NAME OF OFF	ICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
NAME OF TREASU			ROLLED COM			NAME OF OFF	ICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
CITY CITY		DRESS (NO P.O. BOX) STATE ZIP CODE	AREA C	ODE/PHONE		<u> </u>	Atta	ach continuati	on sheets if n	necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2022	california 460
through <u>09/24/2022</u>	Page 3 of 12
	I.D. NUMBER
	1418900

Nancy D. Young			1418900
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	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 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	0.00	\$\frac{34555.75}{0.00}\$ \$\frac{34555.75}{0.00}\$ \$\frac{34555.75}{0.4555.75}\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	0.00	\$\frac{34187.77}{0.00}\$ \$\frac{34187.77}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{34187.77}{0.77}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$\frac{7388.34}{17641.00}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	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. FPPC Form 460 (Jan/2016))
		1	FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to	to whole dollars.		vers period	CALIFORNIA 460	
SEE INSTRUCTI	ONS ON REVERSE				22	Page 4 of 12	
NAME OF FILER Nancy D. Yo					1	I.D. NUMBER 1418900	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC. 3	AR TO DATE	
07/19/2022	Santokh S. Judge Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Self Emp - Sansar	1000.00	1000.00	1000.00	
07/19/2022	James Young, Sr. Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Self Emp - 2020 Vision	3000.00	3000.00	3000.00	
08/01/2022	Ryan Gunstream Highland, UT 84003	☑IND □COM □OTH □PTY □SCC	Noreco, Sales Manager	200.00	200.00	200.00	
08/08/2022	William Paris Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Tracy Community Connections Center, Executive Director	600.00	600.00	600.00	
08/12/2022	Mitra Behnam Tracy, CA 95376	ZIND COM OTH PTY SCC	Self Emp - Behnam Accounting	250.00	250.00	250.00	
			SUBTOTAL S	\$ 5050.00			
Amount re (Include a	A Summary eceived this period – itemized monetary contributions all Schedule A subtotals.)		•	450.00	IND COM -	ibutor Codes Individual - Recipient Committee (other than PTY or SCC) - Other (e.g., business entity)	
2. Amount re	eceived this period – unitemized monetary contribution	ons of less that	n \$100\$ 31	31.00		Political Party - Small Contributor Committee	
3. Total mon (Add Line	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	1.) TOTAL \$ ¹⁷	641.00	<u> </u>	FPPC Form 460 (Jan/2016))	

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole dollars.		Statement covers period from 07/01/2022		CALIFORNIA 460	
				through <u>09/24/2022</u>		Page of	
NAME OF FILER Nancy D. Yo	ung					1.D. NO 14189	
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)
08/19/2022	Wanda Haynes Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Self Empoyed - Berkshire	100.00	100.00		100.00
08/23/2022	Michael Young Los Angeles, CA 90045	☑IND □COM □OTH □PTY □SCC	Stachs, LLC, Delivery	900.00	900.00		900.00
08/23/2022	Lydia Young Alexandria, VA 22303	☑IND □COM □OTH □PTY □SCC	C2 Imaging, Client Services Coordinator	900.00	900.00		900.00
08/23/2022	Spring Up Inspirations 2181 N. Tracy Blvd. #287 Tracy, CA 95376	□IND □ COM Ø OTH □ PTY □ SCC		950.00	950.00		950.00
08/23/2022	2020 Vision 2181 N. Tracy Blvd. #194 Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		950.00	950.00		950.00
SUBTOTAL \$ 3800.00							

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from 07/01/2022

NAME OF FILER Nancy D. Young					through <u>09/24/2022</u>		6 of MBER 00
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
08/24/2022	Veronica Peterson Goodyear, AZ 85338	☑IND □COM □OTH □PTY □SCC	Retired - Blue Cross	1000.00	1000.00		1000.00
08/24/2022	Janice Lipscomb Northridge, CA 91325	☑IND □COM □OTH □PTY □SCC	Retired - Medical Assistant	1000.00	1000.00		1000.00
09/02/2022	Associated Buiders & Contractors Northern CA PAC 4577 Las Positas Road, Unit C Livermore, CA 94551	☐IND COM ☐OTH ☐PTY ☐SCC		1000.00	1000.00		1000.00
09/02/2022	Golden Pack Real Estate 34913 Roberts Street Union City, CA 94587	□IND □COM ØOTH □PTY □SCC		2000.00	2000.00		2000.00
09/21/2022	John Erwin San Jose, CA 95112	☑ IND □ COM □ OTH □ PTY □ SCC	County of Santa Clara, Project Manager	500.00	500.00		500.00
		\$ 5500.00					

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period from 07/01/2022	CALIFORNIA 460
through <u>09/24/2022</u>	Page 7 of 12
	I.D. NUMBER

Nancy D. Yo	ung				14189	00
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
09/21/2022	Rhodesia Ransom Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	District Chief of Staff, US Congressman Harder,	100.00	100.00	100.00
		□IND □COM □OTH □PTY □SCC			`	
		□IND □COM □OTH □PTY □SCC			·	
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				-
		,	CUPTOTAL	¢ 100.00		

*Contributor Codes

IND - Individual

NAME OF FILER

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule E Payments Made	Amounts may b to whole do			Statement covers period from 07/01/2022	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Nancy D. Young				through <u>09/24/2022</u>	Page 8 of 12 I.D. NUMBER 1418900	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications d appearances es lating urvey research very and mess	n senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and	luction costs d meals and meals s of the same candidate/sponso	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	PR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Tracy Press/Tank Town		PRT			1599.00	

	NAME AND ADDRESS OF PAYEE IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Tracy Press/Tank Town P.O. Box 419 Tracy, CA 95378		PRT		1599.00
City of Tracy - Finance 333 Civic Center Drive Tracy, CA 95376		FIL	\$25 application and \$1500 Filing Statement	1525.00
African America Chamber 42 N. Sutter Street #217 Stockton, CA 95202		CVC		141.18

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

 $\textbf{SUBTOTAL} \$ \ 3265.18$

Schedule E Summar	У
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1. Itemized payments made this period. (Include all Schedule E subtotals.)	23477.57
Unitemized payments made this period of under \$100	588.31
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	

FPPC Form 460 (Jan/2016))

SCHEDULE E (CONT.)

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period 07/01/2022 from	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE		through <u>09/24/2022</u>	Page of	
NAME OF FILER			I.D. NUMBER	
Nancy D. Young			1418900	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **CVC** 1600.00 Tracy Chamber Foundation 223 10th Street Tracv. CA 95376

4800 N. Federal Hwy., Suite 200A
Boca Raton, FL 33431

Vistaprint
Vistaprint.com

LIT

Walmart
3010 W Grant Line Rd
Tracy, CA 95304

LIT

OFC

347.54

OFC

PRT

Smartlite

Amazon.com

SUBTOTAL \$ 5159.27

262.12

885.00

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

Schedule	E
(Continuat	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

	OUTILDULL II (OUTI.)
Statement covers period 07/01/2022 from	CALIFORNIA 460
through <u>09/24/2022</u>	Page of
	I.D. NUMBER
	1418900

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nancy D. Young

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Wix.com LTD	WEB		333.90
Political Data Inc 400 Chestnut Ridge Road, Woodcliff Lake, NJ 07677	РНО		1500.00
Copy World 1375 University Ave. Berkeley, CA 94702	СМР		763.29
Five Star Printing 2830 Auto Plaza Dr #140, Tracy, CA 95304	СМР		2192.07
California Voter Guide 22410 Hawthorne Blvd, Suite 5 Torrance, CA 90505	PRT	Slates	533.00

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

SUBTOTAL \$ 5322.26

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

		OUNEDULE E (OUNT.)	
Statement covers period 07/01/2022 from	california 460 form		
t	hrough <u>09/24/2022</u>	Page of	
		I.D. NUMBER	
		1418900	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Nancy D. Young

CODES: If one of the following codes accurately describ	es the payment, you may enter	the code. Otherwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messer PRO professional services (legal, a		me candidate/sponsor
NAME AND ADDRESS OF PAYEE	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Senior Advocate 22410 Hawthorne Blvd, Suite 5 Torrance, CA 90505	PRT	Slate	715.00
Election Digest 22410 Hawthorne Blvd, Suite 5 Torrance, CA 90505	PRT	Slate	1014.00
Budget Watchdogs Newsletter 22410 Hawthorne Blvd, Suite 5 Torrance, CA 90505	PRT	Slate	1753.00
Uprinting 8000 Haskell Avenue Van Nuys, CA 91406	СМР		227.08
Latino Voter Guide Colorado Blvd, Bldg 2 Los Angeles, CA 90041	PRT	Slate	500.00

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

SUBTOTAL \$ 4209.08

Schedule E	
(Continuation Sheet)
Payments Made	

Amounts may be rounded to whole dollars.

	3011ED0EE E (00111.)
Statement covers period 07/01/2022 from	CALIFORNIA 460
through <u>09/24/2022</u>	Page of
	I.D. NUMBER
	1418900

Nancy D. Young

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
2020 Vision Printing and Design 2181 N. Tracy Blvd. #194 Tracy, CA 95376	LIT		250.00
Safeway 1801 W 11th St, Tracy, CA 95377	OFC		110.08
Benjamin Young Tracy, CA 95376	SAL	Campaign Coordinator	1450.00
Addressers Printing 15700 Texaco Ave. Paramount, CA 90723	LIT		3351.70
Facebook 1 Hacker Way, Menlo Park, CA 94025	PRT	Online Ads	360.00

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

Recipient Committee CALIFORNIA **Campaign Statement FORM** RECEIVED **Cover Page** Page 1 of 10 AUG 1 - 2022 Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only from January 1, 2022 November 8, 2022 through June 30, 2022 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement Committee Controll Sponso O State Candidate Election Committee Semi-annual Statement Special Odd-Year Report Termination Statement O Recall Controlled (Also file a Form 410 Termination) Sponsored (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER Treasurer(s) 3. Committee Information 1418900 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Nancy Young for Tracy Mayor 2022 LaVerne Jackson MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 95376 CA Tracy ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE CITY CA 95376 Meena Saiprasad Tracy MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS AREA CODE/PHONE ZIP CODE AREA CODE/PHONE STATE ZIP CODE STATE CITY 95376 CA 95376 CA Tracy Tracy OPTIONAL: FAX / E-MAIL ADDRESS 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 $\underline{07/31/2022}$ 07/31/2022 Executed on .

Executed on -

Executed on -

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www.fppc.ca.gov

or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	R PAGE - PART 2
CALIFORI FORM	NIA 460
Page 2	of <u>10</u>

Officeholder or Candidate Controlled Comm	nittee			6.	. Pr	imarily Formed Ballo	ot Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NA	ME OF BALLOT MEASURE				
Nancy D. Young										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER	IF APPLIC	ABLE)		BA	LLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Mayor, City of Tracy					-					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP				-b-lder eredi	data aratata	meacure prop	onent if any
	Tracy	CA	95376			ntify the controlling office			measure prop	onent, n any.
					NA	ME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENI		
Related Committees Not Included in this St. not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily	st any con formed to	nmittees receive		ŌF	FICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER	3			_					
NAME OF TREASURER	CONTROLLE	D COMMI	ITTEE?	7	7. Pi	imarily Formed Candiceholder(s) or candidate(s	didate/Offic	eholder Co committee is	ommittee List primarily forme	st names of d.
NAME OF TREASURER	☐ YES	Пис)							
COMMITTEE ADDRESS STREET ADDRESS (NO P.O			-		NA	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	☐ SUPPORT
CITY STATE ZIP	CODE	AREA CO	DE/PHONE		NA	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	₹			N.A	ME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLL	ED COMM	ITTEE?		N/	ME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT
	☐ YES	Пис)							OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O). BOX)				-					
CITY STATE ZIP	CODE	AREA CO	DE/PHONE			Att	ach continuati	on sheets if r	necessary	
3,112									•	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from January 1, 2022	CALIFORNIA 460
through June 30, 2022	Page 3 of
	I.D. NUMBER
	1418900

Nancy D. Young			1418900
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE	alendar Year Summary for Candidates unning in Both the State Primary and eneral Elections
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	\$\frac{16914.75}{-514.42}\$\$\frac{16400.33}{0.00}\$\$\$\$\$\$\$\$\$\$16400.33\$\$\$\$\$\$\$\$\$\$	\$\frac{16914.75}{0.00} \$\frac{16400.33}{0.00}	1/1 through 6/30 7/1 to Date 2. Contributions Received \$\$ 3. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	0.00	1010100	xpenditure Limit Summary for State andidates 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	16400.33 0.00 10121.89 7388.34		FPPC Form 460 (Jan/2016))
-		i i	FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

california 460			
Page 4 of 10			
I.D. NUMBER			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nancy D Young

Nancy D. Yo	ung					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
01/10/2022	Kathleen Harris katkat1130@yahoo.com	IND COM OTH PTY SCC	Retired/Education	150.00	150.00	150.00
02/18/2022	Royal Beauty Supply 2302 East Street Tracy, CA 95376	☐ IND ☐ COM ② OTH ☐ PTY ☐ SCC		500.00	500.00	500.00
02/18/2022	Tracy Toyota 2895 Naglee Road Tracy, CA 95304	□ IND □ COM Ø OTH □ PTY □ SCC		2500.00	2500.00	2500.00
02/18/2022	Herum Crabtree/Suntag Attorneys 5757 Pacific Avenue, Suite 222 Stockton, CA 95207	□IND □COM ②OTH □PTY □SCC		1000.00	1000.00	1000.00
02/18/2022	Sandhu Farms 5455 W. Durham Ferry Road Tracy, CA 95304	□IND □COM ②OTH □PTY □SCC		4900.00	4900.00	4900.00
			SUBTOTAL	\$ 9050.00		

Schedule A Summary

- 1. Amount received this period itemized monetary contributions. (Include all Schedule A subtotals.)\$
- 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 \$ 16914.75

*Contributor Codes

IND - Individual

16550.00

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))

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www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period from January 1, 2022	CALIFORNIA 460
through <u>June 30, 2022</u>	Page of
	I D NUMBER

NAME OF FILER

1418900 Nancy D. Young CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF AMOUNT IF AN INDIVIDUAL, ENTER CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CONTRIBUTOR CODE (IF SELF-EMPLOYED, ENTER NAME) RECEIVED PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) IND 1500.00 1500.00 1500.00 Surland 02/18/2022 СОМ 1024 N.Central Avenue **▼** OTH Tracy, CA 95377 □ PTY □ scc 4900.00 4900.00 4900.00 Tracy Hills Holding Co, LLC 02/28/2022 ПСОМ 888 San Clemente Drive #100 **✓** OTH Newport Beach, CA 92660 □ PTY □ scc 1000.00 1000.00 1000.00 Ponderosa Homes II, Inc. 03/14/2022 □сом 5020 Franklin Drive, #200 ✓ OTH Pleasanton, CA 94588 □ PTY □ scc **IND** District Chief of Staff, US 100.00 100.00 100.00 06/09/2022 Rhodesia Ransom □сом Congressman Harder □ oth Tracy, CA 95376 □ PTY SCC Сом □ OTH □ PTY Scc

SUBTOTAL \$ 7500.00

*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

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Sched	ule	В-	Part	1
Loans	Re	ceiv	ed	

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA** from January 1, 2022 **FORM** through June 30, 2022 Page 6 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1418900 Nancy D. Young

Titalis) 27 10 king								
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANÇE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAID OR FORGIVEN THIS PERIOD+	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Nancy D. Young	Candidate			514.42	s <u>0</u>	% RATE	s_740.00	\$ 2022
Tracy, CA 95376		\$	ş	FORGIVEN S	DATE DUE	ş <u> </u>	4/19/2021 DATE INCURRED	s 0
TO IND COM OTH PTY SCC				PAID S	\$	%	s	CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
† IND COM OTH PTY SCC		\$	s	PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR
				s	s	% RATE	s	\$PER ELECTION**
† IND COM OTH PTY SCC		s	s	s	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS \$	0.00	\$ 514.42	\$ 0.00	\$ 0.00		

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

Schedule B Summary

(Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period......\$ 514.42

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

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 (other than PTY or SCC)

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.

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Nancy D. Young	Amounts may b to whole do			fro	Statement covers period m January 1, 2022 rough June 30, 2022		MBER
CODES: If one of the following codes accurately descent campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications d appearances ses lating urvey research	ı enger services	RAD RED SAL TEL TRO TRS TSF VOT	 radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and procure candidate travel, lodging, a staff/spouse travel, lodging transfer between committee 	on costs s oduction costs and meals g, and meals ees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R	DESCRIPTI	ON OF PAYMENT		AMOUNT PAID
2020 Vision Books and Designs 2181 N. Tracy Blvd. #194 Tracy, CA 95376		LIT					2686.68
Square Space 225 Varick Street, 12th Floor New York, NY 10014		WEB					690.14
Staples 2471 Naglee Road Tracy, CA 95304		OFC					135.30
* Payments that are contributions or independent expenditures must al	so be summarized on Sche	edule D.		.,,		SUBTOTAL	\$ 3512.12
Schedule E Summary							

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$

2. Unitemized payments made this period of under \$100.....\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

8737.31

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	SOFILE CELL (SOFET.)
Statement covers period	CALIFORNIA 160
from	FORM 400
through <u>June 30, 2022</u>	Page of
Contract the contract of the c	I.D. NUMBER
	1418900

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nancy D. Young

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT OR CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PRT Ad and Vendor Booth 200.00 Tracy African American Association P.O. Box 62 Tracv. CA 95378

Fair Political Practice Commission 1102 Q Street, Suite 3000 Sacramento, CA 95811		Case #2022-000xx	107.12
Streamyard Streamyard.com	WEB		240.00
Wristbandbros 190 Exchange Street, 2nd Floor Pawtucket, RI 02860	СМР		410.00
Uprinting 8000 Haskell Avenue Van Nuys, CA 91406	СМР		256.70

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

SUBTOTAL \$ 1213.82

SCHE	DULE	E (CONT.
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Schedule	E
(Continua	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

	001123022 2 (00111.)
Statement covers period	CALIFORNIA 160
from January 1, 2022	FORM 400
through <u>June</u> 30, 2022	Page of
Control of the second of the s	I.D. NUMBER
	1418900

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Nancy D. Young

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mail and More 2181 N. Tracy Blvd. Tracy, CA 95376	POS		360.00
4AllPromos 50 West Ave. Essex, CT 06426	СМР		1169.10
ZoomVideo Communications, Inc. 55 Almaden Blvd., 6th Floor San Jose, CA 95113	WEB		149.90
Five Star Printing 2830 Auto Plaza Way #140 Tracy, CA 95304	CMP		397.82
Fast Signs 1418 Mariani Court, Ste. 110 Tracy, CA 95376	СМР		266.07

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

SUBTOTAL \$ 2342.89

SCHEDUL		

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from	FORM TOO
through June 30, 2022	Page of
	I.D. NUMBER
	1418900

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nancy D. Young

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Copy World 1375 University Avenue Berkeley, CA 94702	СМР			506.05
Wamart 3010 W. Grant Line Rd. Tracy, CA 95304	OFC			132.33
Amazon.com	OFC			145.10
Smartlite 4800 N. Federal Hwy., Suite 200A Boca Raton, FL 33431	PRT			885.00

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

SUBTOTAL \$ 1668.48

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

Executed on ____

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIFORNIA 460						
Page 2 of 5						

Officeholder or Candidate Controlled Commit	tee		6.	6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE						
Nancy D. Young										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETT	ER JUF	RISDICTIO	N		SUPPORT	
Mayor, City of Tracy									OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	ГҮ	STATE ZIP		Identify the controlling	efficabalda	r condid	ata ar stata i	massura nron	onent if any	
T	racy	CA 95376		•				neasure prop	onend ii arry.	
				NAME OF OFFICEHOL	.DER, CANDIDA	TE, OR P	ROPONENI			
Related Committees Not Included in this State not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candid.	are primarily fo	any committees rmed to receive		OFFICE SOUGHT OR I	HELD			DISTRICT NO.	IF ANY	
COMMITTEE NAME	I.D. NUMBER									

NAME OF TREASURER	CONTROLLED	COMMITTEE?	7	Primarily Forme officeholder(s) or can	d Candidat	e/Office hich this	eholder Co committee is p	mmittee List primarily forme	st names of d.	
NAME OF TREASURER	☐ YES	□ NO								
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B				NAME OF OFFICEHOL	DER OR CAND	IDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP CO	DDE A	REA CODE/PHONE		NAME OF OFFICEHOL	DER OR CAND	IDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOL	DER OR CAND	IDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLE	COMMITTEE?		NAME OF OFFICEHOL	DER OR CAND	IDATE	OFFICE SOU	IGHT OR HELD	SUPPORT	
	☐ YES	□ NO							OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	BOX)									
CITY STATE ZIP CO	ODE A	REA CODE/PHONE			Attach co	ontinuatio	on sheets if n	ecessary		
CIT STATE ZIFO					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from July 1, 2021	california 460
through December 31, 2021	Page 3 of 5
	I.D. NUMBER
	1418900

Nancy D. Young			1410900
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
 Monetary Contributions Loans Received Schedule A, Line 3 Subtotal Cash Contributions Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 	\$\frac{849.00}{0.00}\$ \$\frac{849.00}{0.00}\$ \$\frac{0.00}{0.00}\$	\$\frac{913.49}{514.42}\$\$\frac{1,427.91}{0.00}\$\$\$\$\$\frac{1,427.91}{0.00}\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	0.00	\$\frac{563.09}{0.00}\$ \$\frac{563.09}{0.00}\$ \$\frac{0.00}{563.09}\$ \$\$\$\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	849.00 0.00 69.20 1,109.90	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. FPPC Form 460 (Jan/2016))
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 517.72	-	FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A

Amounts may be rounded to whole dollars.

SCH		

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Monetary Contributions Received		to	Wildle udilais.	Statement cov from July 1, 2021	-	california 460	
SEE INSTRUCTION	ONS ON REVERSE			through December	er 31, 2021	Page _	4 of
NAME OF FILER Nancy D. Yo						1.D. NUN 1418900	
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
12/14/2021	Ryan Gunstream Yorba Linda, Ca 92886	☑IND □COM □OTH □PTY □SCC	Sales Manager, Noresco	100.00	100.00		
12/21/2021	Malla Express Inc. 4271 Cherry Blossom Lane Tracy, CA 95377	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL S	\$ 600.00			
Amount re (Include a	A Summary eceived this period – itemized monetary contribution III Schedule A subtotals.)		\$	0.00 9.00	IND COM OTH PTY	other (I – Other (– Politica	al ent Committee than PTY or SCC) e.g., business entity)
0. 7-4-1	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C			9.00	<u> </u>	FPPC	C Form 460 (Jan/2016)) .ca.gov (866/275-3772)

Schedule	E
Payments	Made

Amounts may be rounded

	JOHLDOLL
Statement covers period	CALIFORNIA 460
from July 1, 2021	FORM
through December 31, 2021	Page of
	ID NUMBER

SCHEDITLE

Payments Made	to whole dollars.	from July 1, 2021	FORM 460
SEE INSTRUCTIONS ON REVERSE		through December 31, 2021	Page of
NAME OF FILER			I.D. NUMBER
Nancy D. Young			1418900
CODES. If one of the following codes accurate	ely describes the payment, you may enter the code. O	therwise, describe the payment.	

COL	Lo. If the of the following course accounts, accounts		F = 3 · · · · · · · 3 ·		
CMP	campaign paraphernalia/misc.	MBR	member communications		radio airtime and production costs
		MTG	meetings and appearances	RFD	returned contributions
	oampaign concernance		office expenses	SAL	campaign workers' salaries
CTB	contribution (explain nonmonetary)*		•	TEL	t.v. or cable airtime and production costs
CVC	civic donations		petition circulating		
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
LIND	influencing events		postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	independent expenditure supporting/opposing others (explain)*	000	professional services (legal, accounting)		voter registration
	legal defense				information technology costs (internet, e-mail)
LIT	campaign literature and mailings	PRT	print ads	VVED	iniomation technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 69.20 2. Unitemized payments made this period of under \$100.....\$ 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

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

FPPC Form 460 (Jan/2016))

SUBTOTAL \$ 0.00

Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from January 1, 2021	Date of election if applicable: (Month, Day, Year)	MITY OF ENDS	150
SEE INSTRUCTIONS ON REVERSE	through June 30, 2021		ENTY OF TO	
I. Type of Recipient Committee: All Committees - Co	emplete Parts 1, 2, 3, and 4.	2. Type of Statement:	TRACY	, , v
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be Updated Schedule B and	: □ S ermination) elow)	Quarterly Statement Special Odd-Year Report
	D. NUMBER 418900	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Nancy Young for Tracy Mayor 2022		Joannie Townsend MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZII	P CODE AREA CODE/PHONE
		Tracy		5376
CITY STATE ZIP CO		NAME OF ASSISTANT TREASUR	ER, IF ANY	
Tracy CA 9537 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		Meena Saiprasad MAILING ADDRESS		
MALENO ABBRESS (II BIT ERERY) NO. ARB STREET SKY. IS. BO		MAILING ADDITESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIF	P CODE AREA CODE/PHONE
Tracy CA 9537	76	Tracy	CA 9	5376
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX/ E-MAIL ADDRE	SS	
. Verification				
I have used all reasonable diligence in preparing and review	5		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 o	correct.		
Executed on 08/25/2021	Ву		rer	
Executed on 08/25/2021	By ——Sign	- 0 - 7	or Responsible Officer of Sp	ponsor
Executed onDate	By ————————————————————————————————————	gnature of Controlling Officeholder, Candidate, S	state Measure Proponent	
Executed on	BySi	gnature of Controlling Officeholder, Candidate, S	state Measure Proponent	FDDG F 450 (1 (05))
				FPPC Form 460 (Jan/2016))

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVE	R PAGE - PART 2
CALIFORM FORM	NIA 460
Page 2	of

Officeholder or Candidate Controlled Con	nmittee		€	6.	Primarily Formed Ballo	t Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Nancy D. Young									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	ISTRICT NUMBER	R IF APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Mayor (City of Tracy)									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		Identify the controlling office	holder candid	late orstate i	measure nrond	nent, if any
	Tracy	CA	95376		-			neasure prope	
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENI		
Related Committees Not Included in this a not included in this statement that are controlled by yo contributions or make expenditures on behalf of your o	u or are primarily	ist any con formed to	mmittees receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	FANY
COMMITTEE NAME	I.D. NUMBE	R							
				7	Primarily Formed Can	didate/Office	eholder Co	mmittee <i>Lis</i>	t names of
NAME OF TREASURER	CONTROLL	LED COMMI	ITTEE?	٠.	officeholder(s) or candidate(s) for which this	committee is p	orimarily formed	1.
	☐ YES	☐ NO	<u> </u>		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	T_
COMMITTEE ADDRESS (NO F	P.O. BOX)								SUPPORT OPPOSE
CITY STATE Z	ZIP CODE		DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT☐ OPPOSE
COMMITTEE NAME	I.D. NUMBE	ĒR			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROL	LED COMM	ITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT
	☐ YES	□ NC)						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)								
AT	ZID CODE	ADEACO	DE/PHONE		***	aab aardiniisti	an chacta if =	0000025/	
CITY STATE 2	ZIP CODE	AREACO	DEFRUNE		Att	ach continuatio	on sneets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA 460 Statement covers period from January 1, 2021 through <u>June 30, 2021</u> Page 3 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1418900 Nancy D. Young

1. Monetary Contributions	\$ 578.91 0.00	**Example 1.5	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 \$ \$
Expenditures Made 6. Payments Made	\$\frac{0.00}{493.89}\$ \[\frac{0.00}{0.00}\$ \] \$\frac{19.50}{578.91}\$ \[\frac{225.58}{493.89}\$ \] \$\frac{330.10}{30.20}\$	\$ 493.89 0.00 \$ 493.89 0.00 0.00 493.89 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,	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)
17. LOAN GUARANTEES RECEIVED	\$ 0.00	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A			ts may be rounded whole dollars.			SCHEDULE		
Monetary Contributions Received			Milote dollars.	Statement cov from January 1, 2			fornia 460 orm	
SEE INSTRUCTION	IS ON REVERSE			through June 30,	2021	Page		
NAME OF FILER Nancy D. Your						1.D. NU 141890	JMBER)0	
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 T CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL	\$				
(Include all	eived this period – itemized monetary contributio Schedule A subtotals.)eived this period – unitemized monetary contribu				OT PT	othe) H – Other Y – Politic	lual pient Committee or than PTY or SCC) r (e.g., business entity)	

3. Total monetary contributions received this period.

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Schedule B – Part 1 Loans Received Amounts may be rounded to whole dollars.

	001120022 - 171111
Statement covers period	CALIFORNIA ALA
from January 1, 2021	FORM TOO
through June 30, 2021	Page <u>5</u> of <u>7</u>
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE through June 30, 2021 P

NAME OF FILER

Nancy D. Young

1418900

Nancy D. Young							1410300	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Nancy D. Young	Candidate Spring Up Inspirations			Z PAID s 225.58 FORGIVEN	s <u>514.42</u>	0 %	s 740.00	\$ 740.00 PER ELECTION**
Tracy, CA 95376	Self Employed	\$	ş <u>740.00</u>	\$	DATE DUE	\$_0	4/19/21 DATE INCURRED	s N/A
TO IND COM OTH PTY SCC				PAID S FORGIVEN	s	% RATE	s	S PER ELECTION**
† IND COM OTH PTY SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	s
				\$ FORGIVEN	s	RATE	s	\$PER ELECTION*
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS :	5 740.00	\$ 225.58	\$ 514.42	\$ 0		
						(Enter (e) on Sched	ule E, Line 3)	

S	chedule B Summary		740.00
1.	Loans received this period	.\$	
	(Total Column (b) plus unitemized loans of less than \$100.)	•	225.58
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.)		514.42
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$	
	Enter the net here and on the Summary Page, Column A. Line 2.		

†Contributor Codes

IND - Individual

(May be a negative number)

COM – Recipient Committee (other than PTY or SCC)

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.

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S	ch	edı	ıle	E
P	ау	me	nts	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from January 1, 2021	california 460
through <u>June</u> 30, 2021	Page of
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1418900 Nancy D. Young

Compute the contributions of independent expenditures must also be summarized on Schedule D. Substitute of the contributions or independent expenditures must also be summarized on Schedule D. Substitute of the contributions or independent expenditures must also be summarized on Schedule D. Substitute of the contributions or independent expenditures must also be summarized on Schedule D. Substitute of the contributions or independent expenditures must also be summarized on Schedule D. Substitute of the contributions or independent expenditures must also be summarized on Schedule D. Substitute of the contributions or independent expenditures must also be summarized on Schedule D. Substitute of the contributions or independent expenditures must also be summarized on Schedule D. Substitute of the contributions or independent expenditures must also be summarized on Schedule D. Substitute of the contributions or independent expenditures must also be summarized on Schedule D. Substitute of the contributions or independent expenditures must also be summarized on Schedule D. Substitute of the contribution o	4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here	and on the Sum	nmary Page, Co	olumn A, Line	6.)	TOTAL \$ _	493.89 C Form 460 (Jan/2016
MBR member communications makes a contribution or subtants a make a contribution (explain normonetary)*	3 Total interest paid this period on loans. (Enter amount from Schedule	B, Part 1, Colu	mn (e).)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$ _	0.00
ampsign paraphernalialmisc. MBR member communications Scampaign paraphernalialmisc. MIS campaign consultants CTB contribution (explain nonmonetary)* OFC office expenses CTB contribution (explain nonmonetary)* OFC office expenses CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CTB condidate filing/ballot fees PHO phone banks PD polling and survey research PD polling and survey research PCS postage, delivery and messanger services Ed legal defense LT campaign literature and mailings NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER) Stream Yard St	2. Uniterpized payments made this period of under \$100					\$	103.99
CMP campaign paraphenalia/misc. MBR member communications ampaign operations of campaign paraphenalia/misc. MBC meetings and appearances OFC office expenses OFC office expen	Schedule E Summary					\$_	389.90
CMP campaign paraphernalia/misc. ampaign consultants Campaign consultant	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.					SUBTOTAL	\$ 389.90
CMP campaign paraphernalia/misc. ampaign consultants Campaign consultant							
compaign paraphernalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events ND independent expenditure supporting/opposing others (explain)* Eggla defense CATT CODE NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) MBR member communications meetings and appearances MTG meetings and appearances RED RED Stream Yard MBR member communications meetings and appearances RED RED Stream Yard MBR member communications meetings and appearances RED RED Stream Yard MBR member communications meetings and appearances RED RED Stream Yard MBR member communications meetings and appearances RED RED Stream Yard MBR member communications meetings and appearances RED RED Stream Yard MBR member communications meetings and appearances RED RED Stream Yard MBR member communications meetings and appearances RED RED Stream Yard MBR member communications meetings and appearances RED RED Stream Yard MBR member communications meetings and appearances RED Stream Yard MBR member communications meetings and appearances RED RED Stream Yard MBR and papearances RED RED Stream Yard MBR and papearances Stream Yard MBR member communications meetings and appearances RED Stream Yard NAME And production costs RED Stream Yard NAME And production costs RED NAME And production costs RED Lt. v. or cable airtime and production costs Lt. v. or cable airtime and production costs campaign workers' salaries Lt. v. or cable airtime and production costs attal campaign workers' salaries Lt. v. or cable airtime and production costs attal campaign workers' salaries Lt. v. or cable airtime and production costs attal campaign workers' salaries Lt. v. or cable airtime and production costs attal campaign workers' salaries Lt. v. or cable airtime and production costs attal campaign workers' salaries Lt. v. or cable airtime and production costs attal campaign workers' salaries Lt. v. or	ZoomVideo Communications, Inc. 55 Almaden Blvd., 6th Floor San Jose, CA 95113	WEB					149.90
campaign paraphernalia/misc. CMB campaign consultants CMB campaign consultants CMB contribution (explain nonmonetary)* CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID radio airtime and production costs returned contributions returned contributions returned contributions returned contributions returned contributions scandidate airtime and production costs returned contributions campaign workers' salaries campaign workers' salaries returned contributions campaign workers' salaries campaign workers' salaries campaign workers' salaries campaign workers' salaries campaign airtime and production costs returned contributions campaign workers' salaries campaign airtime and production costs returned contributions campaign workers' salaries campaign airtime and production costs returned contributions campaign workers' salaries campaign airtime and production costs returned contributions campaign workers' salaries campaign airtime and production costs returned contributions campaign workers' salaries campaign airtime and production costs returned contributions campaign workers' salaries campaign airtime and production costs returned contributions campaign workers' salaries campaign airtime and production costs returned contributions campaign workers' salaries campaign airtime and production costs returned contributions campaign workers' salaries campaign workers' salaries campaign airtime and production costs returned contributions campaign workers' salaries cardidate travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration workers' salaries cardidate travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration workers' salaries cardidate travel, lodging, and meals transfer between commi	Stream Yard streamyard.com	WEB					240.00
campaign paraphernalia/misc. CMB campaign consultants contribution (explain nonmonetary)* civic donations club campaign consultants contribution (explain nonmonetary)* civic donations club candidate filing/ballot fees fundraising events nidependent expenditure supporting/opposing others (explain)* PCO professional services (legal, accounting) MBR member communications meetings and appearances office expenses office expenses petition circulating petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs t.v. or cable airtime and prod		CODE	OR	DESCRIPTION	N OF PAYMENT		AMOUNT PAID
	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense MBR men MTG MER MPC PET petit PHO phor poll poll poll post POS post PRO profe	aber communication tings and appearan e expenses ion circulating he banks ng and survey resea age, delivery and m essional services (le	s ces arch essenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salarie t.v. or cable airtime and production candidate travel, lodging, staff/spouse travel, lodging transfer between committed voter registration	on costs s roduction cos and meals g, and meals ees of the sar	me candidate/sponsor

FPPC Form 460 (Jan/2016))

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Schedule I				
Miscellaneous	Increases	to	Cash	

Amounts may be rounded to whole dollars.

	SCHEDULE	
tatement covers period	CALIFORNIA 460	

niscenarie	ous increases to cash	from _	anuary 1, 2021	FORM	400
		throug	_{Jh} <u>June 30, 2021</u>	Page 7	f_7
<u>EE INSTRUCTIO</u> IAME OF FILER Nancy D. Youi	ng			I.D. NUMBER 1418900	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION	OF RECEIPT	AMOUNT INCREASE T	
02/07/2021	City of Tracy	d for balance cost of alifications (Nov 202	the Candidate Statement 1)	225.58	
Attach add	itional information on appropriately labeled continuation sheets.		SUBTOTAL	\$ 225.58	
1. Itemized ir	Summary ncreases to cash this period				
2. Unitemized	d increases to cash of under \$100 this period		\$ 0.00	-	
3. Total of all	interest received this period on loans made to others. (Schedule H, Column (e).)	***************************************	\$ 0.00	_	
4 Total misc	ellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on Page, Line 14.)	the	225.58		0 (lan/2016\\
Summary	raye, Line 14./			FPPC Form 46 ice@fppc.ca.gov (80 www	

Recipient Comm Campaign Stater Cover Page				Date Stamp		LIFORNIA 460
		Statement covers period from January 1, 2021	Date of election if applicable: (Month, Day, Year)	CHY CLERK'S 2021 AUG -2 PI		re 1 of 6 For Official Use Only
SEE INSTRUCTIONS ON REV	ERSE	through June 30, 2021	-	CITY OF TR		
1. Type of Recipient (Committee: All Committees -	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	IRALT, C	1	
Officeholder, Candida State Candidate B Recall (Also Complete Part 5) General Purpose Cor Sponsored Small Contributor Political Party/Cer	nmittee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statemen Semi-annual Statemen Termination Statemen (Also file a Form 410 Amendment (Explain	nt [nt Termination)	Quarterly St	tatement d-Year Report
3. Committee Informa	ation	I.D. NUMBER 1418900	Treasurer(s)			
and the same of th	NDIDATE'S NAME IF NO COMMITT	ĒĒ)	NAME OF TREASURER			
Nancy Young for Trac	cy Mayor 2022		Joannie Townsend			
			MALINGADDICEOG			
STREET ADDRESS (NO P.O	. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
			Tracy	CA	95376	
CITY		P CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	IRER, IF ANY		<u>></u>
Tracy	CA 9. FERENT) NO. AND STREET OR P.O.	5376	Meena Saiprasad			
MAILING ADDRESS (IF DIFF	ERENT) NO. AND STREET OR P.O.	. 602	MAILING ADDRESS			
CITY	STATE ZII	P CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA 9	5376	Tracy	CA	95376	
OPTIONAL: FAX / E-MAIL AI		0010	OPTIONAL: FAX / E-MAIL ADDI		00010	
4. Verification						
		iewing this statement and to the best of m e of California that the foregoing is true ar	57/ · · · · · · · · · · · · · · · · · · ·	ed herein and in the attac	ched schedules	is true and complete. I
09/01		e or California that the foregoing is the ar	id correct.			
Executed on U6/U1	Date	Ву	1			
Executed on 08/01	/2021	BySignature of Co	ontrolling Office/holder, Candidate, State Measure	roponent or Responsible Office	er of Sponsor	
Executed on	Date	Ву	Signature of Controlling Officeholder, Candidate	, State Measure Proponent		
Executed on	8, 90, 900 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	Ву				
Excepted on	Date	5,	Signature of Controlling Officeholder, Candidate	e, State Measure Proponent	F	PPC Form 460 (Jan/2016))

FPPC Form 460 (3an/2016))
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www.fppc.ca.gov

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALIFORNIA 460							
Page 2	of 6						

(Officeholder or Candidate Controlled Commi	ittee			6.	Prin	narily Formed Ballo	t Measure (Committee		
١	NAME OF OFFICEHOLDER OR CANDIDATE					NAM	OF BALLOT MEASURE				
]	Nancy D. Young										
Ö	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER I	F APPLICA	ABLE)		BALL	OT NO. OR LETTER	JURISDICTIO	ON	1	SUPPORT
]	Mayor (City of Tracy)										OPPOSE
Ē	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	ITY Tracy	STATE	ZIP 95376		lden	tify the controlling office	holder, candid	late, or state	measure prop	onent, if any.
	LI MANUEL DE LA MA	J				NAM	E OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
,	Related Committees Not Included in this State of included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	r are primarily f	t any com ormed to	nmittees receive		OFFI	CE SOUGHT OR HELD			DISTRICT NO.	IF ANY
7	COMMITTEE NAME	I.D. NUMBER									
-	JAME OF TREASURER	CONTROLLE	D COMMI	TTEE?	7.	. Prir	narily Formed Cand eholder(s) or candidate(s)	lidate/Office for which this	eholder Co committee is	mmittee List primarily forme	st names of d.
		☐ YES	□ NO								····-
7	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	BOX)		-		NAM	E OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPOR
7	CITY STATE ZIP C	CODE	AREA COE	DE/PHONE		NAM	E OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
(COMMITTEE NAME	I.D. NUMBER				NAM	E OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPOR
	NAME OF TREASURER	CONTROLLE YES	D COMMI			NAM	E OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	JGHT OR HELD	SUPPOR
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I		AREA COI	DE/PHONE			Atta	nch continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2021	california 460
through <u>06/30/2021</u>	Page 3 of 6
	I.D. NUMBER
	1418900

Nancy D. Young			1418900
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	0.00	\$\frac{64.49}{740.00}\$ \$\frac{804.49}{0.00}\$ \$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$\frac{493.89}{0.00}\$ \$\frac{493.89}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{493.89}{0.00}\$	\$\frac{493.89}{0.00}\$ \$\frac{493.89}{0.00}\$ \$\frac{0.00}{493.89}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	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. FPPC Form 460 (Jan/2016)
19. Outstanding Debts	\$ 0.00	1	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A

Amounts may be rounded to whole dollars.

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Monetary Contributions Received				from <u>01/01/2021</u>		california 460		
SEE INSTRUCTIONS	S ON REVERSE			through <u>06/30/20</u>	021	Page .	4 of 6	
NAME OF FILER Nancy D. Youn	g			1.D. NU				
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 T CALENDAR \ (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL	\$				
(Include all S	Summary eived this period – itemized monetary contribution Schedule A subtotals.)		C.A	· war	IND COI OTH PTY	other) H – Other (Y – Politica	ial ient Committee than PTY or SCC) (e.g., business entity)	
3. Total moneta (Add Lines 1	ary contributions received this period. I and 2. Enter here and on the Summary Page, 0	Column A, Line 1	l.) TOTAL \$ ⁶⁴	4.49		FPP	C Form 460 (Jan/2016 .ca.gov (866/275-3772 www.fppc.ca.go	2)

	Am	SCHEDULE B - PART						
Schedule B – Part 1 Loans Received	Air		Statement coverage from 01/01/2021	•	CALIFORNIA 460			
EEE INSTRUCTIONS ON REVERSE					through <u>06/30/20</u>	021	Page 5	of <u>6</u>
IAME OF FILER Nnacy D. Young							1.D. NUMBER	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Nancy D. Young (Officer Holder)	Spring Up Inspirations, Self Employed			D PAID 8 0.00	s 740.00	0%	s <u>740.00</u>	\$ 740.00
Tracy, CA 95376 ☑ IND □ COM □ OTH □ PTY □ SCC		ş <u>0.00</u>	\$	S 0.00	DATE DUE	ş <u>0</u>	04/19/202 DATE INCURRED	PER ELECTION** s N/A
E IND COM COM COM				PAID S FORGIVEN	ss	% RATE	\$	S PER ELECTION **
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEAR
				S FORGIVEN	s	% RATE	s	\$PER ELECTION**
□ IND □ COM □ OTH □ PTY □ SCC		s	s	S	DATE DUE	\$	DATE INCURRED	s
	S	SUBTOTALS \$	3 740.00	\$ 0.00	\$ 740.00	\$ 0.00		
Schedule B Summary 1. Loans received this period				\$	0.00	(Enter (e) on Scho	edule E, Line 3)	
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10				\$	00	•	†Contributor Codes IND – Individual COM – Recipient C	

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

(May be a negative number)

740.00

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

					SCHEDULE		
Schedule E	Amounts may b to whole do			Sta	Statement covers period from $\frac{01/01/2021}{}$		ORNIA 460
Payments Made				from _			RM TOO
				throug	_{jh} <u>06/30/2021</u>	_ Page _	6 of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				<u> </u>		I.D. NUN	
Nancy D. Young						14189	00
CODES: If one of the following codes accurately descr	ribes the navment w	ou may en	ter the code. Oth	nerwise de	escribe the payment	t.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli PRO professional i PRT print ads	munications d appearances es ating urvey researd very and mes	n senger services	RAD ra RFD re SAL co TEL to TRC co TRS s TSF tr	adio airtime and production airtime and productions ampaign workers' salarie v. or cable airtime and prandidate travel, lodging, ataff/spouse travel, lodging ansfer between committed oter registration aformation technology con	on costs s oduction cost and meals g, and meals ees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR D	ESCRIPTION	OF PAYMENT		AMOUNT PAID
Stream Yard streamyard.com		WEB					240.00
ZoomVideo Communicationsm Inc. 55 Almaden Blvd., 6th Floor San Jose, CA 95113		WEB					149.90
* Payments that are contributions or independent expenditures must als	so be summarized on Sche	edule D.			<u> </u>	SUBTOTAL	\$ 389.90
Schedule E Summary						ф. ·	389.90
1. Itemized payments made this period. (Include all Sche	dule E subtotals.)					\$ <u> </u>	103.99
2. Unitemized payments made this period of under \$100.		************		*******		\$ =-	0.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

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