A CONTRACTOR OF THE CONTRACTOR		34	5 6 COVER PA	GE
Necipient Committee	Type or print in		at Otal	
Campaign Statement	a comment of		TODIU 510)U	J
Cover Page		/ P REC	CEIVED	
(Government Code Sections 84200-84216.5)		* * * * * * * * * * * * * * * * * * * *	2 2002 Page 0f 6	_ [
	Statement covers period		- Z ZUZO	\dashv
	from01/01/2023	(Month, Day, Year)	Y CLERK	- 1
	10111		RACY CA	- 1
SEE INSTRUCTIONS ON REVERSE	through06/30/2023	11/08/2022	22	
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	9 100	_
✓ Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure	□ Preelection Statement	Quarterly Statement	
State Candidate Election Committee	Committee	Semi-annual Statement	Special Odd-Year Report	
O Recall	O Controlled	Termination Statement	Supplemental Preelection	
(Also Complete Part 5)	Sponsored (Also Complete Part 6)	(Also file a Form 410 Termination)	Statement - Attach Form 495	
General Purpose Committee		✓ Amendment (Explain below)		
○ Sponsored	Primarily Formed Candidate/	To correct I.D number on termi	nation statement.	
Small Contributor CommitteePolitical Party/Central Committee	Officeholder Committee (Also Complete Part 7)	(NOT 1466215) 5/B	1446215	
3. Committee Information	I.D. NUMBER 1446215	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT		NAME OF TREASURER		_
Alice English 4 Tracy City Council 2022		Christina M. Gonzaga		
Alice English 4 Tracy City Council 2022		MAILING ADDRESS		_
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE AREA CODE/PHON	VE.
STREET ADDRESS (NO P.O. BOX)		Tracy	CA 95377	
CITY STATE ZI	P CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		_
	5377			
Tracy CA 95 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P		MAILING ADDRESS		_
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET ON F	.o. box	Williams / BS (Let		
CITY STATE ZI	P CODE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHON	1E
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		_
				_
4. Verification		to the first of the second in the	as attached schedules is true and complete. I certify	,
I have used all reasonable diligence in preparing and revieunder penalty of perjury under the laws of the State of Calif	ewing this statement and to the best of my kr	nowledge the information contained herein and in tr	le attached schedules is true and complete. Toerthy	
	iornia that the loregoing is the and conect.			
Executed on07/31/2023	Ву			
Date	2 10 10 10 10 10 10 10 10 10 10 10 10 10			
Executed on07/31/2023	Ву		ponsor	
Date	Olgricus ou o			
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pro	ponent	
Date		Orginates of Controlling Office index, Cardinate, State Measure File	EZUZUO	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pro	ponent	10=
Date		-9	FPPC Form 460 (January/	UO)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Recipient Committee Campaign Statement Cover Page — Part 2

5.

COVER PAGE - PART 2					
	FORNIA ORM	460			
Page _	2	of6			

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballo	t Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Alice English 4 Tracy City Council 2022 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N		SUPPORT OPPOSE
Tracy City Council RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Tracy CA 95377			Identify the controlling offi			ate measure	proponent, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you o contributions or make expenditures on behalf of your cand	r are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER CONTROLLED COMMITTEE?	7.	Primarily Formed Cano	didate/Offic	eholder Co	ommittee L	ist names of ned.
NAME OF TREASURER	☐ YES ☐ NO		NAME OF OFFICEHOLDER OR C			GHT OR HELD	✓ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO)X)		Alice English		City Cou	ncil	OPPOSE
CITY STATE ZIP CO	ODE AREA CODE/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	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			Atta	ch continuation	on sheets if	necessary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 01/01/2023 CALIFORNIA 460 FORM Page 3 of 6

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1446215 Alice English 4 Tracy City Council 2022 Calendar Year Summary for Candidates Column B Column A Running in Both the State Primary and CALENCIAR YEAR **Contributions Received** TOTAL THIS PERIOD TOTAL TO DATE (FROMATTACHED SCHEDULES) **General Elections** 0 1. Monetary Contributions Schedule A, Line 3 \$ 7/1 to Date 1/1 through 6/30 (1.219.00)(1,219.00)2. Loans Received Schedule B. Line 3 20. Contributions (1,219.00)(1,219.00)SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures (1,219.00)(1.219.00)Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made Candidates** 60.00 6. Payments Made Schedule E, Line 4 \$ _____ 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 60.00 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ Total to Date Date of Election 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 60.00 **Current Cash Statement** 424.64 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ___ To calculate Column B, add (1,219.00)amounts in Column A to the 13. Cash Receipts Column A, Line 3 above *Amounts in this section may be different from amounts corresponding amounts 854.36 from Column B of your last 14. Miscellaneous Increases to Cash Schedule I, Line 4 reported in Column B. report. Some amounts in 60.00 15. Cash Payments Column A, Line 8 above Column A may be negative 0.00 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B - Part 1 **Loans Received**

SEE INSTRUCTIONS ON REVERSE

Type or print in ink. Amounts may be rounded to whole dollars.

Stateme	ent covers period 01/01/2023	california 460 form				
through _	06/30/2023	Page4 of6				
L		I.D. NUMBER				
		1446215				

NAME OF FILER

Alice English 4 Tracy City Council 2022							1440213	
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 BALANCEAT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Alice English 1492 Riverview Tracy, CA 95377				▼ PAID \$ 1219.00 FORGIVEN	s 406.00		s <u>2825.00</u>	s 2825.00 PER ELECTION**
† IND □ COM □ OTH □ PTY □ SCC		\$ <u>1625.00</u>	\$	\$	DATE DUE	\$	DATE INCURRED	\$
TIND □ COM □ OTH □ PTY □ SCC				PAID \$ FORGIVEN	s	% RATE	\$	\$PER ELECTION **
↑ IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	s
T IND COM OTH PTY SCC				PAID \$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION ***
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS S	\$	\$ 1219.00	\$ 406.00	\$		

Schedule B Summary

1. Loans received this period\$ _ (Total Column (b) plus unitemized loans of less than \$100.) 1219.00 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.)

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

1219.00

†Contributor Codes

IND - Individual

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

> 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 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded to whole dollars.

			SCHEDULEE
Statem	ent covers period	CALIFORNIA	160
from	01/01/2023	FORM	400
through .	06/30/2023	Page5	of6
. <u>L </u>		I.D. NUMBER	
		1446215	

				through	1	Page	of
SEE INSTRUCTIONS ON REVERSE						I.D. NUN	MBER
NAME OF FILER Alica English 4 Tracy City Council 2022						144621	15
Alice English 4 Tracy City Council 2022 CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member common meetings and OFC office expens petition circula PHO phone banks POL polling and suppose postage, deliv	munications d appearances ses lating curvey researd very and mes	5	RFD rei SAL ca TEL t.v TRC ca TRS sta TSF tra VOT vo	turned contributions mpaign workers' sa or cable airtime ar ndidate travel, lodgi	alaries alaries nd production cost ng, and meals dging, and meals nmittees of the sa	rne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R D	ESCRIPTION O	F PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures n	nust also be summ	arized on S	chedule D.			SUBTOTAL	\$
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule	E cubtotale \					\$	
Itemized payments made this period. (Include all Schedule)	E Subiolais.					\$	60.00
Unitemized payments made this period of under \$100	\$						
 Total interest paid this period on loans. (Enter amount from Total payments made this period. (Add Lines 1, 2, and 3. En 	Schedule B, Part inter here and on t	1, Column (he Summa	e).) y Page, Column	A, Line 6.)		TOTAL \$	60.00
							460 (lenuen(/05)

Schedule I Miscellane	ous Increases to Cash	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period 61/01/2023 66/30/2023	CALIFORNIA 460 FORM 6 of 6
SEE INSTRUCTIONS	S ON REVERSE		through	- tugo
NAME OF FILER	JOHNEVEROE			I.D. NUMBER
Alice English	4 Tracy City Council 2022			1446215
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
01/23/23	Alice English Tracy, CA 95377	To bring acct to	\$500 to avoid monthly fees.	140.00
02/21/23	City of Tracy	Refund - Fo	Statement of Qualifactions.	714.36
Attach addi	itional information on appropriately labeled continuation sheets.		SUBTOTAL	854.36
Schedule I			\$ 854.36	
1. Itemized in	d increases to cash of under \$100 this period.		\$	
2. Unitemize	interest received this period on loans made to others. (Schedu	ule H. Column (e))	\$	
Total of all	interest received this period on loans made to others. (Schedu	3. Enter here and on the		
4. Total miscon Summary	rellaneous increases to cash this period. (Add Lines 1, 2, and Page, Line 14.)	5. Litter fiele and off the	TOTAL \$854.36	EPPC Form 460 (January/05

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement		ink.	Date Stamp	CALIFORNIA 460		
Cover Page (Government Code Sections 84200-84216.5)	Statement covers period 01/01/2023	Date of election if applicable: (Month, Day, Year)	MECEIVED CLERK'S OFFICE JUL 26 PM 2 00	Page1of6		
SEE INSTRUCTIONS ON REVERSE	through06/30/2023	(1/08/2002)	TY OF JRACY			
1. Type of Recipient Committee: All Committees	- Complete Parts 1. 2. 3. and 4.	2. Type of Statement:	43/4)			
✓ Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termina Amendment (Explain below)	☐ Specia	rly Statement I Odd-Year Report mental Preelection ent - Attach Form 495		
3. Committee Information	I.D. NUMBER 1466215	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Alice English 4 Tracy City Council 2022	EE)	NAME OF TREASURER Christina M. Gonzaga MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)	-	CITY Tracy	STATE ZIP COD CA 95377	E AREA CODE/PHONE		
	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	D. BOX	MAILING ADDRESS				
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHONE		
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		- Inches		
I. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of California.	ving this statement and to the best of my known a that the foregoing is true and correct.	owledge the information contained herein and	d in the attached schedules	is true and complete. I certify		
Executed on07/26/2023	Ву			_		
Date 07/26/2023	By	Granden of Treescast of Assistant Tousand		_		
Date			Responsible Officer of Sponsor			
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Meas	ure Proponent	_		
Executed on	Ву	Signature of Controlling Officeholder Candidate State Maga	ura Prananant	_		

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
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F	ORM		שטי			
Page _	2	of	6			

Officeholder or Candidate Contro	lled Committee	6.	Primarily Formed Ballo	t Measure C	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Alice English 4 Tracy City Council 2	022		BALLOT NO. OR LETTER	JURISDICTION	1	SUPPORT
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	N AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	Contraction		OPPOSE
Tracy City Council						
RESIDENTIAL/BUSINESS ADDRESS (NO. AND			Identify the controlling offi	iceholder, cand	lidate, or state meas	ure proponent, if an
	Tracy CA 95377		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT	
Related Committees Not Included not included in this statement that are cont contributions or make expenditures on beh	I in this Statement: List any committees rolled by you or are primarily formed to receive alf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER		****			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	didate/Office	holder Committe	e List names of formed.
	☐ YES ☐ NO					
the state of the s			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	ELD SUPPORT
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HE City Council	SUPPORT OPPOSE
COMMITTEE ADDITION						OPPOSE
CONTINUENCE	ESS (NO P.O. BOX)		Alice English	CANDIDATE	City Council	DOPPOSE SUPPORT OPPOSE
CITY	ESS (NO P.O. BOX) TATE ZIP CODE AREA CODE/PHONE		Alice English NAME OF OFFICEHOLDER OR O	CANDIDATE	City Council OFFICE SOUGHT OR HI	ELD SUPPORT OPPOSE ELD SUPPORT OPPOSE
COMMITTEE NAME COMMITTEE NAME NAME OF TREASURER	ESS (NO P.O. BOX) ATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?		Alice English NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HI	ELD SUPPORT OPPOSE ELD SUPPORT OPPOSE ELD SUPPORT

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

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Statem	Statement covers period 01/01/2023		CALIFORNIA FORM		
through _	06/30/2023	Page _	3 0	f6	
I		I.D. NI	JMBER		

SHAMARYPAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1466215 Alice English 4 Tracy City Council 2022 Calendar Year Summary for Candidates Column B Column A **Contributions Received** Running in Both the State Primary and CALENDAR YEAR TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date (1.219.00)(1,219.00)2. Loans Received Schedule B, Line 3 20. Contributions (1,219.00)(1,219.00)3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures (1,219.00)Made (1,219.00)5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditure Limit Summary for State Expenditures Made Candidates** 60.00 6. Payments Made Schedule E, Line 4 \$ 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 60.00 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ Total to Date Date of Election 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 60.00 **Current Cash Statement** 424.64 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____ To calculate Column B, add (1,219.00)amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 854.36 from Column B of your last 14. Miscellaneous Increases to Cash Schedule I. Line 4 reported in Column B. report. Some amounts in 60.00 15. Cash Payments Column A, Line 8 above Column A may be negative 0.00 figures that should be subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 18. Cash Equivalents See instructions on reverse \$ FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B - Part 1 **Loans Received**

Type or print in ink. Amounts may be rounded to whole dollars.

Statemo	ent covers period 01/01/2023	CALIFORNIA 460				
through _	06/30/2023	Page4 of6				
		I.D. NUMBER				
		1466215				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice English 4 Tracy City Council 2022								
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
Alice English Tracy, CA 95377	NAME OF BOSINESS)	PERIOD		PAID \$ 1219.00 FORGIVEN	s 406.00	% RATE	s 2825.00	s 2825.00 PER ELECTION**
T IND □ COM □ OTH □ PTY □ SCC		s_1625.00	s	\$	DATE DUE	s	DATE INCURRED	\$
ME IND COM COM COM				PAID \$ FORGIVEN	s	% RATE	\$	\$PER ELECTION **
†□ IND □ COM □ OTH □ PTY □ SCC		s	s	s	DATE DUE	\$	DATE INCURRED	s
по по пом пом пом пом пом пом пом пом по				PAID S FORGIVEN	\$	RATE	s	\$ PER ELECTION **
†□ IND □ COM □ OTH □ PTY □ SCC		s	s	s	DATE DUE	s	DATE INCURRED	s
SUBTOTALS \$ 1219.00 \$ 406.00 \$								

Schedule B Summary

1. Loans received this period\$ __ (Total Column (b) plus unitemized loans of less than \$100.) 1219.00

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.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ (May be a negative number) Enter the net here and on the Summary Page, Column A, Line 2.

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

†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 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded to whole dollars.

		SCHEDULEE
Statem	ent covers period	CALIFORNIA 460
from	01/01/2023	FORM 400
through	06/30/2023	Page5 of6
<u> </u>		I.D. NUMBER
		1466215

•		06/30/2023	Page56
SEE INSTRUCTIONS ON REVERSE		through	Page of
NAME OF FILER			1466215
Alice English 4 Tracy City Council 2022			1400210
CTS campaign constituting CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events FND fundraising events CTF office exper PET petition circu Pho phone banks POL polling and spolling a	imunications d appearances ises lating	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.	luction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
to the summer to	parized on Schedule D.	SL	JBTOTAL\$
* Payments that are contributions or independent expenditures must also be summ	1011200 011 00100110 1		
Schedule E Summary			•
Itemized payments made this period. (Include all Schedule E subtotals.)			\$ 60.00
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).)		60.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	the Summary Page, Column A	, Line 6.) TO	IAL \$

Schedule I Miscellaneous Increases to Cash	

Type or print in ink.

Amounts may be rounded to whole dollars.

| Statement covers period | O1/01/2023 | CALIFORNIA | 460 | FORM | FORM | FORM | Page 6 of 6 | O1/01/2023 | O6/30/2023 | O6/30/2022 | O

1466215

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LABOR OF	CEN ED			

NAME OF FILER

Alice English 4 Tracy City Council 2022

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
01/23/23	Alice English Tracy, CA 95377	To bring acct to \$500 to avoid monthly fees.	140.00
02/21/23	City of Tracy	Refund for Statement of Qualifactions	714.36
	·		

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 460 (January/05)

854.36

Recipient Committee Campaign Statement Cover Page	·		RECEIVED	CALIFORNIA 460 FORM Page 1 of 6
	Statement covers period from 10/23/2022	Date of election if applicable: (Month, Day, Year)	TTY CLERK'S ÖFFIC 2023 JAN 31 PH 5: 1	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2022		CITY OF TRACY	
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 Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	t □ Specermination)	rterly Statement sial Odd-Year Report
O O	7	Treasurer(s) NAME OF TREASURER Christina M. Gonzaga MAILING ADDRESS CITY Tracy NAME OF ASSISTANT TREASURE MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADDRES	STATE ZIP CO	77
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on Date Date	California that the foregoing is true and c	nowledge the information contained correct. gnature of Controlling Officeholder, Candidate, Squature of Controlling Officeholder, Candidate, Candidate, Candidate, Candidate, Candidate, Candidate, Candidate, Candidate, Candidate, Can	ponsible Officer of Spons State Measure Proponent	_

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2				
FORM 460				
Page _2 of _6				

. Officeholder or Candidate Controlled Commit	ttee		6.	Primarily Formed Ballo	t Measure C	committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Alice English 4 Tracy City Council					Luniosiosio			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APP	PLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO)N		SUPPORT OPPOSE
City Council City of Tracy								JPPOSE
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CIT	ry st. 'racy C.	ATE ZIP A 95377		Identify the controlling office			easure propon	ent, if any.
				NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	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.	are primarily forme	committees d to receive		OFFICE SOUGHT OR HELD		DI	ISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER		7	Primarily Formed Cand	lidate/Office	eholder Com	mittee <i>List</i>	names of
NAME OF TREASURER	CONTROLLED CO	MMITTEE?	7.	officeholder(s) or candidate(s)	for which this	committee is prin	marily formed.	
	☐ YES ☐	NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	T
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)			Alice English	0, 110, 15, 110	Council		SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA	CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		DMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B		A CODE/PHONE		Atta	nch continuatio	on sheets if nec	essary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA

Statement covers period

Summary Page					from $\frac{10}{10}$	/23/2023	FORM TOO
SEE INSTRUCTIONS ON REVERSE					through	12/31/2023	Page 3 of 6
NAME OF FILER Alice English 4 Tracy City Council 2022							1446215
Contributions Received	`	Column A TOTAL THIS PERIOD OM ATTACHED SCHEDULES)		Column CALENDAR Y TOTAL TO D	EAR	Running in Both th General Elections	mary for Candidates e State Primary and
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	\$ <u>(</u> \$ <u>(</u>	0.00 (1,200.00) (1,200.00) 0.00 (1,200.00)	\$ \$	34,739.22 2,785.00 37,564.22 0.00 37,564.22		20. Contributions Received \$	\$
Expenditures Made 6. Payments Made	\$ - -	4,042.41 4,042.41	\$				Summary for State Eve Expenditures Made* Description of the Voluntary Expenditure Limit) Total to Date \$
Current Cash Statement 12. Beginning Cash Balance	\$ -		au A au of au be sl pr th fill	o calculate Coluidd amounts in Coluid to the corresponding to the corresponding to the coluin to the	olumn Inding Itumn B Itumn A may Ites that Ited from Item Mounts. If Item	reported in Column B.	\$may be different from amounts
19. Outstanding Debts						FPPC Advice: ad	FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Amounts	may	be	rounded
to w	hole (loh	lars.

S	ch	ed	lule	В	_	Part	1
L	oa	ns	Re	ce	iν	ed	

Statement covers period from $\frac{10/23/2022}{}$	california 460 form
through <u>12/31/2022</u>	Page 4 of 6
	I.D. NUMBER
	1446915

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Alice English 4 Tracy City Council 2022

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 CALENDAR YEAR
Alice English				\$ 1,200	\$ 1,625.00	"% RATE	ş <u>2,825.00</u>	\$ 2,825.00 PER ELECTION**
Tracy, CA 93311 †☑ IND □ COM □ OTH □ PTY □ SCC		s 2,825.00	\$	FORGIVEN \$	DATE DUE	s	DATE INCURRED	\$
TIND □ COM □ OTH □ PTY □ SCC				\$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEAR
				□ PAID \$ □ FORGIVEN	\$	% RATE	\$	\$PER ELECTION**
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
		SUBTOTALS S	0.00	\$ 1,200.00	\$ 1,625.00	\$ (Enter (e) on Sched	ule E. Line 3)	

Schedule B Summary 0.001. Loans received this period\$ (Total Column (b) plus unitemized loans of less than \$100.) 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.)

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.

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

	SCHLDOLL L
Statement covers period	CALIFORNIA 460
from	FORM TOO
through <u>12/31/2022</u>	Page 5 of 6
	I.D. NUMBER
	1446215

COUEDINE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice English 4 Tracy City Council 2022

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

CMP campaign paraphernalia/misc.

CMS campaign consultants

CNS contribution (explain nonmonetary)*

MBR member communications

MER pradio airtime and production costs

returned contributions

campaign workers' salaries

campaign workers' salaries

TEL t.v. or cable airtime and production costs

CVC civic donations

PET petition circulating

PET petition circulating

PET petition circulating

PHO phone banks

FIL candidate filing/ballot fees

POI polling and survey research

POI polling and survey research

TEL t.v. or cable airtime and production cost candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

FID fundraising events

FND independent expenditure supporting/opposing others (explain)*

FOL polling and survey research

FOS postage, delivery and messenger services

FOS postage, delivery and messenger

D independent expenditure supporting/opposing others (explain)
PRO professional services (legal, accounting)
VOT voter registration
PRO professional services (legal, accounting)
WEB information techn

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Gravis Marketing GravisMarketing.com	РНО	Text messages	2,185.00
Johnny's Diner 2213 N Tracy Blvd, Tracy, CA 95376	FND	Food for Fundraiser	600.00
Tracy Press		Campaign Ads	960.00

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

SUBTOTAL \$ 3,745.00

3,745.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	297.41
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).)	4 049 41

FPPC Form 460 (Jan/2016))

		a de la la manadad		SCHEDULE		
Schedule I Miscellaneous Inc	reases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from $\frac{10/23/2022}{}$	CALIFORNIA 460		
			through 12/31/2022	Page <u>6</u> of <u>6</u>		
SEE INSTRUCTIONS ON REVE	RSE			I.D. NUMBER		
NAME OF FILER						
Alice English 4 Tracy City	Council 2022			1446215		
DATE	FULL NAME AND ADDRESS OF SOURCE		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)					
i						
Attach additional inform	nation on appropriately labeled continuation sheets.		SUBTOTA	AL \$		
Schedule I Summa	ary					
1 Itemized increases to	cash this period		\$			
2. Unitemized increases	s to cash of under \$100 this period		\$ 48.69			
3. Total of all interest re	ceived this period on loans made to others. (So	hedule H, Column (e).)	\$			
4. Total miscellaneous i	increases to cash this period. (Add Lines 1, 2, a	and 3. Enter here and on the	TOTAL \$ 48.69	FPPC Form 460 (Jan/2016))		
Summary Page, Line	7 17.)		FPPC Advice: a	dvice@fppc.ca.gov (866/275-3772)		

www.fppc.ca.gov

COVER PAGE **Recipient Committee** CALIFORNIA / **Campaign Statement FORM** RECEIV **Cover Page** Page 1 OCT 27 2022 Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only from 09/25/2022 November 8, 2022 through $\underline{10/22/2022}$ SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☑ Officeholder, Candidate Controlled Committee Preelection Statement ☐ Primarily Formed Ballot Measure Quarterly Statement Semi-annual Statement Special Odd-Year Report State Candidate Election Committee Committee Termination Statement Controlled Recall (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 1446215 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Christina M. Gonzaga Alice English For Tracy City Council 2022 MAILING ADDRESS AREA CODE/PHONE STATE ZIP CODE STREET ADDRESS (NO P.O. BOX) CITY CA 95377 AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE 95377 Tracy MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE AREA CODE/PHONE CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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. 10/27/2022 Executed on. sponsible Officer of Sponsor Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

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

5 6

COVER PA	AGE - PART 2
CALIFORNIA FORM	460
Page _2 (of _8

	Committee	o. i illiaili	Formed Ballot	Measure Con	nmittee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF B	ALLOT MEASURE			
Alice English						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO). OR LETTER	JURISDICTION		SUPPORT
City Council - City of Tracy						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	REET) CITY STATE ZIP Tracy CA 95377	Identify the	e controlling officeh	older, candidate,	, or state measure p	proponent, if any.
	Tracy Ch 75577	NAME OF C	FFICEHOLDER, CAN	DIDATE, OR PROP	PONENT	
Related Committees Not Included in the not included in this statement that are controlled to contributions or make expenditures on behalf of y	by you or are primarily formed to receive	OFFICE SO	UGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER		7. Primaril	v Formed Candi	data/Otticaha	JAARI AMMITTAA	
NAME OF TREASURER	CONTROLLED COMMITTEE?	officeholde	er(s) or candidate(s) i	or which this com	mittee is primarily fo	List names of branch.
NAME OF IREASURER	CONTROLLED COMMITTEE?	officeholde	er(s) or candidate(s) f	or which this com	mittee is primarily fo	ormed.
COMMITTEE ADDRESS STREET ADDRESS	☐ YES ☐ NO	officeholde	er(s) or candidate(s) i	ANDIDATE OF	FICE SOUGHT OR HI	ormed.
	(NO P.O. BOX) ZIP CODE AREA CODE/PHONE	officeholde NAME OF C Alice Eng	er(s) or candidate(s) i	ANDIDATE OF	FICE SOUGHT OR H	ELD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	☐ YES ☐ NO (NO P.O. BOX)	NAME OF C	er(s) or candidate(s) f officeholder or c glish	ANDIDATE OF	emittee is primarily for FFICE SOUGHT OR HI Council Member	ELD SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE	(NO P.O. BOX) ZIP CODE AREA CODE/PHONE	NAME OF C	er(s) or candidate(s) in OFFICEHOLDER OR C glish OFFICEHOLDER OR C	ANDIDATE OF ANDIDATE OF	FICE SOUGHT OR HI Council Member FICE SOUGHT OR HI	ELD SUPPORT OPPOSE ELD SUPPORT OPPOSE ELD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME NAME OF TREASURER	YES NO	NAME OF C	or(s) or candidate(s) in or cand	ANDIDATE OF ANDIDATE OF	FICE SOUGHT OR HI COUNCIL Member FICE SOUGHT OR HI	ELD SUPPORT OPPOSE ELD SUPPORT OPPOSE ELD OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME	YES NO	NAME OF C	or(s) or candidate(s) in or cand	ANDIDATE OF ANDIDATE OF	FICE SOUGHT OR HI COUNCIL Member FICE SOUGHT OR HI	ELD SUPPORT OPPOSE ELD SUPPORT OPPOSE ELD SUPPORT OPPOSE ELD SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE		anough	I.D. NUMBER
NAME OF FILER			1446215
Alice English 4 Tracy City Council 2022			Calandar Vear Summers for Condidates
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 Substantial Cash Contributions Add Lines 1 + 2 Nonmonetary Contributions TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 	\$ 6,290.22 \$ 6,290.22 \$ 6,290.22	\$\frac{34,739.22}{2,825.00}\$ \$\frac{37,564.22}{37,564.22}\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$	\$ _32,155.86	Expenditure Limit Summary for State Candidates
7. Loans Made	\$	\$ _32,155.86	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3		3,100.00	Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 1,883.86	\$ _35,255.86	\$
Current Cash Statement 12. Beginning Cash Balance		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.
18. Cash Equivalents			FPPC Form 460 (Jan/2016)) 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 4

Statement covers period

from 09/25/2022

SEE INSTRUCTIO	ONS ON REVERSE			through)22	Page_	4 of _8
NAME OF FILER	For Tracy City Council 2022					1.D. NUN 1446215	
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	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
10/19/2022	Reliance Gas Investments 8657 Ranch Rd., Tracy, CA 95304	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Business	200.00			
10/19/2022	Supervisor Robert Rickman Tracy - 95374	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	County Supervisor	500.00			
10/19/2022	Judith Cameron racy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00			
10/19/2022	Raquel Fairfield racy, CA 95377	IND COM OTH PTY SCC	Sales Univar	243.32	388.32		
10/17/2022	Kauai's Marketplace 8252 Orazio lane, Tracy, CA 95304	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Business	243.32			
			SUBTOTAL	\$ 1,286.64			
1. Amount re (Include al) 2. Amount re 2. Tatal mana	A Summary ceived this period – itemized monetary contributions I Schedule A subtotals.) ceived this period – unitemized monetary contributions etary contributions received this period.	ons of less that	n \$100\$ <u>97</u>	4.38	IND COM OTH PTY	other t d – Other (e Politica	al ent Committee than PTY or SCC) e.g., business entity)
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	1.) TOTAL \$ <u>6,</u>	290.22	FPPC Advice: adv		C Form 460 (Jan/2016)) .ca.gov (866/275-3772) www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from _09/25/2022

NAME OF FILER	4 Tracy City Council 2022			through	I.D. NUI	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	
10/17/2022	Theresa English racy, CA 95377	IND COM OTH PTY SCC	Customer outreach- Supervisor	40.00	790.00			
10/14/2022	Tracy Firefighters #1230611	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	PAC # 1230611	900.00	4,900.00			
10/14/2022	Margie Baker racy, CA 95377	IND COM OTH PTY SCC	Retired	100.00	325.00			
10/13/2022	Christina Gonzaga-Rocket racy, CA 95377	☑IND □COM □OTH □PTY □SCC	Self-Employed RockettMade	21.93	222.33			
10/11/2022	Mattos Equipment 8557 W. Schulte Rd., Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC	Business	200.00				
			SUBTOTAL	\$ 1,261.93				

*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 <u>09/25/2022</u>

				through	22	Page	6 of	
NAME OF FILER Alice English	4 Tracy City Council 2022					1.D. NUI 144621		
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)	
10/11/2022	Burnull Shull racy, CA 95377	IND COM OTH PTY	Retired	20.00	570.00			
10/04/2022	Carlos Villapudua ockton, CA 95201	☐IND ☐COM ☐OTH ☐PTY ☐SCC	State Assembly #1435856	1,200.00	4,840.00			_
09/27/2022	Juan Barragan Fracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Realtor	250.00	357.49			
09/26/2022	Sophia Fairfield Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Student	27.27				
10/13/2022	Christina Gonzaga-Rockett racy, CA 95377	☑ IND □ COM □ OTH □ PTY □ SCC	Self-Employed Rockettmade	100.00	333.33			_
			SUBTOTAL	\$ 1,597.27				

*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 09/25/2022

				through	22	Page	
NAME OF FILER Alice English	4 Tracy City Council 2022					1.D. NUI 144621	I
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)
10/12/2002	Gerd Castaneda	IND COM OTH PTY	Retired Student	500.00			
10/07/2022	Deanna Dudley	IND COM OTH PTY	Non-Profit Health Director	300.00			
09/26/2022	Jesse Gomez Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	retired	250.00	1,000		
09/26/2022	Elaine Pombo racy, CA 95304	☑IND □COM □OTH □PTY □SCC	Self-Employed Elaine's Boutique	100.00			
10/14/2022	Germaine Clark Tracy - Ca	IND COM OTH PTY	Retired	20.00	425.00		
	1100	1 1 300	SUBTOTAL	\$ 1.170.00			

*Contributor Codes

IND – Individual COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Schedule E	Amounts may be rounded to whole dollars.	Statement covers p
Payments Made	to whole donard.	from 09/25/2022
•		110111

	001120022				
Statement covers period	CALIFORNIA 160				
from09/25/2022	FORM 400				
through 10/22/2022	Page of				
and the second s	I.D. NUMBER				
	1446215				

SCHEDIII E E

Alice English For Tracy City Council 2022

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 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 C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Economy Signs 632 Industrial, Manteca, 95366	СМР	Signs	990.00
Tracy Press	PRT	Print Ads	780.00

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

SUBTOTAL \$ 1,770.00

S	che	dule	Ε	Su	mm	ary
---	-----	------	---	----	----	-----

Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 113.86
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).)	. \$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	. \$

1,770.00

Recipient Committee Campaign Statement Cover Page

Oover rage		Nº /	REGL. 2022	101	1 of 1814
		Date of election if applicable: (Month, Day, Year)	SEP 29 202	ge	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>09/24/2022</u>	11/08/2022		6.	
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:			
O State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee O Sponsored	rimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termina Amendment (Explain below)	tion)	Quarterly Sta Special Odd-	
Ciriai Communicator Communicac	fficeholder Committee so Complete Part 7)	-			-
3. Committee information	NUMBER 46215	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		300	
Alice English 4 Tracy City Council 2022		Christina Gonzaga			
T) 051 0		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
OTREET ABBRESS (NOTICE BOR)		Tracy	CA	95377	
CITY STATE ZIP COD	E AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	CO-MODELY	NEW EDITOR	
Tracy CA 95377					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
				710.0005	ADEA CODE/DUONE
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	-100		
4. Verification		9 -			6
I have used all reasonable diligence in preparing and reviewing	g this statement and to the best of my	knowledge the information contained herein	and in the attache	ed schedules is	s true and complete. I
certify under penalty of perjury under the laws of the State of C	california that the foregoingবুণ্ণ-true and	correct.			
Executed on 09/27/2022	Ву	stant Treasur	er		
Executed on	By	William Charles Charles Conserve Connected	or Responsible Officers	4 Cooper	
Date	By	rolling Officeholder Candidate, State Measure Proponent		Sporisor	
Executed on Date	Sy	Signature of Controlling Officeholder, Candidate, State Me	asure Proponent		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Me	asure Proponent		PC Form 460 (Jan /2016))

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

www.fppc.ca.gov

COVER PAGE

CALIFORNIA 460

COVER P	PAGE - PART 2
CALIFORNIA FORM	460
Page _2	of 184 0 6

Officeholder or Candidate Controlle	d Committee		6.	Primarily Formed Ballo	t Measure C	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Alice English 4 Tracy City Council 2022							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER I	F APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	DN	SUPPORT OPPOSE
City Council							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	Tracy	STATE ZIP CA 95377		Identify the controlling office			roponent, if any.
	itacy	011 30077		NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	
Related Committees Not Included in not included in this statement that are controlle contributions or make expenditures on behalf of	ed by you or are primarily t	at any committees formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER						
			7	. Primarily Formed Can	didate/Office	eholder Committee	List names of
NAME OF TREASURER	CONTROLLE	D COMMITTEE?		officeholder(s) or candidate(s) for which this	committee is primarily fo	ormed.
	☐ YES	□ NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT
COMMITTEE ADDRESS STREET ADDRES	S (NO P.O. BOX)			Alice English		City Council	OPPOSE
CITY STAT	E ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	t		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
NAME OF TREASURER	i	ED COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT
	☐ YES	□ NO					OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	SS (NO P.O. BOX)					<u> </u>	
CITY STAT	E ZIP CODE	AREA CODE/PHONE		Att	ach continuati	on sheets if necessary	
0111							

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA FORM Statement covers period from $\frac{07/01/2022}{}$ Page 3 through ______09/24/2022 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1446215 Alice English 4 Tracy City Council 2022

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	\$\frac{13,885.00}{500.00}\$ \$\frac{14,385.00}{600.00}\$ \$\frac{14,985.00}{14,985.00}\$	\$\frac{28,449.00}{2,825.00}\$ \$\frac{31,274.00}{}\$	1/1 through 6/30 7/1 to Date 20. Contributions
Expenditures Made 6. Payments Made	\$\frac{24,623.00}{0.00}\$ \$\frac{24,623.00}{600.00}\$ \$\frac{600.00}{25,223.00}\$	\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	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		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.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above			FPPC Form 460 (Jan/20) FPPC Advice: advice@fppc.ca.gov (866/275-37) www.fppc.ca.

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA

from _07/01/2022 **FORM**

through <u>09/24/2022</u> Page 4

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice English For Tracy City Council 2022

I.D. NUMBER 1446215

Alice English	For Tracy City Council 2022					
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)
07/24/2022	Juan Barragan Tracy, CA 95377	IND COM OTH PTY	Realtor Ke	107.49	107.49	
07/24/2022	Elect Carlos Villapudua PO Box 1282 Stockton, CA	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Assemblymember	140.00	2640.00	
08/22/2022	James Bono Tracy, CA 95377	IND COM OTH PTY	Retired	107.49	107.49	
09/09/2022	John Moore Tracy, CA 95376	IND COM OTH PTY SCC	Consultant	300.00	407.49	
07/14/2022	Chrystena Gonzaga Tracy CA 95377	IND COM OTH PTY SCC	RockettMade Business Owner	75.40	200.40	
	1		SUBTOTAL	\$ 730.38		
	A C				*Contributor C	odes.

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.

*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

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2022	california 460				
through 09/24/2022	Page 5 of 14/4				
200	I.D. NUMBER				
	1446215				

Alice English 4 Tracy City Council 2022 PER ELECTION AMOUNT **CUMULATIVE TO DATE** IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE RECEIVED THIS CONTRIBUTOR CODE (IF SELF-EMPLOYED, ENTER NAME) RECEIVED (IF REQUIRED) (JAN. 1 - DEC. 31) PERIOD OF BUSINESS) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) ☐ IND 500.00 500.00 Business □сом Tracy MArket 07/05/2022 ✓ OTH 15 E Grantline Road **□PTY** Tracy, CA 95376 □ scc □IND. 500.00 200.00 Business 07/09/2022 TCS Insurance □сом **▼** OTH 2680 North Tracy Blvd. PTY Tracy, CA 95376 □scc **IND** 500.00 750.00 Retired Jesse Gomez 07/12/2022 □сом □отн PTY Pleasanton, CA 94566 SCC **IND** 105.00 405.00 Retired Germaine Clark 07/12/2022 □сом ☐ OTH □ PTY Tracy, CA 95377 □ scc **IND** 500.00 500.00 retired Daniel Helm 07/24/2022 □сом □отн ☐ PTY Tracy CA 95376 □ SCC

SUBTOTAL \$ 1805.00

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2022	CALIFORNIA 460
through09/24/2022	Page 6 of 1814
	I.D. NUMBER
	1446215

100.00

Alice English For Tracy City Council 2022 **CUMULATIVE TO DATE** PER ELECTION AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER CONTRIBUTOR DATE TO DATE OCCUPATION AND EMPLOYER CALENDAR YEAR RECEIVED THIS CONTRIBUTOR CODE (IF SELF-EMPLOYED, ENTER NAME) RECEIVED (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) OF BUSINESS) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 120.00 120.00 Retired Sharon Gibson СОМ 07/24/2022 □отн □ PTY Tracy, CA ~ □scc **IND** 323.00 175.00 Chest of Hope Merlyn Pittman 07/24/2022 □сом Потн **Business Owner** PTY Manteca CA 95336 □ scc ☐ IND 3640.00 1000.00 Assemblymember Elect Carlos Villapudua 08/02/2022 **✓** сом □отн PO Box 1282 □ PTY Stockton CA 95201 □ scc ☐ IND 4000.00 4000.00 PAC Tracy Firefighters Association PAC 08/02/2022 □сом **✓** OTH ID#1230611 ID#1230611 □ PTY

Business

SCC

□ COM
☑ OTH
□ PTY

□ scc

SUBTOTAL \$ 5395.00

100.00

*Contributor Codes

IND - Individual

08/10/2022

NAME OF FILER

COM – Recipient Committee (other than PTY or SCC)

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

Ybarra Brothers Jewelers

Tracy CA 95376

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA 160
from 07/01/2022	FORM 400
through	Page 7 of 14 C
	I.D. NUMBER

1446215

NAME OF FILER

Alice English 4 Tracy City Council 2022

PER ELECTION CUMULATIVE TO DATE AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER CONTRIBUTOR OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE DATE RECEIVED THIS CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME) CODE (IF REQUIRED) RECEIVED (JAN, 1 - DEC. 31) PERIOD OF BUSINESS) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) ✓ IND 750.00 750.00 Cust Service □сом Theresa English 08/30/2022 OTH □ PTY Tracy CA 95377 □ scc **✓** IND 550.00 300.00 Retired Burnull Shull 09/18/2022 ☐ COM □ OTH ☐ PTY Tracy, CA 95377 □ scc □ IND 100.00 100.00 Business 09/18/2022 PJ Singh Dental Corp □сом ✓ OTH 4598 S Tracy Blvd □ PTY Tracy CA 95377 scc IND 225.00 125.00 Retired Margie Baker □сом 09/20/2022 □ OTH PTY Tracy CA 95377 SCC **✓** IND 100.00 Retired 50.00 Craig Miller 09/20/2022 □сом □ OTH □ PTY Tracy CA 95377 □ scc **SUBTOTAL \$** 1325.00

*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

Amounts may be rounded to whole dollars.

1446215

NAME OF FILER

Alice English 4 Tracy City Council 2022

Tince Dignon	4 Tracy City Country					
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)
09/23/2022	Lesa T. Ballier-Mellion PO Box 1063 Tracy CA 95376	IND COM OTH PTY	Consultant	300.00	300.00	
09/23/2022	Sikandar Singh Tracy CA 95377	IND COM OTH PTY	Retired	250.00	250.00	
09/15/2022	Alvarez Properties 421 W 11th Street Tracy, CA 95376	□IND □COM ②OTH □PTY □SCC	Business	250.00	250.00	
09/15/2022	Alexander Electric 392 W Larch Rd Tracy VA 95376	□IND □COM ☑OTH □PTY □SCC	Business	100.00	100.00	
08/09/2022	TCS Insurance Brokers 2680 N Tracy Blvd Tracy CA 95376	□IND □COM ☑OTH □PTY □SCC	Business	350.00	850.00	
			SUBTOTAL	\$ 1250.00		

*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 460

Statement covers period

y				from $07/01/2022$		FO	RM 400
				through)22	Page _9	of 1814 6
NAME OF FILER Alice English	h 4 Tracy City Council 2022					1.D. NUN 144621	Sec.
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 Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
07/30/2022	Tracy Airport Association PO Box 1141 Tracy, CA 95376	□IND □COM ØOTH □PTY □SCC	Business	100.00	100.00		
07/01/2022	Raymond Dart Tracy CA 95377	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00		
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC		84			
			SUBTOTAL	\$ 200.00			

*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

	92/05/5						SCHED	ULE B - PART
Schedule B – Part 1	Am	Amounts may be rounded to whole dollars.			Statement cov	properties and appropriate	CALIFORNIA 460	
Loans Received					from <u>07/01/2022</u>	<u> </u>	FORM	700
SEE INSTRUCTIONS ON REVERSE					through _09/24/2	022	Page	of 1814 C
NAME OF FILER							I.D. NUMBER	17
Alice English 4 Tracy City Council 2022							1446215	
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	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Alice English 1492 Riverview Avenue				PAID \$ FORGIVEN	s	% RATE	s	\$PER ELECTION
Tracy, CA 95377		\$	\$_500.00	\$	2825.00 DATE DUE	s	2825.00 DATE INCURRED	\$ 2825.00
IND COM OTH PTY SCC				PAID	5/112502			CALENDAR YEAR
				\$ FORGIVEN	s	RATE	s	PER ELECTION
[†] □IND □ COM □ OTH □ PTY □ SCC		s	\$	\$	DATE DUE	s	DATE INCURRED	\$
				PAID	s	%	\$	CALENDAR YEA
				FORGIVEN		RATE		PER ELECTION
† IND COM OTH PTY SCC		s	s	\$	DATE DUE	\$	DATE INCURRED	\$
	S	SUBTOTALS \$	500.00	\$	\$ 2825.00	\$	Ida 5 Lina 9	
Schedule B Summary				50	00.00	(Enter (e) on Scheo	ule E, Line 3)	

S		500.00	
1.	Loans received this period	\$	
	(Total Column (b) plus unitemized loans of less than \$100.)	•	0.00
2.	Loans paid or forgiven this period	\$	
	(Total Column (c) plus loans under \$100 paid or forgiven.)		
	· · · · · · · · · · · · · · · · · · ·	_	500.00
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$	
	Enter the net here and on the Summary Page, Column A, Line 2.		

COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)

PTY – Political Party

(May be a negative number)

†Contributor Codes IND – Individual

SCC - Small Contributor Committee

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

Schedule C Nonmonetary Contributions Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER Alice English 4 Tracy City Council 2022		Amounts may be rounded to whole dollars.			Statement covers period from $\frac{07/01/2022}{\text{through}}$			CALIFORNIA 460 FORM Page of 14 I.D. NUMBER 1446215	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	Hector John Cardoza Tracy CA 95376	☑IND □COM □OTH □PTY □SCC	Business Owner Make-upArtist	Paint supplies for fundraiser		500.00	500.00		
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC		-					
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$ 600.00			
1 Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)	y contribution	ıs.		\$_	500.00	IND		

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

3. Total nonmonetary contributions received this period.

PTY - Political Party

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

SCC - Small Contributor Committee

Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2022 CALIFORNIA 460 FORM FORM of 13 it a graph of 15 it

1446215

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice English 4 Tracy City Council 2022

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 polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)* VOT voter registration 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)		DR DESCRIPTION OF PAYMENT	AMOUNT PAID	
by World keley, CA		Campaign media(Postcards, doorhangers)	2769.75	
Gateway Press Murphy's CA		Campaign signage	2237.19	
Ultimate Print Ontario, CA	СМР	Campaign signage	2323.88	

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

SUBTOTAL \$ 7330.82

Schedule E Summary

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period 07/01/2022 from

CALIFORNIA 460

through 09/24/2022

Page 12/3 of 1944 0

I.D. NUMBER

1446215

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice English 4 Tracy City Council 2022

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)* t.v. or cable airtime and production costs TEL PET petition circulating CVC civic donations candidate travel, lodging, and meals TRC phone banks candidate filing/ballot fees staff/spouse travel, lodging, and meals TRS polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor TSF independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services 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
California Slates	LIT	Appear on slate mailer	2,000.00
City of Tracy 333 Civic Center Traces CA 05276	FIL	Filing Fees, Voter Guide	1,525.00
Moose Lodge 35 E 6th Street	FND	Venue Fee for paint fundraiser	150.00
Robert Rockett	OFC	Reimbursement for expenses	395.18
Speak Easy speakeasypolitical.com	LIT	Campaign mailers	12,563.00

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

SUBTOTAL \$ 16,633.00

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

	SCHEDOLL L (CONT.)
Statement covers period	CALIFORNIA 460
rom	FORM 400
hrough <u>09/24/2022</u>	Page 13/14 of 14/14
	I.D. NUMBER

1446215

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice English 4 Tracy City Council 2022

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 CNS campaign consultants MTG meetings and appearances OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL staff/spouse travel, lodging, and meals TRS POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services **TSF** IND independent expenditure supporting/opposing others (explain)* LEG legal defense PRO professional services (legal, accounting) VOT voter registration

T 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)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Southside Community Organization 126 W. First Street The con CA 05276	MTG	Fee for Parade and Booth	350.00
efundraisingconnections efundraisingconnections.com	OFC	online fees	91.11

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

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

CALIFORNIA FORM	
Page 2 of	18_

. Officeholder or Candidate Controlled Committee					6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE						
Alice English											
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER I	F APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N	1 —	SUPPORT		
City Council - City of Tracy									OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE CA	ZIP 95377		Identify the controlling office	holder, candid	late, or state	measure propo	nent, if any.		
	Tracy		75577		NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT				
Related Committees Not Included in this Stanot included in this statement that are controlled by you of contributions or make expenditures on behalf of your can	or are primarily f	t any con ormed to	nmittees receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY		
COMMITTEE NAME	I.D. NUMBER										
NAME OF TREASURER	CONTROLLE	D СОММІ		7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	committee is	ommittee List primarily formed			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	. BOX)				Alice English	0,110,0,11	City Cour		SUPPORT OPPOSE		
CITY STATE ZIP	CODE	AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE		
COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE		
NAME OF TREASURER	CONTROLLE	D COMMI			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	JGHT OR HELD	SUPPORT OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	, BOX)						_				

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded

SUMMARY PAGE Statement covers period **CALIFORNIA** 01/01/2022 **FORM** from Page 3 06/30/2022 through. I.D. NUMBER

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1446215 Alice English 4 Tracy City Council 2022 **Calendar Year Summary for Candidates** Column B Column A **Contributions Received** CALENDAR YEAR TOTAL TO DATE TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 14,564.40 1. Monetary Contributions Schedule A, Line 3 \$ 7/1 to Date 1/1 through 6/30 2,325.00 2. Loans Received Schedule B. Line 3 20. Contributions 16,889.40 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 2,500.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 19,389.40 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditure Limit Summary for State Expenditures Made** 5,649.50 **Candidates** 6. Payments Made Schedule E, Line 4 0.00 7 Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 5,649.50 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 Total to Date 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election (mm/dd/yy) 2,500.00 10. Nonmonetary Adjustment Schedule C, Line 3 8,149.50

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 16,889.40
13. Cash Receipts Column A, Line 3 above	
14. Miscellaneous Increases to Cash	210.00
	5,649.50
15. Cash Payments Column A, Line 8 above	11,450.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 11,430.00
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$

18. Cash Equivalents See instructions on reverse \$ _____

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _

Cash Equivalents and Outstanding Debts

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 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule	Α	
Monetary	Contributions	Received

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to	to whole dollars. Statement covers period from .01/01/2022			CALI	CALIFORNIA 460		
EE INSTRUCTIO	ONS ON REVERSE			through 06/30/20	22	Page	<u>4</u> 01	18_	
IAME OF FILER Alice English	4 Tracy City Council 2022					I.D. NU -146621	JMBER 15 144	6215	
	FULL NAME STREET ADDRESS AND ZIP CODE OF		IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE	O DATE	PER EL	ECTION	

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)
1.1-	Todd Liebert	DAND COM OTH PTY	school employee	100.00		
6/7	George Hurphy	SCC TYND COM OTH PTY		-		
6/7	Merlyn Pittman	SCC PAIND COM	Retired Biz	50.00	200-00	
6/7	Manteca Sandra Bayhi	□PTY □SCC	Biz	50.00	148,00	
6/7		□COM □OTH □PTY □SCC	owner	25.00	125,00	
4/25	Sandra Bayhi	COM COM OTH PTY SCC	Biz Owner	100.00		
			SUBTOTAL	325.00		

Schedule A Summary

 Amount received this period – itemized monetary contributions. 	10	,358	3 4	17
(Include all Schedule A subtotals.)				
,	11	25 5	OK	3

*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))

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2022	CALIFORNIA 460
through <u>06/30/2022</u>	Page 5 of 18
	1.D. NUMBER -1466215 1446215

NAME OF FILER

Alice English 4 Tracy City Council

CUMULATIVE TO DATE PER ELECTION AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR TO DATE DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME) CODE RECEIVED (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) OF BUSINESS) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **₽** Eva moner COM 100.00 100,00 Roticed Потн Tracy, CA 95377 □ PTY 3/31 □ scc MIND Jorge Heredia Self-Employ Business duner ПСОМ Потн 500.00 500.00 ☐ PTY ("h. 9537 / Tracy. SCC MND Raquel Fairfield Сом Account Потн Man , a commical 300,00 □ PTY 300,00 Tracy, Ca. 95377 □ scc MND Bob Young □сом Health Care □ OTH □ PTY Tracy, 95376 Admin ist ration 100.00 100,00 4/14 □scc Carlos Villaphdua for State Assembly # 1435856 DIAI State Assembly -**⊠**сом menbel. OTH PO BOX 1282 Stockton, CA 95201 □ PTY 2,500.00 2,500.00 □scc

SUBTOTAL \$

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

3,500,00

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole do	ollars.	Statement covers period from $01/01/2022$			CALIFORNIA 460		
				through <u>06/30/20</u>)22	Page(o of 18	_	
NAME OF FILER						I.D. NUM		_	
Alice English	n 4 Tracy City Council					1466215	1446215	5	
	EULI NAME STREET ADDRESS AND ZIR CODE O	_	IE AN INDIVIDUAL ENTER	AMOUNT	CUMULATIVE T	O DATE	PER ELECTION	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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/15	skyview Aviation 6749 s. Tracy Blvd Tracy, CA 95377	□IND □COM ☑OTH □PTY □SCC	Butiness	600.00	600.00	
4/15	CC Aviation 6749 S.Tracy Blvd. Tracy CA 95377	□IND □COM ☑OTH □PTY □SCC	Business	500.00	500.00	
4/15	Fengying Liana Tracy, Ca 95377	DIND COM OTH PTY SCC	Retired	500.00	500.00	
4/15	Manpreet shahi Tracy, co 95376		Manager	250.00		
4/15	Innovo Dental Studio 2955 N. Corral Hollow Tracy, CA 95391	□IND □OTH □PTY □SCC	පිය ්පය	250.00	250.00	
	SUBTOTAL\$ 3, [00:00					

*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

Amounts may be rounded

SCHEDULE A (CONT.)

	Aniounto may be reamand					
Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA 460			
•		from <u>01/01/2022</u>	FORM 400			
		through06/30/2022	Page 7 of 18			
AME OF FILER			I.D. NUMBER			
Alice English 4 Tracy City Council			1466215 1446215			

						,
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)
	Jesse Gomez	☑IND □COM	Retired			
4/15	Pleasanton, CA 94588	□OTH □PTY □SCC		250.00	250.00	
	894 Will Street	□IND DECOM -EXOTH	প্রতাপ্তত			
4/15	Tracy, LA 95377	∏PTY □SCC		200.00		
	Maurice Francis	⊠IND □ COM □ OTH	Project			
4/15	Tracy, CA 95376	□PTY □SCC	3	110.00		
	Beorge Murphy	MIND □ COM □ OTH	Detired			
4/15	Tracy, CA 95376	□ PTY □ SCC		100.00		
	Leyroy Rickman Tracy, ca 95376	☑IND □COM □OTH □PTY	Retired	100,00		
4/15	1.	scc				
	SUBTOTAL\$ 760.00					

*Contributor Codes

IND - Individual

NAME OF FILER

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2022	CALIFORNIA 460
through	8of18
	1.D. NUMBER 1466215 1446215

NAME OF FILER

Alice English 4 Tracy City Council

1 / 7 % **CUMULATIVE TO DATE** PER ELECTION * AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF 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) Amel Alvis MIND COM Потн Tracy, CA 95377 □ PTY Retired 100,00 4/15 100,00 □ scc TCS Insurance Brokers 2680 N. Tracy Blvd. □IND IXICOM HTOTH. Tracy, 95376 □ PTY 4/15 10000 □ S£C MIND MICHAEL Page □сом Потн Tracy, EA 95377 □ PTY 100.00 100.00 Retired 4/15 □ scc ND Zahra AZIZ Сом OTH Tracy/295377 PTY 4/15 100,00 100.00 □ scc E.M. Gable MIND □сом Потн Tracy, 95376 PTY 200,00 200.00 □ SCC SUBTOTAL\$ 600,00

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from $\frac{01/01/2022}{}$	CALIFORNIA 460
through 06/30/2022	Page 9 of 18
	1.D. NUMBER

NAME OF FILER

Alice English 4 Tracy City Council

7400213 147661 3 AMOUNT CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER CONTRIBUTOR DATE OCCUPATION AND EMPLOYER TO DATE RECEIVED THIS CALENDAR YEAR CONTRIBUTOR CODE (IF SELF-EMPLOYED, ENTER NAME) RECEIVED (IF REQUIRED) OF BUSINESS) PERIOD (JAN. 1 - DEC. 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Dhaba Express, Inc. □IND MCOM **Business** 2242 W. Grantline ъ́ОТН □ PTY Tracy, CA 95377 4/18 200,00 □ SÇC MND Margie Baker □ COM □ OTH □ PTY Retired 100.00 Tracy, 64 95377 4/18 □ scc Merlyn Pittman Business owner MND □сом Mantela, CA 95336 □ PTY 4/18 98.00 □ SCC Burnall Shall MIND □сом □ OTH Tracy, CA 95317 PTY 250.00 □ scc ONLINC □сом 1548 Balsam Ct. MOTH Lathrop, KA 500.00 □ PTY 500.00 □scc SUBTOTAL \$ 1,148,00

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from $\frac{01/01/2022}{}$

				through	22	Page	10 of 18
NAME OF FILER Alice English	a 4 Tracy City Council		-			I.D. NUI 146621	MBER 5 1446215
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)
4128	Jack Harrington Tracy, (A 95376	MIND COM OTH PTY SCC	Retired	150.00			
4/28	Richard Staas Tracy CA 95504	IZIND COM OTH PTY SCC	Retired	125.00			
4/28	Robert Bastedenbeck Tracy CA 95376	☑IND □COM □OTH □PTY □SCC	Petired Anditor	160.50			
4/29	NOLA KAMAKANI Tracy, GA 95377	IND COM	Retired	125:00			
5/2	convad Levoit Tracy, (A 95377	MIND □ COM □ OTH □ PTY □ SCC	Business owner	100.00			
,			SUBTOTALS	(00,000)			

*Contributor Codes

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PTY - Political Party

SCC – Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA 160
from 01/01/2022	FORM 400
through <u>06/30/2022</u>	Page 11 of 18
	1.D. NUMBER 1466215 144 6215

NAME OF FILER

Alice English 4 Tracy City Council

AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE RECEIVED THIS CONTRIBUTOR CODE (IF SELF-EMPLOYED, ENTER NAME) RECEIVED (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) OF BUSINESS) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) MIND Kemo Dana □ COM 5/4 Потн **4537**6 □ PTY Tracy 100-00 Refired 100,00 □ scc Germaine Clark MIND ☐ COM □ OTH Tracy, (A95377 □ PTY Retired 250.00 250,00 5/6 □ scc MND Christina Gonzaga □сом Потн □ PTY Tracy, ca 95377 125,00 125,00 Homemaker □ scc Germaine Clark MND □сом Потн □ PTY CA 95377 Tracy Refired 50.00 300.00 □ scc IND George Murphy □сом OTH □ PTY 150,00 50,00 Retired Tracy, CA 95376 □ scc SUBTOTAL\$ 575,00

*Contributor Codes

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SCC – Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2022	CALIFORNIA 460
through <u>06/30/2022</u>	Page 12 of 18
	1.D. NUMBER 1466213 1441-215

Alice English	4 Tracy City Council				-	146621	3 1446215
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.	AR	PER ELECTION TO DATE (IF REQUIRED)
	Economy Express 1511 Riverview Ave.	IND OTH	B U1:1055				
5/10	Tracy CA 95378	□ PTY □ SCC		300.00	360.0	0	
	Letoy Rickman	□ COM □ COTH	Retired				
5/12	Tracy CA 95376	□ PTY □ SCC		50.00	150.0	0	
	Maurice Francis	⊡TND □ COM □ OTH	ProJect				
5/12	Tracy CA 95377	□PTY □SCC	Manager	25,00	135.0	0	
	John Moore	□ COM □ CTH	self-Employed				
5/21	Tracy, CA 95376	□ PTY □ SCC		107.49			
	Jeff Brown	MIND □ COM i/MOTH	Farmer				
5/19	Tracy, CA 95376	□ PTY □ SCC		267.91			
SUBTOTAL \$ 750.40							

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OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

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SUL	IEDUI	D ·	- PART

Schedule B – Part 1 Loans Received	Am	to whole dollar			from 01/01/2022 CALIFORNIA FORM			HA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Alice English 4 Tracy City Council 2022					through <u>06/30/2</u>	022	Page 13 I.D. NUMBER 1466213 /7	
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	BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Alice English Tracy, CA 95377	Retired		2325.00	\$ FORGIVEN	s 2325.00	RATE	s_2325.00	s 2325.00 PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	3	DATE INCURRED	CALENDAR YEAR
				\$	\$	RATE	\$	PER ELECTION**
TO IND COM OTH PTY SCC		\$	s	□ PAID	DATE DUE	%	DATE INCURRED	CALENDAR YEAR
		\$	\$	FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC	<u> </u>	SUBTOTALS S	2325.00	<u> </u> \$	\$ 2325.00	\$	DATE INCURRED	
Schedule R Summary						(Enter (e) on Sched	dule E, Line 3)	

(May be a negative number)

9	chedule B duminary		2325.00
1.	Loans received this period	.\$	2325.00
	(Total Column (b) plus unitemized loans of less than \$100.)		
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.)		2325.00
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$	2020.00
	Enter the net here and on the Summary Page, Column A, Line 2.		

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COM - Recipient Committee (other than PTY or SCC)

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

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

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 01/01/2022 CALIFORNIA 460 FORM 460 through 06/30/2022 Page 1.D. NUMBER 1446215

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Alice English 4 Tracy City Council 2022

Alice Eng	lish 4 Tracy City Council 2022					7.1021	
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/14/2022	Manjeet Rattanpal Dhaba Indian Cusine 430 West Grantline Road Tracy, Ca 95377	☑IND □COM □OTH □PTY □SCC	Business Owner	Banquet Hall for campaign fundraiser	2,500.00	2,500.00	2,500.00
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
Attach ad	ditional information on appropriately lab	eled continuat	ion sheets.	SUBTOTAL	\$		

Schedule C Summary

1.	Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	2,500.00
2	Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	0.00
3.	Total nonmonetary contributions received this period.		2,500.00
	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	IOIAL V	

*Contributor Codes

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OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E

Type or print in ink. Amounts may be rounded

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

	SCHEDULEE
Statement covers period 01/01/2022	CALIFORNIA 460
through06/30/2022	Page 1/5 of 18
-1	I.D. NUMBER 1446215

Payments Made to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Alice English 4 Tracy City Council 2022

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		d appearance ses ating urvey resear very and me		RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and staff/spouse travel, lodging, and transfer between committees VOT voter registration WEB information technology costs	iction costs meals nd meals of the same o	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
Tracy City Center Association 20 W. 11 5 Steet Tracy, Ca 95376		CMP	Fees			100.00
Tracy African American Association P.O Box 62 Tracy Ca 95376		СМР	Juneteenth Fee	S		100.00
Smart and Final 2900 Standiford AVE Modesto Ca 95350		FND	Food, supplies t	for Kick-Off		108.92
* Payments that are contributions or independent expenditures	must also be summ	arized on S	chedule D.	SUE	BTOTAL\$	308.92
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule						5,182.02 467.48
Unitemized payments made this period of under \$100						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.)						5,649.50

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

| CALIFORNIA | 460 | FORM | 1.D. NUMBER | 1446215

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice English 4 Tracy City Council 2022

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 meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs PET petition circulating TEL CVC civic donations candidate travel, lodging, and meals phone banks candidate filing/ballot fees PHO FIL

FND fundraising events

FND fu

InD independent expenditure supporting/opposing others (explain)*

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

TSF transfer between committees of the same candidate/sponsor voter registration

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)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Mitch Cox Tracy, CA 95377 Tracy Ca 95377	FND	DJ Services	225.00
Copy World Berkeley, CA Berkeley, CA	LIT	Postcards	247.94
Shorter's BBQ 2366 FSt Tracy Ca 95376	FND	Food for fundraiser	1,491.68
City of Tracy Civic Conter Dr Tracy Ca 95376	FND	Park permit fees	326.00
Dhaba Indian Cuisine Manjeet Rattanpal 430 West Grantline Road Tracy, CA 95377	FND	Food/Drinks for fundraiser	1,500.00

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

SUBTOTAL \$

3,790.62

Schedule E (Continuation Sheet)

Type or print in ink. Amounts may be rounded

Statement covers period **CALIFORNIA FORM** 01/01/2022 from 06/30/2022 Page 17 of 18 through. I.D. NUMBER

to whole dollars. **Payments Made** SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1446215 Alice English 4 Tracy City Council 2022 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 member communications CMP campaign paraphernalia/misc.

returned contributions meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses contribution (explain nonmonetary)* t.v. or cable airtime and production costs petition circulating TEL PET CVC civic donations candidate travel, lodging, and meals TRC phone banks candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals polling and survey research POL fundraising events TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* IND voter registration professional services (legal, accounting) VOT PRO LEG legal defense information technology costs (internet, e-mail) WEB PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF PAYMENT AMOUNT PAID CODE OR Snacks, decor Costco 411.13 **FND** Tracy, CA Reimburse for decor, supplies for Fundraiser Hector Cardoza 161.34 **FND** Tracy on 95376 245 11th Street Food Wing Yard 189.05 FND Tracy Or 95376 Tracy, CA 2116 W. grant line Ad Printing 120.96 Tracy ca 95377 LIT Balloon Decor Analicia Hernandez 200.00 FND Stockton 96206

SUBTOTAL \$

1.082.48

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

Schedule I		Amounts may be rounded		SCHEDULE		
	ous Increases to Cash	to whole dollars. Statement co		CALIFORNIA 460		
			from <u>01/01/2022</u>	1 311		
			through06/30/2022	Page 18 of 18		
SEE INSTRUCTION	NS ON REVERSE			I.D. NUMBER		
NAME OF FILER	Tanary City Council 2022			1466215		
Alice English 4	Tracy City Council 2022					
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
6/8/2022	City of Tracy 333 Civic Center Drive Tracy, CA 95376	Reimburse fo	or permit fees(partial)	176.00		
Attach addit	 ional information on appropriately labeled continuation sheets.		SUBTOTA	AL\$		
Schedule I	Summary		176.00			
	creases to cash this period					
2. Unitemized	increases to cash of under \$100 this period		\$ <u>34.00</u>	_		
	nterest received this period on loans made to others. (S			_		
4. Total misce Summary F	llaneous increases to cash this period. (Add Lines 1, 2,	and 3. Enter here and on the	TOTAL \$	FPPC Form 460 (Jan/2016)		