Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		Date Stamp RECEIVED Y CLERK'S OFF	CALIFORNIA 460					
	Statement covers period from 01/01/2017	Date of election if applicable:	JUL 25 PM 3:	Page of					
SEE INSTRUCTIONS ON REVERSE	through 06/30/2017	11/08/2016	TRACY CA						
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:							
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 61 Primarily Formed Candidate/ Officeholder Committee Also Complete Part 71	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te ☐ Amendment (Explain be		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495					
	D NUMBER 1377636	Treasurer(s)							
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER							
Mitracos for City Council 2016		Eugene D. Birk							
		MAILING ADDRESS							
STREET ADDRESS (NO PO. BOX)	177 - 170 - 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			475 Peerless Way #7					
363 W. Eaton Ave.		City Tracy		217 CODE AREA CODE/PHONE 95376 (209) 835-8207					
CITY STATE ZIP CO		NAME OF ASSISTANT TREASUR.		(209) 633-6201					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. ϵ P O Box 261	3CX	MAILING ADDRESS	···						
CITY STATE ZIP CO		C 1 2 V	STATE Z	RIP CODE AREA CODE/PHONE					
	8-0261 (209) 835-1025								
OPTIONAL FAX / E-MAIL ADDRESS		OPTIONAL FAX / E-MAIL ADDRE	SS						
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	a that the foregoing is true and correct. By By By By By	wiledge the information contained here	ensider Ansilve Citicer of Sox	·					
Executed on Type	3y	Control of the first of the control	1 3 Marie and Charles and an art	THE CONTRACT AND ADDRESS AND A					

5.

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE	Wall-shift shift of the shift o		NAME OF BALLOT MEASURE			,	
Mary Mitracos							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE	
Tracy City Council						*******	
,	CA 95376		Identify the controlling off	iceholder, candi	date, or state measure	proponent, if any.	
303 W. Editif Ave.	CA 33370		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROP	ONENT		
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	D. IF ANY	
COMMITTEE NAME	I.D. NUMBER	7	. Primarily Formed Can	didato/Officab	older Committee	List some of	
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s) for which this co	ommittee is primarily fo	rmed.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	OX)		NAME OF OFFICEHOLDER OR C	CANDIDATE C	FFICE SOUGHT OR HELE	SUPPORT OPPOSE	
CITY STATE ZIP I	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE C	FFICE SOUGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE C	FFICE SOUGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	CANDIDATE C	FFICE SOUGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO PO E	30X)		446-04	university of the second secon			
CITY STATE ZIP (CODE AREA CODE/PHONE		Attac	ch continuation	sheets if necessary		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 01/01/2017 CALIFORNIA 460 FORM Page 3 of 4

SUMMARY PAGE

NAME OF FILER 1377636 Mitracos for City Council 2016 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 0.00 1. Monetary Contributions Schedule A, Line 3 S ______ 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions 0.00 0.00 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 S _____ Received 0.00 0.00 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures S ______ S ____ 0.00 0.00 Made **Expenditures Made Expenditure Limit Summary for State** 1530.87 1530.87 6. Payments Made Schedule E, Line 4 S Candidates 0.00 0.00 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 1530.87 1530.87 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 S (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Accrued Expenses (Unpaid Bills) Schedule F. Line 3 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 1530.87 1530.87 **Current Cash Statement** 1530.87 12. Beginning Cash Balance Previous Summary Page, Line 15 S To calculate Column B, add 0300 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 0300 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 1530.87 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 S subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17 LOAN GUARANTEES RECEIVED Schedule B. Part 2 S carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts алу). 18. Cash Equivalents....... See instructions on reverse S 0.00 FPPC Form 460 (January/05) 19 Outstanding Debts ... Add Line 2 - Line 9 in Column B above S FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule I	Ξ
Payments	Made

CMP campaign paraphernalia/misc.

CNS campaign consultants

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

MBR member communications

MTG meetings and appearances

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

Statement covers pe	riod CALIEORNIA A CO
from01/01/2017	74911
through06/30/20 ⁻	Page of
	LD. NUMBER
	1377636

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mitracos for City Council 2016

CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)*	PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services	TEL t.v. or cable airtime and production TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and means transfer between committees of the	eals
LEG legal defense LIT campaign literature and mailings	PRO professional services (legal, accounting) PRT print ads	VOT voter registration WEB information technology costs (intern	et, e-mail)
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Tracy 333 Civic Center Plaza Tracy, CA 95376	FIL		-241.93
McHenry House Tracy Family Shelter 757 A St. Tracy, CA 95376	CVC		500.00
Tracy Tree Foundation P O Box 261 Tracy, CA 95378-0261	cvc		1272.80
* Payments that are contributions or independent expenditures	must also be summarized on Schedule D.	SUBTOTA	AL\$ 1530.87
Schedule E Summary			
1. Itemized payments made this period. (Include all Schedule	9	1530.87	
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. E	mn A, Line 6.) TOTAL \$	1530.87	

Recipient Committee	Type or print in	n ink	COVER PAGE				
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	sype or print i		RECEIV CLERK'S	2	FORM 460		
, ,	Statement covers period from10/23/2016		2017 JAN 26 P		ge 1 of 8 For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through12/31/2016	11/08/2016	CITY OF THE	l			
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	1181,011	W. Fi			
✓ 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 T Amendment (Explain b	ermination)	Supplemen	tatement d-Year Report tal Preelection Attach Form 495		
3. Committee Information	D NUMBER 1377636	Treasurer(s)					
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER Eugene D. Birk					
Mitracos for City Council 2016							
		MAILING ADDRESS					
STREET ADDRESS (NO PO. BOX)		475 Peerless Way #7	STATE	ZIP CODE	AREA CODE/PHONE		
363 W. Eaton Ave.		Tracy	CA	95376	(209) 835-8207		
CITY STATE ZIP C Tracy CA 953		NAME OF ASSISTANT TREASU			(200)		
MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR P.O. P.O. D. Box 261	BOX	MAILING ADDRESS	······································				
CITY STATE ZIP (CITY	STATE	ZIP CODE	AREA CODE/PHONE		
	78-0261 (209) 835-1025	#00 HOUSE HO					
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL FAX / E-MAIL ADDR	RESS				
. Verification							
I have used all reasonable diligence in preparing and reviewi			rein and in the attached	d schedules is tr	ue and complete. I certify		
under penalty of perjury under the laws of the State of Californ	nia that the foregoing is true and correct						
Executed on 1-25-17	3y						
1/25/17	4	/ Signaluse of crear ==	asurer				
Executed on	3y	Authoridar Carlodate, State Mydace - oc		of Sponsor			
Executed on	9y	////	A CONTRACTOR OF THE PROPERTY O				
Date	, ,	Signature of Contracing Officeholder, Candidate, St	ate weasure -roponent				
Executed at	Э́у	Signatura of Controlling Officer order. Candidate: St	ata Veasure Proportent		EDDC E 400 1100 - 1000		

Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee					
		NAME OF BALLOT MEASURE					
TION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT	
						OPPOSE	
ND STREET) CITY STATE ZIP		Identify the controlling of	Saabaldar oo	ndidata ar st	tata maacura r	rononant if any	
Tracy, CA 95376		, , , , , , , , , , , , , , , , , , , ,			ate measure p	noponem, n any.	
		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PI	ROPUNENT			
ed in this Statement: List any committees ontrolled by you or are primarily formed to receive whalf of your candidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY	
I.D. NUMBER			omw.		<u> </u>		
CONTROLL FO COMMITTEES	7.						
		officeholder(s) or candidate(s) for which th	is committee is	primarily form	ed.	
DRESS (NO PO. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD		
WHEN THE				and the second		SUPPORT OPPOSE	
I.D. NUMBER		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOU	GHT OR HELD	i immend	
	Tracy, CA 95376 ed in this Statement: List any committees controlled by you or are primarily formed to receive whalf of your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? YES NO DRESS (NO PO. BOX)	Tracy, CA 95376 ed in this Statement: List any committees outrolled by you or are primarily formed to receive whalf of your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? YES NO	Tracy, CA 95376 Tracy, CA 95376 ed in this Statement: List any committees partrolled by you or are primarily formed to receive whealf of your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? YES NO DRESS (NO PO. BOX) Identify the controlling off NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD 7. Primarily Formed Canadification of the primarily formed Canadiffication of the primarily formed	Identify the controlling officeholder, ca NAME OF OFFICEHOLDER, CANDIDATE, OR PF ed in this Statement: List any committees Introlled by you or are primarily formed to receive whalf of your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? YES NO DRESS (NO PO. BOX) Identify the controlling officeholder, ca NAME OF OFFICEHOLDER, CANDIDATE, OR PF OFFICE SOUGHT OR HELD 7. Primarily Formed Candidate/Office officeholder(s) or candidate(s) for which the NAME OF OFFICEHOLDER OR CANDIDATE	Identify the controlling officeholder, candidate, or stand in this Statement: List any committees controlled by you or are primarily formed to receive whealf of your candidacy. I.D. NUMBER T.D. NUMBER T.D. NUMBER	Identify the controlling officeholder, candidate, or state measure proposed in this Statement: List any committees controlled by you or are primarily formed to receive whalf of your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? Officeholder Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed Candidate(s) for which this candidat	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 10/23/2016 CALIFORNIA 460 FORM 12/31/2016 Page 3 of 8

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mitracos for City Council 2016 1377636 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE **General Elections** 16,340.00 1. Monetary Contributions Schedule A, Line 3 \$ ____ 1/1 through 6/30 7/1 to Date -1000.00 -1000.00 -1000.00 20. Contributions 15,340.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0.00 450.00 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures S ______ S _____ -1000.00 15,790.00 Made Expenditures Made **Expenditure Limit Summary for State** 17,205.95 7,970.28 Candidates 6. Payments Made Schedule E, Line 4 S 0.00 0.00 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 7970.28 17,205.95 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 S (If Subject to Voluntary Expenditure Limit) -3,827.69 -1.068.24 Total to Date Date of Election (mm/dd/yy) 0.00 450.00 16,587.71 4.142.59 **Current Cash Statement** 10,501.15 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add -1,000.00amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 7970.28 Column A may be negative 1,530.87 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 S subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is 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 S 0.0019. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

		Tuna ar arint in	inte				SCHE	DULE B - PART
Schedule B – Part 1 Loans Received	Type or print in ink. Amounts may be rounded to whole dollars.			Statement cov from 10/2	vers period 3/2016	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			MANAGE ST PO COTTO		through12/	/31/2016	Page 4	of
Mitracos for City Council 2016							1377636	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE ALSO ENTER LD. 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 PAI OR FORGIVE THIS PERIO	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mary Souza Mitracos 363 W. Eaton Ave. Tracy, CA 95376	Carnegie Property Management			PAID s 1000.00 FORGIVEN		RATE	s 1000.00	CALENDAR YEAR S PER ELECTION**
To IND □ COM □ OTH □ PTY □ SCC		s 1000.00	\$	5	12/31/16 DATE DUE	\$	6/10/15 DATE INCURRED	S
				PAID \$ □ FORGIVEN	5	RATE	5	CALENDAR YEAR 5 PER ELECTION*
TO IND COM OTH PTY SCC		S	S	\$	DATE DUE	5	DATE INCURRED	\$
				S FORGIVEN	_ \$	RATE	\$	SPER ELECTION*
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$;	\$ 1000.0	0.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$		 (+r	Contributor Codes	

1.	(Total Column (b) plus unitemized loans of less than \$100.)	ټ.,	
2.	Loans paid or forgiven this period	\$	1000.00
	(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)		
3	Net change this period. (Subtract Line 2 from Line 1.)	Г\$	-1000.00
•	Enter the net here and on the Summary Page, Column A, Line 2.		(May be a negative number)

TContributor 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	CALIF	ORN	A ACO		
	from	10/23/2016	FORM 400				
200000000000000000000000000000000000000	through _	12/31/2016	Page _	5	_ of8		
			I.D. NL	JMBER			
			13776	36			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

12/

Mitracos for City Council 2016

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

CVP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	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 LD. NUMBER)	CODE C	DR DESCRIPTION OF PAYME	NT	AMOUNT PAID
Tracy Press P O Box 419 Tracy, CA 95378	PRT			1,482.00
AlphaGraphics 11225 Trade Center Drive #175 Rancho Cordova, CA 95742	LIT			2,995.88
Home Depot 2461 Naglee Rd. Tracy, CA 95304	CMP			243.45
* Payments that are contributions or independent expenditures must also be sum	marized on S	chedule D.	SUBTOTAL\$	4,721.33
Schedule E Summary				
1. Itemized payments made this period. (Include all Schedule E subtotals.)		<pre>gttmccytAativaam#16t6%6v6aac62ativaan#6fa11446h6444446t6</pre>	\$	7,811.93
2. Unitemized payments made this period of under \$100	\$	158.35		
3. Total interest paid this period on loans. (Enter amount from Schedule B, Par				0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on				7,970.28

Schedule E (Continuation Sheet) Payments Made

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

Statement of	overs period	CALIF	ORNI	A A		1
from10	/23/2016	FO	RM	- 4		
through1	2/31/2016	Page _		of _	8	
- ANTHORN STATES AND S		I.D. NUN	ABER	- ALANA	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		13776	36			

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mitracos for City Council 2016

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearances ises lating survey researc	n senger services	RAD radio airtime and product returned contributions SAL campaign workers' salativ. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodg TSF transfer between comm WEB information technology or	ries production costs ,, and meals ing, and meals ittees of the same ca	,
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ED NUMBER)		CODE O	R DESC	CRIPTION OF PAYMENT	Al	MOUNT PAID
Five Star Print & Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304		LIT				786.56
Helms Ale House 600 N. Central Ave. Tracy, CA 95376		СМР				440,00
Dave Garcia Designs P O Box 447 Tracy, CA 95378-0447		LIT				180.00
Amazon.com		LIT				284.03
Pre-Sort Center of Stockton 3806 Coronado Ave. Stockton, CA 95204		POS				1,400.01
* Payments that are contributions or independent expenditures must also	be summarized on	Schedule D.			SUBTOTAL \$	3,090.60

Schedule F Accrued Expenses (Unpaid Bills)

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

MTG meetings and appearances

polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

petition circulating

OFC office expenses

phone banks

PET PHO

POS

Statement covers period from 10/23/2016		california 460						
through	12/31/2016	Page_	7	of_	8			
		I.D. NUM	BER					

1377636

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mitracos for City Council 2016

CTB contribution (explain nonmonetary)*

independent expenditure supporting/opposing others (explain)*

candidate filing/ballot fees

CMP campaign paraphernalia/misc.

CNS campaign consultants

fundraising events

CVC civic donations

LEG legal defense

IND

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

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

LIT campaign literature and mailings	PRT print ads	, - J	WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
Amazon.com	LIT	284.03	0.00	284.03	0.00		
Home Depot 2461 Naglee Rd. Tracy, CA 95301	СМР	142.35	101.10	243.45	0.00		
Five Star Print & Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT	677.70	108.86	786.56	0.00		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 1,104.08	\$ 209.96	1,314.04	\$ 0.00		

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 1.882.24

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 5.709.93 accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ______PAID TOTALS \$ _____

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills) Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 10/23/2016

CALIFORNIA 460 FORM

I.D. NUMBER

1377636

through 12/31/2016

of 8

SCHEDULE F (CONT.)

NAME OF FILER

Mitracos for City Council 2016

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*

CVC civic donations
FIL candidate filing/ballot fees

FND fundraising events

ND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses PET petition circulating

PHO phone banks
POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries
TEL ty or cable airlime and production

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

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Pre-Sort Center of Stockton, Inc. 3806 Coronado Ave. Stockton, CA 95204	POS	1,400.01	0.00	1400.01	0.00
AlphaGraphics 11225 Trade Center Dr., #175 Rancho Cordova, CA 95742	LIT	1,323.60	1,672.28	2,995.88	0.00
•	SUBTOTALS	\$ 2,723.61	\$ 1,672.28	\$ 4,395.89	\$ 0.00

CALIFORNIA FORM

Date Stamp

Recipient Committee Campaign Statement Cover Page

Executed on ____

	THINKAPAN		TIUC 1			
	Statement covers period from 09/25/2016	Date of election if applicable: (Month, Day, Year)	2016 OCT 27 PM 2 34 For Official Use Only			
SEE INSTRUCTIONS ON REVERSE	through10/22/2016	11/08/2016	CITY OF TRACY TRACY, CA			
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:				
✓ Officeholder, Candidate Controlled Committee		Preelection Statement				
3. Committee Information	I.D. NUMBER 1377636	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE.	1	NAME OF TREASURER				
Mitracos for City Council 2016		Eugene D. Birk				
		475 Peerless Way #7				
STREET ADDRESS (NO P.O. BOX)		CHY	STATE ZIP CODE AREA CODE/PHONE			
363 W. Eaton Ave.		Tracy	CA 95376 (209) 835-8207			
	PP CODE AREA CODE/PHONE 15376 (209) 835-1025	NAME OF ASSISTANT TREASURER	R, IF ANY			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E P O Box 261	BOX	MAILING ADDRESS				
	IP CODE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHONE			
	5378-0261 (209) 835-1025					
OPTIONAL, FAX / E-MAIL ADDRESS		OPTIONAL FAX / E-MAIL ADDRES	S			
Executed on 10 - 26 - 16 Executed on 10 - 26 - 16 Executed on 10 - 26 - 16	te of California that the foregoing is true and By	ci	herein and in the attached schedules is true and complete. I			
Executed on	. Ву	gnature of Controlling Officeholder Candidate S	tate Measure Proponent			

Signature of Controlling Officendider, Candidate, State Measure Proconcrit

	COVER	R PAGE	- PAR	T 2
	FORN DRM	IA 🗾	160	
Page _	2	. of	11	.

Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE					
Mary Mitracos							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	NC		SUPPORT OPPOSE
Tracy City Council						لــــا	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 363 W. Eaton Ave. Tracy, CA 95376	STATE ZIP		dentify the controlling office	holder, candi	date, or state measur	e propo	nent, if any.
Tracy, On 30010			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
Related Committees Not included in this Statement: Leading to the controlled by you or are primarily contributions or make expenditures on behalf of your candidacy.			OFFICE SOUGHT OR HELD		DISTRIC	CT NO. IF	ANY
COMMITTEE NAME I.D. NUMBER	R	•			.,		
		7	Primarily Formed Cand	lidate/Offic	eholder Committe	AA List	names of
NAME OF TREASURER CONTROLL	ED COMMITTEE?	٠.	officeholder(s) or candidate(s)	for which this	committee is primarily	formed.	
☐ YES	О мо		NAME OF OFFICEHOLDER OR C	44/010475	OFFICE SOUGHT OR	UE1 C	1
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		i	name of officeholder or c	ANDIDATE	CFFICE SOUGHT ON	ucth	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE	i	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER	R	į	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
NAME OF TREASURER CONTROLL YES	ED COMMITTEE?	i	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)							LI OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		Atta	ch continuati	on sheets if necessar	y	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

| Statement covers period | CALIFORNIA 460 | FORM | 10/22/2016 | Page 3 of 11 | I.D. NUMBER | I.D. N

		1.D. NUMBER 1377636
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
\$ \\ \frac{4,444.00}{0.00} \\ \s \\ \frac{4,444.00}{0.00} \\ \frac{4,444.00}{0.00} \\ \s \\ \frac{4,444.00}{0.00} \\ \s \\ \frac{4,00}{0.00} \\ \s \\ \frac{4,00}{0.00} \\ \frac{4,00}{	s 16,340.00 0.00 s 16,340.00 450.00 s 16,790.00	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
s 2,588.28 0.00 s 2,588.28 2,759.45 0.00 s 5,347.73	s 9,235.67 0.00 s 9,235.67 2,759.45 450.00 s 12,445.12	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
s 8,645.43 4,444.00 0.00 2,588.28 s 10,501.15 s 1,000.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)
	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 4,444.00

Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE		to	whole dollars.	Statement covers period 09/25/2016 from 10/22/2016		CALIFORNIA 460 FORM			
NAME OF FILER						I.D. NU	MBER		
Mitracos fo	or City Council					13776	36		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)		
9/25/16	Richard & Catherine Messman 114 Leafield Rd. Danville, CA 94506	☑ IND □ COM □ OTH □ PTY □ SCC	Chief Financial Officer Hill Physicians Group	500.00	1,000.00		1,000.00		
9/27/2016	Michael P. Restuccia 900 Topaz Ln. Ripon, CA 95366	ZIND COM OTH PTY SCC	Auditor Restuccia & Harrison, LP	100.00					
9/27/2016	Democratic Club of Greater Tracy P O Box 1146 Tracy, CA 95378-1146	☐ IND ☐ COM ☐ OTH ☑ PTY ☐ SCC		100.00	100.00				
9/28/2016	Michael K. & Leanna Repetto 8400 Orazio Ln. Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Self Tracy Disposal	250.00	250.00				
10/1/2016	Curits M. Repetto 2709 Annette Ct. Tracy, CA 95304-5941	☑IND □COM □OTH □PTY □SCC	Self Tracy Disposal	250.00	250.00				
			SUBTOTAL \$	1,200.00					
Schedule /	A Summary				*Con	Iributor C	odes		
	ceived this period – itemized monetary contributions.		\$	3,902.00	COM	(other	ent Committee than PTY or SCC)		
2. Amount re	ceived this period - unitemized monetary contribution	ns of less that	n \$100\$	542.00		Other (Political	e.g., business entity)		
3. Total mone	etary contributions received this period.			4 444 00			Contributor Committee		

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

FPPC Form 460 (Jan/2016)

4,444.00

Amounts may be rounded to whole dollars.

Statement covers period

2,502.00

SUBTOTAL \$

Monetary Contributions Received to whole dollars.			Statement coverage of the statement of the statement coverage of the s	•	CALIFORNIA 460		
				through 10/2	2/2016	Page5 of	
NAME OF FILER						I.D. NU	2000
Mitracos foi	r City Council		y .			13776	136
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
10/1/2016	Arleen Robbins 545 W. Carlton Way Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	302.00	1,000.	00	
10/10/2016	Lewis Investment Company, LLC 1156 N. Mountain Ave. Upland, CA 91785-0670	□IND □COM ☑OTH □PTY □SCC		250.00	250.	00	
10/11/2016	Greg & Bonny McCreary 30085 S. Koster Rd. Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	200.00	280.	00	
10/12/2016	Operating Engineers Local Union #3-District 30 1916 Broadway Ave. Stockton, CA 95205	□IND □COM ØOTH □PTY □SCC		1,000.00	1,000.	00	
10/18/2016	CREPAC - C.A.R. Candidate Support 525 S. Virgil Ave.	☐ IND ☐ COM ☑ OTH		750.00	750.	00	

PTY □ SCC

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

Los Angeles, CA 90020

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
------------	---------

Monetary	Contributions Received	to whole (dollars.		ers period /2016 2/2016	CALI F	FORNIA 460
NAME OF FILER			en er annonne en			1 -	JMBER
Mitracos fo	r City Council					13776	336
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
10/19/2016	Stanley & Mary E. Morri 8556 Julie Lynn Circle Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	200.00	340.	.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			17-17-17-17-17-17-17-17-17-17-17-17-17-1		
		□IND □COM □OTH □PTY □SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
The second secon			SUBTOTAL	\$ 200.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Schedule B – Part 1 Loans Received	Am	nounts may be ro to whole dollar			Statement cov	ers period 5/2016	_	OULE B - PART IA 460
SEE INSTRUCTIONS ON REVERSE					through10/2	22/2016	Page	of11
NAME OF FILER	A CONTRACTOR OF THE PROPERTY O				Value (1974)		I.D. NUMBER	nomen et estatue et es
Mitracos for City Council							1377636	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Mary Mitracos 363 W. Eaton Ave. Tracy, CA 95376	Carnegie Property Management			PAID \$ FORGIVEN	s_1,000.00	RATE	s <u>1000.00</u>	s 0.00 PER ELECTION
[†] ☑IND □ COM □ OTH □ PTY □ SCC	THE RESOURCE AND ADDRESS OF TH	s 1,000.00	s <u>0.00</u>	\$	12/31/16 DATE DUE	s	6/10/15 DATE INCURRED	s 1000.00
				paid s FORGIVEN	\$	%	s	SPER ELECTION
TO IND COM OTH PTY SCC		5	\$	\$	DATE DUE	\$	DATE INCURRED	5
				PAID S FORGIVEN	5	RATE	\$	SPER ELECTION'
TO IND COM OTH PTY SCC		5	\$	5	DATE DUE	\$	DATE INCURRED	5
		SUBTOTALS \$	0.00 \$	\$	\$ 1,000.00			
Schedule B Summary				\$	0.00	(Enter (e) on Schedule E. Line 3)		

1.	Loans received this period	.\$	0,00_
	(Total Column (b) plus unitemized loans of less than \$100.)		
2.	Loans paid or forgiven this period	.\$	0.00
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$	0.00 (May be a negative number)

†Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY – Political Party SCC – Small Contributor Committee

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

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

Schedule E Payments Made	Amounts may be rounded to whole dollars.				ent covers period 09/25/2016	CALIFO FO	ornia 460 rm
SEE INSTRUCTIONS ON REVERSE				through_	10/22/2016	Page	8 of 11
IAME OF FILER	VI 4 A A A A A A A A A A A A A A A A A A			·		I.D. NUM	BER
Mitracos for City Council						137763	6
CODES: If one of the following codes accurately describe	s the payment, yo	ou m ay ente	er the code. Othe	rwise, descr	ibe the payment.		
CMP campaign paraphernalia/misc.	MBR member com				airtime and production	costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and OFC office expens				ned contributions paign workers' salaries		
CVC civic donations	PET petition circul	lating		TEL t.v. o	cable airtime and prod		
FIL candidate filing/ballot fees	PHO phone banks POL polling and s	urvey research			idate travel, lodging, ar spouse travel, lodging,		
FND fundraising events ND independent expenditure supporting/opposing others (explain)*			enger services		fer between committee		e candidate/sponsor
EG legal defense		services (legal	accounting)		registration nation technology cost	r (internet a	mailt
LIT campaign literature and mailings	PRT print ads	:		AAEB IIIKUI	nation technology cost	s (sitemet, e	-:11(0))
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE O	R DES	SCRIPTION OF P	AYMENT	oonaa.ooo.ooonaa.ooo.ooo	AMOUNT PAID
Staples						aumminische Periodister	
2471 N. Naglee Rd.		OFC					110.94
Tracy, CA 95304							
Creative Vision Printing		11-				1	1,404.00
2232 Stewart St. Stockton, CA 95205		LIT					1,404.00
Stockton, CA 93203				Market and account of the second of the seco		Language Control of the Control of t	
Costco		FND				**************************************	493.36
3250 W. Grant Line Rd. Tracy, CA 95377		1140				e e e e e e e e e e e e e e e e e e e	
Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.			SL	JBTOTAL \$	2,008.30
Schedule E Summary							
Itemized payments made this period. (Include all Schedule	e E subtotals.)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ <u></u>	2,274.80
2. Unitemized payments made this period of under \$100							313.48
3. Total interest paid this period on loans. (Enter amount from							WW. 110000 1 10000 1 10000 1 10000 1 10000 1 10000 1 10000 1 10000 1 10000 1 10000 1 10000 1 10000 1 10000 1 1
4. Total payments made this period. (Add Lines 1, 2, and 3. I							2,588.28

Amounts may be rounded

Schedule E

SCHEDULE E

SCHEDU	JLE	Ε	(CONT.)
	~		(00,11.)

Schedule	E
(Continua	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

	GOLIEDOLE E (COM.
Statement covers period	CALIFORNIA AGO
from09/25/2016	FORM TOU
through10/22/2016	Page 9 of 11
**************************************	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1377636 Mitracos for City Council

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member com MTG meetings and OFC office expens PET petition circul. PHO phone banks POL polling and su POS postage, deliv	munications appearances as ating irvey resea very and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and p returned contribution campaign workers' t.v. or cable airtime candidate travel, to staff/spouse travel, transfer between covoter registration	roduction costs ons salaries and production costs	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Paul Cowles 1804 Alcott Pl. Tracy, CA 95376		CMP					266.50
Tracy, OA 33370			The control of the co				
			on in the symmetry and				
			4.000				
			m on the security comment of the security comments of the security comm				
				AB (1777)			
			no-politula literon-numurika kol				
	BB COMPLETE CONTROL OF THE CONTROL O		Transition of the Control of the Con	THE PARTY SERVICE STREET, THE SERVICE STREET,			
			Or experience of the formal force on				
		20-20-10-10-10-10-10-10-10-10-10-10-10-10-10		The state of the s		SUBTOTAL	266.50

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

SUBTOTAL \$

266.50

Schedule	e F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA / CO	
from	09/25/2016	FORM TOU	
through	10/22/2016	Page 10 of 11	
		I.D. NUMBER	-

1377636

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mitracos for City Council

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Costco 3250 W. Grant Line Rd. Tracy, CA 95377	FND	493.36	0.00	493.36	0.00
Amazon.com	LIT	284.03	0.00	0.00	284.03
Home Depot 2461 Naglee Rd. Tracy, CA 95304	СМР	142.35	0.00	0.00	142.35
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	\$ 919.74 ^{\$}	5 0.00	493.36	\$ 426.38

Schedule F Summary

3,252.81	INCURRED TOTALS \$	accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)
493.36	PAID TOTALS \$	 Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)
2,759.45 May be a negative number	NET \$	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NAME OF FILER

Mitracos for City Council

Statement covers period from 09/25/2016	CALIFORNIA 460 FORM
through 10/22/2016	Page 11 of 11
	I.D. NUMBER
	1377636

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

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Five Star Print & Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT	148.50	529.20	0.00	677.70
Pre-Sort Center of Stockton, Inc. 3806 Coronado Ave. Stockton, CA 95204	POS	0.00	1,400.01	0.00	1,400.01
AlphaGraphics 11225 Trade Center Dr., #175 Rancho Cordova, CA 95742	LIT	.00	1,323.60	.00	1,323.60
	SUBTOTALS S	148.50	\$ 3,252.81	\$ 0.00	\$ 3,401.31

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		RECEIVED CITY CLERK'S OF	
(CONCINICIA COUC CECIONS 04200-04210.3)	Statement covers period 07/1/2016	Date of election if applicable: (Month, Day, Year)		, or owner out only
SEE INSTRUCTIONS ON REVERSE	through09/24/2016	11/08/2016	CITY OF TRAC TRACY, CA	Y
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	t	uarterly Statement necial Odd-Year Report npplemental Preelection atement - Attach Form 495
3. Committee information	D. NUMBER 1377636	Treasurer(s)	***************************************	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Mitracos for City Council 2016		Eugene D. Birk		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		475 Peerless Way #7	STATE ZIP	CODE AREA CODE/PHONE
363 W. Eaton Ave.		Tracy	CA 953	
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		(200) 000 0201
Tracy CA 95376	6 (209) 835-1025			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	OX	MAILING ADDRESS	. , , , , , , , , , , , , , , , , , , ,	
P O Box 261				
CITY STATE ZIP CO		CITY	STATE ZIP	CODE AREA CODE/PHONE
Tracy CA 95378	3-0261 (209) 835-1025			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
I. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	this statement and to the best of my kno a that the foregoing is true and correc	wledge the information contained her	rein and in the attached sched	lules is true and complete. I certify
Executed on 9-29-18	Ву		<u> </u>	***************************************
Executed on	By ————————————————————————————————————	or a service posticidate, vieny	ant or Responsible Officer of Sponso	r
Executed on	ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proposent	
Evenutori na	a _v			

. Officeholder or Candidate	Controlled Commit	tee	6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CAND	IDATE			NAME OF BALLOT MEASURE	***************************************			
Mary Mitracos								
OFFICE SOUGHT OR HELD (INCLUDE	E LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Tracy City Council								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS	· ·			Identify the controlling off	iceholder, ca	ndidate, or sta	ate measure	proponent, if any.
363 W. Eaton Ave.	Tracy, C/	4 95376		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PE	ROPONENT		.,
Related Committees Not In not included in this statement that contributions or make expenditure	t are controlled by you or	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	IF ANY
COMMITTEE NAME		I.D. NUMBER						
NAME OF TREASURER		CONTROLLED COMMITTEE?	7.	Primarily Formed Cano		is committee is	primarily for	
COMMITTEE ADDRESS STRE	EET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZIP COI	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME		.D. NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STRE	STATE ZIP COL			Attac	ch continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Cash Equivalents and Outstanding Debts

19. Outstanding Debts Add Line 2 + Line 9 in Column B above S

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mitracos for City Council 1377636 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE **General Elections** 11,896.00 11.146.00 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions 11,146.00 11.896.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 S Received 450.00 450.00 21. Expenditures 12,346.00 S_____S_ 11,596.00 Made **Expenditures Made Expenditure Limit Summary for State** 6.647.39 6. Payments Made Schedule E, Line 4 \$ Candidates 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 6,119.14 6,647.39 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 S (If Subject to Voluntary Expenditure Limit) 1,096.35 1.096.35 Date of Election Total to Date (mm/dd/yy) 450.00 450.00 7,665.49 8,193.74 Current Cash Statement 3,168.57 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add 11,596.00 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 from Column B of your last reported in Column B. report. Some amounts in 6,119.14 Column A may be negative 8.645.43 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 S subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 S carry over the amounts from Lines 2, 7, and 9 (if

any).

1.000.00

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 868/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA

Statement covers period

07/ 1/2016

SEE INSTRUCTIO	INS ON REVERSE			through 09/2	24/2016	Page	4 of 16
IAME OF FILER	or City Council					1.D. NU	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
7/4/2016	Richard & Alice English 1492 Riverview Ave. Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Retired	195.00	195.	00	
7/8/2016	Erlene DeMarcus 4542 Mohr Ave. Pleasanton, CA 94566	☑IND □COM □OTH □PTY □SCC	Consultant Erlene DeMarcus	100.00	100.	00	
7/11/2016	Lance Waite Family Trust 2235 Encinitas Blvd., Suite 216 Rancho Santa Fe, CA 92061	☑IND □COM □OTH □PTY □SCC	Principal Integral Communities	250.00	250.	00	
7/26/2016	Anthony & Gloria Souza 28931 S. Lehman Rd. Tracy, CA 95304	ØIND ☐COM ☐OTH ☐PTY ☐SCC	President Souza Realty & Develop	500.00	500.	00	
7/26/2016	Mike & Cynthia Souza 6000 W. Linne Rd. Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Vice President, Development Souza Realty & Develop	500.00	500.	OO DODANA DA	
			SUBTOTAL\$	1,545.00			
. Amount red	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	8,263.00	IND-		1
2. Amount red	ceived this period – unitemized monetary contributions	s of less than S	\$100 \$	2,883.00	OTH PTY-		(e.g., business entity)
	etary contributions received this period. 1 and 2. Enter here and on the Summary Page. Colum	mn A line 1)	TOTAL S	11,146.00			ontributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

State	ment covers period	CALIFORN	IA 400
from	07/51/2016	FORM	450
through_	09/24/2016	Page 5	of 16
 1		I.D. NUMBER	
		1377636	

Mitracos for City Council

NAME OF FILER

	. Oity Courton				13710.	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER (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)
8/4/2016	Arleen Robbins 545 W. Carlton Way Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	698.00	698.00	
8/12/16	Michael & Marietta McLellan 1310 Barons Ct. Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Ordained Minister Presbyterian Church (USA)	100.00	100.00	**************************************
8/15/16	Sikandar & Sandeep Grewal 2439 Ogden Sannazor Dr. Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00	
8/16/2016	Douglas Fung P O Box 33451 San Antonio, TX 78265	☑IND □COM □OTH □PTY □SCC	Commercial Petroleum Tanker Operator Mission Petroleum Carrie	200.00	200.00	
8/19/16	Richard & Catherine Messman 114 Leafield Rd. Danville, CA 94506	☑IND □COM □OTH □PTY □SCC	Chief Financial Officer Hill Physicians Group	500.00	500.00	
			SUBTOTAL\$	1,698.00		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA ACO					
from	from 07/ 31/2016 FORM 4						
through_	09/24/2016	Page 6 of 16					
		I.D. NUMBER					
		1377636					

Mitracos fo	or City Council				1377	636
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)
8/19/16	Thomas M. Tillotson 210 Berverdor Ave. Tracy, CA 95376	ZIND COM OTH PTY SCC	Retired	100.00	100.00	
8/20/16	Annette Tuso Elissagaray 8140 W. Valpico Rd. Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
8/23/16	Christopher B. Tyler 3208 Wycliffe Dr. Modesto, CA 95355	☑IND □COM □OTH □PTY □SCC	Investment Manager Great Gable Partners, LP	500.00	500.00	
8/23/16	Christopher B. Tyler 3208 Wycliffe Dr. Modesto, CA 95355	☑IND □COM □OTH □PTY □SCC	Managing Partner Terravest Capital Partners, LP	500.00	500.00	
8/24/16	Ron Leachman, Esq. P O Box 930 Tracy, CA 95378	☑IND □COM □OTH □PTY □SCC	Attorney Ron Leachman, Attorney	200.00	200.00	
			SUBTOTAL\$	1,400.00		

*Contributor Codes

IND - Individual

NAME OF FILER

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

PTY - Political Party

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

	SCHEDULE A (CONT.)
Statement covers period	CALIFORNIA A CO
from 07/ 1/2016	FORM 46U
through 09/24/2016	Page 7 of 16
	I.D NUMBER
through 09/24/2016	

NAME OF FILER Mitracos fo	r City Council				1.D NU 1377	IMBER 636
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)
8/24/16	Stanley & Mary E. Morri 8556 Julie Lynn Circle Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	140.00	140.00	
8/24/16	George & Lorraine Silva 227 Portola Dr. Danville, CA 94506	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
8/27/16	Andy Zarakani P O Box 1036 Tracy, CA 95378	☑IND □COM □OTH □PTY □SCC	Self-Employed DIK Tracy Enterprises, In	200.00	200.00	
8/27/16	Ray & Ellen McCray 1485 Cerro Verde Way Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Financial Advisor The Hartford	300.00	300.00	
8/27/16	Thomas R. Ross 840 W. Schulte Rd. Tracy, CA 95376	ZIND COM OTH PTY SCC	Veterinarian Thomas R, Ross, DVM	100.00	100.00	
			SUBTOTAL \$	840.00		

*Contributor Codes

IND - Individual

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

PTY - Political Party

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

Statement covers period from 07/1/2016 CALIFORNIA 460

SCHEDULE A (CONT.)

	through	09/24/2016	Page 8 of 16
IAME OF FILER			LD NUMBER
Mitracos for City Council			1377636

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)
8/27/16	Jimmie Ray & Helen M. Noah 1338 Wall St. Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	130.00	130.00	
8/27/16	MATAPORACY LIMITED PROPERTIES 421 W. 11th St. Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		200.00	200.00	
8/27/16	Derrick & Kimberly Davis 2680 Atlanta Dr. Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Investigator Lawrence Livermore National Lab	100.00	100.00	
8/27/16	Clayborne & Karen Souza 8291 Birch St. Hilmar, CA 95324	☑IND □COM □OTH □PTY □SCC	Diesel Mechanic McCoY TRUCK TIRE SERVICE GENTER	250.00	250.00	
8/27/16	Darryl & Nancy Silva 6823 Hickory Ln. Dublin, CA 94568	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Social Worker Livermore Veterans Administration	100.00	100.00	
The second secon	SUBTOTAL\$ 780.00					

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

State	ment covers period	CALIFORNIA ACO			
from	07/::1/2016	FORM 40U			
through_	09/24/2016	Page 9 of 12			
 L		I.D. NUMBER			
		1377636			

Mitracos fo	r City Council				137	7636
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)
8/27/16	Homayun Niazmand 21330 S. Corral Hollow Rd. Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
8/27/16	Paul Cowles 1804 Alcott Pl. Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Handyman Paul Cowles	100.00	100.00	
9/3/16	Ponderosa Homes II, Inc. 6130 Stoneridge Mall Rd., Ste. 185 Pleasanton, CA 94588	□IND □COM ØOTH □PTY □SCC		250.00	250.00	
9/6/16	Ameni Alexander 206 Camelot Dr. Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Transportation Commissioner City of Tracy	400.00	400.00	
9/7/16	Lorna Boothroyd 1485 Cerro Verde Way Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
TO DOOR WATER AND ADDRESS OF THE PARTY OF TH	SUBTOTAL\$ 950.00					

*Contributor Codes

IND - Individual

NAME OF FILER

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA ACO	
from	07/ 1/2016	FORM 40U	
through _	09/24/2016	Page 10 of 14	6.0° m/m 100 100 100 mm
 <u></u>		I.D. NUMBER	
		1377636	

Mitracos for	r City Council				137	7636
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)
9/8/2016	Pat Marchini 12750 S. Lammers Rd. Tracy, CA 95304	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.00	
9/16/2016	SJ, Calaveras, Alpine & Amador Counties Building Trades Council P O Box 8014, Stockton, CA 95208	□IND □COM ☑OTH □PTY □SCC		500.00	500.00	
9/22/2016	Gary's Floors, Inc. 154 W. 10th St. Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		100.00	100.00	
9/23/2016	Plumbers & Pipefitters Local 442 4842 Nutcracker Ln. Modesto, CA 95356	□IND □COM ☑OTH □PTY □SCC		250.00	250.00	
9/24/2016	Brent & Lynda Ives 2459 Neptune Ct. Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Consultant BHI Consulting	100.00	100.00	
	SUBTOTAL\$ 1050.00					

*Contributor Codes

IND - Individual

NAME OF FILER

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

		Time as asint in	inte				SCHE	DULEB-PART	
Schedule B – Part 1 Loans Received	Type or print in ink. Amounts may be rounded to whole dollars.				Statement cov	ers period /2016	california 460 form		
SEE INSTRUCTIONS ON REVERSE				aurenaannaanna s	through09/2	24/2016	Page 11	of 16	
NAME OF FILER							I.D. NUMBER	-	
Mitracos for City Council							1377636		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTERED NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Mary Mitracos 363 W. Eaton Ave.	Carnegie Property Management			PAID	s_1,000.00	%	s 1000.00	CALENDAR YEAR 0.00	
Tracy, CA 95376	~	s_1,000.00	0.00 s	FORGIVEN \$	12/31/16	RATE	6/10/15	perelection** s 1000.00	
TO IND COM OTH PTY SCC				PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR	
				S	•	%	e	¢	
		Non-acceptance of the Control of the	- Andrews	FORGIVEN	-	RATE	3	PERELECTION*	
† IND COM OTH PTY SCC		S	s	s	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDARYEAR	
				sFORGIVEN	. \$	RATE	\$	SPER ELECTION*	
†□ IND □ COM □ OTH □ PTY □ SCC		s	5	s	DATE DUE	5	DATE INCURRED	5	
	CONTRACTOR OF THE PROPERTY OF	SUBTOTALS \$	0.00 \$		\$ 1,000.00	\$			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			s	0.00				
(Total Column (b) plus unitemized loans							Contributor Codes		
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)			\$	0.00	(ND – Individual COM – Recipient Co (other than I DTH – Other (e.g., PTY – Political Party	PTY or SCC) business entity)	

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

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

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0.00 (May be a negative number)

PTY - Political Party

Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C Statement covers period **CALIFORNIA** 07/31/2016 **FORM** from. 09/24/2016 through. LD. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1377636 Mitracos for City Council CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE OCCUPATION AND EMPLOYER DATE FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) (JAN 1 - DEC 31) NAME OF BUSINESS) VIND Steve Ridolfi Retired Photography □COM 200.00 200.00 8/21/2016 216 Acacia St. □OTH Tracy, CA 95376 **□PTY** □SCC VIND Conrad Levoit Levoit Protection Sound System ПСОМ 8/27/16 100.00 100.00 95 W. 11th St., #206 HTO Tracy, CA 95376 □PTY SCC **V**IND Dino Margaros Proprietor **Event Venue** ☐COM 8/27/16 150.00 150.00 24 W. 11th St. □OTH Tracy, CA 95376 Tracy Inn PTY SCC ПСОМ OTH PTY SCC Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 450.00

Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. 450.00 (include all Schedule C subtotals.)

3. Total nonmonetary contributions received this period. 450.00

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

Schedule	E
Payments	Made

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

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from07/31/2016	FORM 40U
through09/24/2016	Page 13 of 16
	LD. NUMBER
	1377636

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mitraços for City Council CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances CNS returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating CVC civic donations PET t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor [ND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF legal defense PRO professional services (legal, accounting) VOT voter registration PRT print ads campaign literature and mailings WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Postmater 125 W. 9th St. POS 188.00 Tracy, CA 95376 Party Warehouse 109.84 CMP 505 W. Grant Line Rd. Tracy, CA 95376 **Balloons Tomorrow** 165.00 CMP 3590 Utah Ave. NE Iowa City, IA 52240 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 462.84 Schedule E Summary 5,812.24 1. Itemized payments made this period. (Include all Schedule E subtotals.)

176.44 2. Unitemized payments made this period of under \$100 _______\$ 5.988.68

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

I.D. NUMBER

1377636

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mitracos for City Council

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

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

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

OFC office expenses

PET petition circulating

petition circulating

phone banks

SAL campaign workers' salaries

TEL t.v. or cable airlime and production costs

TRC candidate travel, lodging, and meals

FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

LIT campaign literature and mailings	PRT print ads	WEB information te	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			
City of Tracy 333 Civic Center Plaza Tracy, CA 95376	FIL		1,375.00			
Paris Printing 392 W. Larch Rd., Suite 2 Tracy, CA 95304	FND		885.60			
Five Star Printing 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LiT		3,088.80			
Registrar of Voters 44 N. San Joaquin St. Stockton, CA 95202	CMF		100.00			
Staples 2471 N. Naglee Rd. Tracy, CA 95304	OFC		110.94			
* Payments that are contributions or independent expenditures	s must also be summarized on Schedule	D.	SUBTOTAL \$ 5,460.34			

Schedule F

Type or print in ink. Amounts may be rounded

Statement covers period from 07/1/2016	CALIFORNIA 460
through09/24/2016	Page 15 of [2
**************************************	LD. NUMBER

Accrued Expenses (Unpaid Bills) to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mitracos for City Council 1377636

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Balloons Tomorrow 3590 Utah Ave. NE Iowa City, IA 52240	СМР	165.00	0.00	165.00	0.00
Costco 3250 W. Grant Line Rd. Tracy, CA 95377	FND	0.00	493.36	0.00	493.36
Amazon.com	LIT	0.00	284.03	0.00	284.03
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 165.00	\$ 777.39	165.00	777.39

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 1.261.35 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 165.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$ TUBO.33

May be a negative number

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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

Statement covers period 07/1/2016 from 09/24/2016

CALIFORNIA FORM

SCHEDULE F (CONT.)

16

I.D. NUMBER

1377636

Mitracos for City Council

NAME OF FILER

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

PHO

POS

PRO

PRT

phone banks

print ads

polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses petition circulating PET

CVC civic donations candidate filing/ballot fees

ND

independent expenditure supporting/opposing others (explain)*

campaign literature and mailings

fundraising events

LEG legal defense

RAD radio airtime and production costs

returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

voter registration VOT

through

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER \D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Home Depot 2461 Naglee Rd. Tracy, CA 95304	СМР	0.00	142.35	0.00	142.35
Five Star Print & Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT	0.00	148.50	0.00	148.50
	SUBTOTALS :	0.00	\$ 290.85	\$ 0.00	\$ 290.85

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-842)	G E)		Type or print in	ink.	FICE	ALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE	6.3 7	from _ throug	1/1/2016 6/30/2016	Date of election if applice (Month, Day, Year) 11/8/2016	JUL 29 PM 4: ITY OF TRAC' TRACY, CA	' -	ge 1 of 7 For Official Use Only
1. Type of Recipient Committee Officeholder, Candidate Controlle State Candidate Election Com Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	I Committee [nittee	Primarily F Committee Control Sponso (Also Complete Primarily F	ormed Ballot Measure led ored ormed Candidate/ er Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T	ermination)	Supplemer	Statement dd-Year Report ntal Preelection - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S N Mitracos for City Council 2010 STREET ADDRESS (NO P.O. BOX)		I.D. NUMBEF 1377636 EE)		Treasurer(s) NAME OF TREASURER Eugene D. Birk MAILING ADDRESS 475 Peerless Way #7 CITY	STATE	ZIP CODE	AREA CODE/PHONE
363 W. Eaton Ave. CITY Tracy MAILING ADDRESS (IF DIFFERENT) NO. P O Box 261 CITY Tracy OPTIONAL: FAX / E-MAIL ADDRESS	CA 95 AND STREET OR P.	CODE 376 D. BOX CODE 378-0261	AREA CODE/PHONE (209) 835-1025 AREA CODE/PHONE (209) 835-1025	Tracy NAME OF ASSISTANT TREASU. MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDR	STATE	95376 ZIP CODE	(209) 835-8207 AREA CODE/PHONE
4. Verification I have used all reasonable diligence in under penalty of perjury under the laws Executed on 7/29 Executed on 7/29 Executed on Date Executed on Date	oreparing and review of the State of Calife	ving this state ornia that the f	ment and to the best of my knooregoing is true and correct. By By By By By By By	Signature of Treasure April And	Weasurer Measure Proportent		Irue and complete. I certify

Officeholder or Candidate Controlled Commi	ttee	6.	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Mary Mitracos							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	NUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTIO	N		SUPPORT
Tracy City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP						
363 W. Eaton Ave. Tracy, C	A 95376		Identify the controlling of	iceholder, car	ndidate, or st	ate measure	proponent, if any
			NAME OF OFFICEHOLDER, CAI	IDIDATE, OR PR	OPONENT		
Related Committees Not Included in this Statement that are controlled by you of contributions or make expenditures on behalf of your canditures.	r are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can				
	☐ YES ☐ NO		officeholder(s) or candidate(s) for which this			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEROLDED OF	A NIDIDATE	DEFICE BOLL	GHT OR HELD	
			NAME OF OFFICEHOLDER OR	ANDIDATE	OFFICE SOOR	SAL OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)				<u> </u>		
OLD STATE OF	DE ABEL CODE/DUOYE						
CITY STATE ZIP CO	DE AREA CODE/PHONE		Atta	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

	SUMMARY PAGE				
Statement covers period	CALIFORNIA 460				
1/1/2016 from	FORM TOO				
through 6/30/2016	Page3 of7				
	I.D. NUMBER				
	4277626				

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

CHIMALAMATA

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mitracos for City Council 1377636 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE **General Elections** 750.00 750.00 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions 750.00 750.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 S Received 0.00 0.00 Nonmonetary Contributions Schedule C. Line 3 21. Expenditures s s 750.00 750.00 Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 S ____ **Expenditures Made Expenditure Limit Summary for State** 528.25 528.25 Candidates 22. Cumulative Expenditures Made* 528.25 528.25 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 S (If Subject to Voluntary Expenditure Limit) 165.00 165.00 Date of Election Total to Date (mm/dd/vv) 10. Nonmonetary Adjustment Schedule C, Line 3 693.25 693.25 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ **Current Cash Statement** 2946.82 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 750.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 528.25 report. Some amounts in Column A may be negative 3168.57 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 S subtracted from previous If this is a termination statement, Line 16 must be zero. 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 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 S

Schedule A **Monetary Contributions Received**

Total monetary contributions received this period.

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

		SUICEDULE F
Statem	ent covers period	CALIFORNIA /CO
from	1/1/2016	FORM 40U
through	6/30/2016	Page 4 of 7
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1377636 Mitracos for City Council AMOUNT PER ELECTION CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE TO DATE RECEIVED THIS CALENDAR YEAR OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER LD, NUMBER) RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME (IF REQUIRED) PERIOD (JAN, 1 - DEC, 31) OF BUSINESS) **☑**IND John D. & Paula S. Stanek ПСОМ Principal 250.00 6/28/2016 250.00 20 Channel Vista ПОТН **□**PTY Newport Coast, CA 92657 Integral Communities ∏SCC **VIND** Evan Knapp **□**СОМ Principal 250.00 250.00 6/28/2016 3 San Joaquin Plaza, Suite 100 □отн PTY Newport Beach, CA 92660 Integral Communities □scc **VIND** Craig A. Manchester □сом Managing Partner 250.00 250.00 6/28/2016 888 San Clemente Dr., Suite 100 **□**отн PTY Newport Beach, CA 92660 Integral Communities SCC СОМ Потн □ PTY □ SCC □IND □сом □OTH PTY SCC SUBTOTAL\$ 750.00 Schedule A Summary *Contributor Codes IND - Individual 1. Amount received this period – itemized monetary contributions. 750.00 COM - Recipient Committee (Include all Schedule A subtotals.) (other than PTY or SCC) OTH - Other (e.g., business entity) 2. Amount received this period – unitemized monetary contributions of less than \$100\$ PTY - Political Party SCC - Small Contributor Committee

750.00

Schedule	Ε
Payments	Made

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

g-112-117-117-117-117-117-117-117-117-117		SCHEDULE E
Stateme	nt covers period	CALIFORNIA ACO
from	1/1/2016	FORM 400
through _	6/30/2016	Page 5 of 7
		I.D. NUMBER
		1377636

				from	77 7720 10		
SEE INSTRUCTIONS ON REVERSE				throug	h 6/30/2016	Page	5 of
NAME OF FILER						I.D. NU	MBER
Mitracos for City Council						13776:	36
CODES: If one of the following codes accurately describes	the payment, yo	u may ent	er the code. Other	wise, des	cribe the payment.		
CMP campaign paraphernalia/misc.	MBR member.com	munications		RAD ra	dio airtime and productio	n costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and OFC office expen		?S		turned contributions impaign workers' salarie	s	
CVC civic donations	PET pelition circu	lating		TEL 1.v	or cable airtime and pro-	oduction cost	S
FIL candidate filing/ballot fees FND fundraising events	PHO phone banks POL polling and s		ch	TRC ca	indidate travel, lodging, a aff/spouse travel, lodging	ind meals i. and meals	
ND independent expenditure supporting/opposing others (explain)*	POS postage, deli	ivery and me	ssenger services	TSF tra	insfer between committe		me candidate/sponsor
LEG legal defense LIT campaign literature and mailings	PRO professional PRT print ads	services (leg	al, accounting)		iter registration formation technology cos	sts (internet, c	e-mail)
****						· · · · · · · · · · · · · · · · · · ·	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DES	CRIPTION O	PAYMENT		AMOUNT PAID
Tracy African American Association							
P O Box 62		MTG					100.00
Tracy, CA 95378-0062							
Dave Garcia Designs			The state of the s			**	
P O Box 447		LIT					200.00
Tracy, CA 95378-0447							
Tracy Chamber of Commerce		. ATTO					400.00
223 E. 10th St. Tracy, CA 95376		MTG	literani obbereive				100.00
						Contraction of the Contraction o	
* Payments that are contributions or independent expenditures m	nust also be summ	arized on S	chedule D.		S	UBTOTAL\$	400.00
Schedule E Summary						· · · · · · · · · · · · · · · · · · ·	
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	508.26
2. Unitemized payments made this period of under \$100	,	·//··				\$	19.99
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part 1	I, Column (e).)		•••••	\$	
4. Total payments made this period. (Add Lines 1, 2, and 3, Er	nter here and on th	e Summai	v Page Column A	Line 6.)	Τſ	OTAL \$	528.25

			_					
SCHE	ÐΙ	П	-	·	tC.	OI	NΤ	٠,

Schedule	Ε	
(Continua	tion	Sheet)
Payments	Mad	de

Type or print in ink. Amounts may be rounded

Stater	nent covers period	CALIFORNIA ACO
from	1/1/2016	FORM 400
through	6/30/2016	Page 6 of 7
	error and an annual to a serious of an effective of the property of control of the formula annual formula and	I.D. NUMBER

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mitracos for City Council 1377636

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL polling and survey research staff/spouse travel, lodging, and meals FND fundraising events POL independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND POS LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT WEB information technology costs (internet, e-mail) LIT print ads NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Party Warehouse 505 W. Grant Line Rd. CMP 108.26 Tracy, CA 95376

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

SUBTOTAL \$

108.26

Schedule F Accrued Expenses (Unpaid Bills)	
SEE INSTRUCTIONS ON DEVERSE	

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

CALIFORNIA FORM Statement covers period 1/1/2016 from 6/30/2016 7 7

SEE INSTRUCTIONS ON REVERSE			unrougn	Pag	e of	
AME OF FILER				I.D. NL	JMBER	
Mitracos for City Council				1377	7636	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CND candidate filing/ballot fees CND fundraising events CND independent expenditure supporting/opposing others (explain)* CND legal defense CND campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and in	POS professional services (legal, accounting) TEL t.v. or cable airtime and pro candidate travel, lodging, are staff/spouse travel, lodging, are staff/spouse travel, lodging, professional services (legal, accounting) TEL t.v. or cable airtime and pro candidate travel, lodging, are staff/spouse travel, lodging, TSF transfer between committee voter registration				
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Balloons Tomorrow 3590 Utah Ave. NE Iowa City, IA 52240	СМР	165.00	165.00	0.00	165.00	
			The state of the s			
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	165.00	\$ 165.00 \$	\$ 0.00	\$ 165.00	
Schedule F Summary						
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a 			incu	RRED TOTALS \$	165.00	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	edule F, Column (c) subtoto payments on accrued expe	tals for payments or enses under \$100.)	ı 	PAID TOTALS \$	0.00	
 Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.) 	er the difference here and	······		NET \$	165.00 May be a negative number	
					· -	

Recipient Committee Campaign Statement

Campaign Statement Cover Page		S DECEN		LIFORNIA 460
	Statement covers period from 07/01/2015	Date of election if applicable: (Month, Day, Year)	Pag	ge 1 of 8
SEE INSTRUCTIONS ON REVERSE	through12/31/2015	11/0 3 /2016		
I. Type of Recipient Committee: All Committees - Cor	plete Parts 1, 2, 3, and 4.	2. Type of Statement:	No. of the State of S	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) Imarily Formed Candidate/ fficeholder Committee	☐ Preelection Statement ☑ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	Quarterly S Special Odd	tatement d-Year Report
	NUMBER 377636	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
		Eugene D. Birk		
Mitracos for City Council 2016				
Mitracos for City Council 2016		MAILING ADDRESS 475 Peerless Way #7		
Mitracos for City Council 2016 STREET ADDRESS (NO P.O. BOX)		MAILING ADDRESS 475 Peerless Way #7 CITY	STATE ZIP CODE	AREA CODE/PHONE
·		475 Peerless Way #7	STATE ZIP CODE CA 95376	AREA CODE/PHONE (209) 835-8207
STREET ADDRESS (NO P.O. BOX) 363 W. Eaton Ave. CITY STATE ZIP COE		475 Peerless Way #7		
STREET ADDRESS (NO P.O. BOX) 363 W. Eaton Ave. CITY STATE ZIP COE Tracy CA 95376		475 Peerless Way #7 CITY Tracy NAME OF ASSISTANT TREASURER, IF ANY		
STREET ADDRESS (NO P.O. BOX) 363 W. Eaton Ave. CITY STATE ZIP COE Tracy CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		475 Peerless Way #7 city Tracy		
STREET ADDRESS (NO P.O. BOX) 363 W. Eaton Ave. CITY STATE ZIP COE Tracy CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BOX P O Box 261	(209) 835-1025	475 Peerless Way #7 CITY Tracy NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	CA 95376	(209) 835-8207
STREET ADDRESS (NO P.O. BOX) 363 W. Eaton Ave. CITY STATE ZIP COE Tracy CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX P O Box 261 CITY STATE ZIP COE	(209) 835-1025 E AREA CODE/PHONE	475 Peerless Way #7 CITY Tracy NAME OF ASSISTANT TREASURER, IF ANY		
STREET ADDRESS (NO P.O. BOX) 363 W. Eaton Ave. CITY STATE ZIP COE Tracy CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX P O Box 261 CITY STATE ZIP COE Tracy CA 95378	(209) 835-1025 E AREA CODE/PHONE	475 Peerless Way #7 CITY Tracy NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS CITY	CA 95376	(209) 835-8207
STREET ADDRESS (NO P.O. BOX) 363 W. Eaton Ave. CITY STATE ZIP COE Tracy CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX P O Box 261 CITY STATE ZIP COE	(209) 835-1025 E AREA CODE/PHONE	475 Peerless Way #7 CITY Tracy NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	CA 95376	(209) 835-8207

4.

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the into	ormation contained herein and in the attached schedules is true and complete.
certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	adapta ⁽¹⁾

Executed on .	JAW	,29,-	20K
Executed on	1/	29 /16	
		Date	
Executed on .		Date	
Executed on .	***************************************	7,31-2	

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By _	Officering Unicerpide Canadate		^^	
By	/ 0	/		344:
3v	Signature of Controlling Officence			
-, -	Richards of Electric Little Strang	Green Canadaste State Ve	gasterias Productions M	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	r Pagi	E - PAI	RT 2
CALI	ORN	IIA /		
FC	ORM	4	لاند	y
	(X) (X)(V)			
Page	2	ρf	8	
9			***************************************	

Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE					
Mary Mitracos							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER	R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	Fried fo	SUPPORT
Tracy City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		dentify the controlling offic	eholder, candi	date, or state	measure pro	ponent, if any.
363 W. Eaton Ave. Tracy, CA 953	970	•	NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Included in this Statemen not included in this statement that are controlled by you or are prim contributions or make expenditures on behalf of your candidacy.		,	OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME I.D. NU	MBER	•					
NAME OF TREASURER CONTR	ROLLED COMMITTEE?	7.	Primarily Formed Cano	didate/Offic	eholder Co	mmittee L	ist names of
Пу			onicendider(s) or candidate(s) for which this	committee is	prinarny torin	eu.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	and the state of t	i	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE	İ	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. NU	MBER						
			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SUD	GHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF TREASURER CONTR	ROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	
□ y	ES NO						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		-			<u> </u>		
CITY STATE ZIP CODE	AREA CODE/PHONE				_		
CITY STATE ZIP CODE	AREA CODE/PHONE		Atta	ich continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period	CALIFORNIA 400
from	FORM 46U
through 12/31/2015	Page 3 of 8

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Mitracos for City Council 2016 1377636

Contributions Received	(F	Column A TOTAL THIS PERIOD (ROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ \$ \$	2300.00 675.00 2975.00	•	353.18	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received S S 21. Expenditures Made S S Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
11. TOTAL EXPENDITURES MADE			\$	353.18	\$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule t, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.		950.00 2,300.00 303.18 2,946.82	add A to am of y am be sho pre this	calculate Column B, d amounts in Column o the corresponding sounts from Column B your last report. Some sounts in Column A may negative figures that build be subtracted from evious period amounts. If is is the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	Ş		onl	d for this calendar year, y carry over the amounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	S		any	m Lines 2, 7, and 9 (if /).	
19. Outstanding Debts					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.

Statement covers period from 07/01/2015 CALIFORNIA 460

through 12/31/2015 Page 4 of 8

EΕ	INST	RUC	TIONS	ON	REV	ERSE
	************			**********		

NAME OF FILER

Mitracos for City Council 2016

LD. NUMBER
1377636

DATE PER ELECTION

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)
10/8/15	Richard & Catherine Messman 114 Leafield Rd. Danville, CA 94506	☑IND □COM □OTH □PTY □SCC	CFO Hill Physicians Group	250.00	250.00	
10/15/15	Juana Dement 71 Club House Way Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Real Estate Agent M & M Century 21 Realty	100.00	100.00	
10/27/15	Irwin Lauppe 222 Acacia Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	500.00	650.00	
11/1/15	Tom Ross 1155 Redington Ct. Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Veterinarian Dr. T. Ross, Veterinary Service	100.00	100.00	
11/18/15	Bob Young 1620 Reyes Ln. Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	1000.00	1000.00	
			SUBTOTAL \$	1950.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 2150.00

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

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

CALIFORNIA 4 CO

Statement covers period

_			north and the second	from07/01	/2015	FORM	450
			The state of the s	through 12/3	1/2015	Page 5	of8
NAME OF FILER						I.D. NUMBE	R
Mitracos for	r City Council 2016					1377636	esignificación de properties de la constante d
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 YE, (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
11/23/15	Dave Konesky 403 W. 11th St. Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Real Estate Agent Berkshire Hathaway Home Services	100.00	100.0	0	
12/22/15	Ed & Anna Gable 417 Hollywood Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Business Representative Millwrights & Machinery Erectors Local 102	100.00	100.0	0	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC				EP ^O LE Pollete de Longue — ép vécido à 1000 accido à 1000	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL S	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

Schedule B – Part 1 Loans Received	An	Statement cov	ers period 1/2015	california 460				
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2015	Page 6	of8
NAME OF FILER							I.D. NUMBER	
Mitracos for City Council 2016							1377636	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVED THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mary Mitracos 363 W. Eaton Ave. Tracy, CA 95376	Carnegie Property Management	4000.00		PAID S FORGIVEN	s 1000.00	RATE		s 1000.00 PER ELECTION**
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		s 1000.00	s0.	\$	12/31/16 DATE DUE	S	6/10/15 DATE INCURRED	s 1000.00
		S	\$	PAID S FORGIVEN \$	s	RATE \$	\$	S PER ELECTION*
IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
			difference and the statement of the control of the	S FORGIVEN	\$		s	S PER ELECTION**
† IND COM OTH PTY SCC		\$	S .	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	\$ 0.00	\$	\$ 1000.00			
Schedule B Summary 1. Loans received this period			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	0.00	(Enter (e) on Schedule E Line		
(Total Column (b) plus unitemized loar	ns of less than \$100.)					(†Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	00 paid or forgiven.)			\$.0.00		OTH - Other (e.g.,	PTY or SCC) business entity)
3. Net change this period. (Subtract Lin	e 2 from Line 1.)	********************		NET \$	0_0.0	n na	PTY – Political Part SCC – Small Contri	

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

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

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

(May be a negative number)

Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Mitracos for City Council 2016

Mitracos 1	for City Council 2016					137763	6
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)
10/15/15	Ray & Ellen McCray 1485 Cerro Verde Way Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Investment Consultant McCray Investment Management	Hosted neighborhood gathering	150.00	150.00	
10/15/15	Greg & Bonny McCreary 30085 S. Koster Rd. Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	Hosted neighborhood gathering	150.00	150.00	
10/15/15	Irwin Lauppe 222 Acacia Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	Hosted neighborhood gathering	150.00	650.00	
10/15/15	Willard F. Souza 1506 Madison Ave. Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	Hosted neighborhood gathering	150.00	150.00	
Attach add	litional information on appropriately labele	d continuation :	sheets.	SUBTOTAL \$	600.00		

Schedule C Summary

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

*Contributor Codes

IND - Individual

675.00

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule E Payments Made	Amounts may be rounded to whole dollars.			Staten	Statement covers period from 07/01/2015		ORNIA 460
SEE INSTRUCTIONS ON REVERSE	**************************************			through	12/31/2015	Page	
NAME OF FILER Mitracos for City Council 2016						1.D. NUM 137763	
CODES: If one of the following codes accurately describe	es the payment, y	ou may en	ter the code.	Otherwise, desci	ribe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)			RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the sam VOT voter registration WEB information technology costs (internet, et		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION OF P	AYMENT	NVV unites/NVV/state in AEP-0101	AMOUNT PAID
Zazzle.com		FND	Petrolina (Petrolina) (Petroli			The state of the s	223.48
		manufacture of the control of the co					
						entalised and property and annual control of the second se	
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.			SI	JBTOTAL \$	223.48
Schedule E Summary							
Itemized payments made this period. (Include all Schedul	le E subtotals.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	~*	***************************************	s	223.48
2. Unitemized payments made this period of under \$100			***************************************	* C * C 1 V C C 2 * * 1 * 7 F b * E b F > 6 < 0 7 4 * F	***********	\$	79.70
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Par	t 1, Columi	ı (e).)		********************	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summ	ary Page, Colu	umn A, Line 6.)	то	DTAL \$	303.18

Schedule E

SCHEDULE E

Doginiant Committee				COVER PAGE
Recipient Committee	Type or print in	i ink.	Date Stamp	CALIFORNIA 460
Campaign Statement				FORM 40U
Cover Page Government Code Sections 84200-84216.5)			RECEIVED	\$ C \$ V \$ C
Government Code Sections 64200-64210.5)	Statement covers period	Date of election if applicable:	TY CLERK'S OF	FIGE Page of5
	01/01/2015	(Month, Day, Year)	015 JUL 27 PM 5	For Official Use Only
	from	4	110 JUL 27 111 0	, , , , ,
SEE INSTRUCTIONS ON REVERSE	through06/01/2015	11/01/2016	CITY OF TRAC	; Y
. Type of Recipient Committee: All Committees - Committees	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	Primarily Formed Ballot Measure	Preelection Statement		Quarterly Statement
State Candidate Election Committee	Committee	Semi-annual Statement		Special Odd-Year Report
	Controlled	Termination Statement		Supplemental Preelection
	Sponsored Also Complete Part 6)	(Also file a Form 410 T		Statement - Attach Form 495
General Purpose Committee		Amendment (Explain b	pelow)	
	Primarily Formed Candidate/ Officeholder Committee			
() Oman Continues Committee	Also Complete Part 7)			
O T United T arty/octifical Confirmation				
	D. NUMBER 1377636	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1377030	NAME OF TREASURER		
Mitropos for City Council 2016		Eugene D. Birk		
Mitracos for City Council 2016		MAILING ADDRESS		
		475 Peerless Way #7		
STREET ADDRESS (NO P.O. BOX)	1	CITY	STATE	ZIP CODE AREA CODE/PHONE
363 W. Eaton Ave.		Tracy	CA	95376 (209)835-8207
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
Tracy CA 9537	6 (209) 835-1025			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	BOX	MAILING ADDRESS		
P O Box 261				
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
Tracy CA 9537	8-0261 (209)835-1025			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
. Verification				
I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my know	owledge the information contained he	rein and in the attached s	chedules is true and complete. I certify
under penalty of perjury under the laws of the State of Californi	a that the foregoing is true and correct. ¿			
Executed on JOLY & 18/19	Bv*			
7/27/16	No. Zare-	Conhature of Treasfirecer Assistant,	Treasure, √A	
Executed on	Ву	Us Could be	<u> </u>	
/ Umg	grand(Cir.Co.	and an area of the state of the	panent (. : Responsible Officer of Sp	yen sadi
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Si	tale Measure Proponent	
5	-	- · · · · · · · · · · · · · · · · · · ·		
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent	FDDQ 5 488 (1 (05)

	COVE	R PAGE	E-PART2
the second second	FORN DRM	IA 🟒	60
Page _	2	_ of _	5

Officeholder or Candidate Controlled Committee		6. Primarily Formed B	allot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	······································	NAME OF BALLOT MEASURE			
Mary Mitracos					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUM	BER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIC		SUPPORT
Tracy City Council					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		er:		
363 W. Eaton Ave. Tracy, CA 95	376		· · · · · · · · · · · · · · · · · · ·	didate, or state measur	e proponent, it a
	. 11.000, 11.00	NAME OF OFFICEHOLDER,	CANDIDATE, OR PRO	OPONENT	
Related Committees Not Included in this Stateme	Dt. List any committees				
not included in this statement that are controlled by you or are p contributions or make expenditures on behalf of your candidacy	orimarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO), IF ANY
	UMBER				
		7. Primarily Formed C	andidate/Offic	eholder Committee	List names of
	ROLLED COMMITTEE?			committee is primarily fo	
******	YES NO	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELE	· 1
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEROLDER	OR CANDIDATE	OFFICE SOUGHT ON HELL	SUPPOR
CITY STATE ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR
COMMITTEE NAME I.D. N	UMBER	NAME OF OFFICEHOLDER	20 0 ANDIDATE	OFFICE SOUGHT OR HELD	
		NAME OF OFFICEHOLDER	JR CANDIDATE	OFFICE SOUGHT OR HELL	SUPPOR
NAME OF TREASURER CONT	ROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR
	YES NO				OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				<u> </u>	
CITY STATE ZIP CODE	AREA CODE/PHONE	,	ttach continuatio	n sheets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period **CALIFORNIA** 01/01/2015 FORM from 06/01/2015

through.

SUMMARY PAGE

of_

NAME OF FILER I.D. NUMBER Mitracos for City Council 2016 1377636 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 1/1 through 6/30 7/1 to Date 1000.00 1000.00 2. Loans Received Schedule B, Line 3 20. Contributions 1000.00 1000.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ ___ Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 1000.00 1000.00 Made **Expenditures Made Expenditure Limit Summary for State** 50.00 50.00 6. Payments Made Schedule E, Line 4 \$ **Candidates** 22. Cumulative Expenditures Made* 50.00 50.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 50.00 50.00 **Current Cash Statement** 0.00 To calculate Column B. add amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 1000.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 50.00 report. Some amounts in Column A may be negative 950.00 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 S 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 S FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Sched	ule	B-	Part 1
Loans	Red	eive	ed

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

** If required.

Type or print in ink.
Amounts may be rounded

SCH	EDI	JLE B	-PA	RT 1
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Loans Received	Ame		Statement covers period 01/01/2015		CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through06/01/2015		Page 4 of 5		
Mitracos for City Council 2016							1377636	da de
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 FORGIVE THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mary Mitracos 363 W. Eaton Ave. Tracy, CA 95376	Carnegie Property Management			PAID \$ FORGIVEN	s 1000.00	RATE	s <u>1000.00</u>	calendar year s 1000.00 PER ELECTION**
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		s0.00	\$ 1000.00	\$	12/31/16 DATE DUE	s	6/10/15 DATE INCURRED	s 1000.00
				PAID S FORGIVEN	s	% RATE	s	SPER ELECTION ***
† IND COM OTH PTY SCC		\$	\$	5	DATE DUE	\$	DATE INCURRED	s
				5 PAID 5 FORGIVEN	S	RATE	s	SPER ELECTION**
† IND COM OTH PTY SCC		S	s	\$	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS \$		\$	\$	\$		
Schedule B Summary		A A A A A A A A A A A A A A A A A A A				(Enter (e) on Schedule E, Line :	3)	
Loans received this period (Total Column (b) plus unitemized loans				\$	1000.00		†Contributor Codes	
2. Loans paid or forgiven this period				IND – Individual COM – Recipient Commi (other than PTY OTH – Other (e.g., busi PTY – Political Party			PTY or SCC) business entity)	
 Net change this period. (Subtract Line Enter the net here and on the Summary 	*****************	NET \$	1000.00 May be a negative number)) SCC – Small Contributor Committee				

Schedule E Payments Made	Type or pr Amounts may to whole		Si	tatement covers period		california 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mitracos for City Council 2016			thro	06/01/2015	Page 1.D. NUI		
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearances ises lating	RAD RFD SAL TEL TRC TRS rivices TSF ting) VOT	escribe the payment. radio airtime and product returned contributions campaign workers' salar t.v. or cable airtime and p candidate travel, lodging, staff/spouse travel, lodging transfer between commit voter registration information technology co	tion costs ies production cost and meals ng, and meals ttees of the sa	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID	
				A	· · · · · · · · · · · · · · · · · · ·		
Payments that are contributions or independent expenditures m		SUBTOTAL\$					
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule I						50.00	
2. Unitemized payments made this period of under \$100			***************************************	,,	\$	30.00	

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

50.00