	micenoider and Candidate			Date Stamp	CALIFORNIA 470
Campaign Statement - Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED CITY CLERK'S OF	期間 カンプロ 日本
		November 8, 2016		- 2018 JAN 22 AH II	: 42
		November 6, 2016		CITY OF TRAC	Υ
1.	Statement Covers Calendar Year 2	20 <u>17</u> .	800 1 1 800 STATE	TRACY, GA	
2.	Officeholder or Candidate Inform	ation	3. Office Sough	ht or Held	
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OF	RHELD	······································
	Nancy D. Young		City Council		
	STREET ADDRESS		JURISDICTION (LOCA	ITION)	DISTRICT NUMBER (IF APPLICABLE)
	1517 Arrgotti Lane		Tracy		***************************************
	CITY	STATE ZIP COD			
	Tracy	CA 9537			
	AREA CODE/DAYTIME PHONE NUMBER	optional: Fax/E-Mail.	ADDRESS		
<b>∔.</b>	Committee Information List all committees of which you have known	wledge that are primarily form	ned to receive contributions or to ma	ake expenditures on behalf of vo	our candidacy.
	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS	•	E OF TREASURER
	Nancy Young for Tracy City Council 2 ID# 1344822	016 1517 Arrigotti	Lane, Tracy, CA 95377	Ronda Link	
<b>;</b> .	Verification				
	I declare under penalty of perjury that to the be			<del>"</del>	- <del></del>
	used all reasonable diligence in preparing this	Statement. T centry under penaity	or perjury under the laws or the State of		and correct.
		2018		<b>~</b> **	
	Executed onDATE		. By	SIGNATURE OF OFFICE VOLDER OF	R CANDIDATE
	Clear Form Print Form			7	C Form 470/470 Supplement (Jan/2

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

	ficeholder and Candidate Impaign Statement -				Date Stamp	CALIFORNIA 470
Short Form		Date of election if applicable: (Month, Day, Year)	Amendment	(Explain Below)		For Official Use Only
		November 8, 2016				
1.	Statement Covers Calendar Year 2	20 17 .				
2.	Officeholder or Candidate Inform	ation	3.	Office Sought o	or Held	
	NAME OF OFFICEHOLDER OR CANDIDATE	<u> </u>		OFFICE SOUGHT OR HE	lD .	
	Nancy D. Young			City Council Me		
	STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		JURISDICTION (LOCATION	)	DISTRICT NUMBER (IF APPLICABLE)
	1517 Arrgotti Lane			Tracy		
	СПҮ	STATE ZIP COL				
	Tracy	CA 9537				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL	ADDRESS			
4.	Committee Information					
	List all committees of which you have kno	owledge that are primarily for				
	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRES			NAME OF TREASURER
	Nancy Young for Tracy City Council 2 ID# 1344822	2016   1517 Arrigott	ti Lane, Tracy, CA	95377	Ronda Link	
						- MACONTHIAN
5.	Verification					
	I declare under penalty of perjury that to the bused all reasonable diligence in preparing this	est of my knowledge I anticipate s statement. I certify under penal	that I will receive less t ty of perjury under the	han \$2 ,000 and that I laws of the State of Ca	will spend less than \$2,000 lifornia that the foregoing is	during the calendar year and that I have true and correct.
	na tan	10040			· - 110	Mark .
	Executed on DAY			Ву	SIGNATURE OF OFFICE VOL	DER OR CANDIDATE
	Clear Form Print Form					

Recipient Committee			COVER PAGE
Campaign Statement Cover Page			RECEIVED CALIFORNIA 460
	Statement covers period 07/01/17	Date of election if applicable: (Month, Day, Year)	2017 JUL 18 PM 4 Page of 4 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through07/17/17	N/A	CITY OF TRACY TRACY, CA
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
O State Candidate Election Committee O Recall (Also Camplete Part 5)  General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) rimarily Formed Candidate/ fficeholder Committee So Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain b	ermination)
A. Committee uncormation	NUMBER 344822	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	
Nancy Young for Tracy City Council 2016		Ronda Link	
		MAILING ADDRESS 206 James W Smith Dr	h.c
STREET ADDRESS (NO P.O. BOX)		CITY SITILLY	STATE ZIP CODE AREA CODE/PHONE
1517 Arrigotti Lane		Tracy	CA 95377 209-914-1617
CITY STATE ZIP COD		NAME OF ASSISTANT TREASURE	
Tracy CA 95377	510-459-5505		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	
CITY STATE ZIP COD	DE ARÉA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS
nancyyoung4tracy@yahoo.com			
4. Verification			
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of C	g this statement and to the best of my k California that the foregoing is true and o	nowledge the information contained correct.	herein and in the attached schedules is true and complete. I
Executed on	By		Treasurer
Executed on	By Signature Li Conus	and Officerolder, Capitable, State Measine Pri	oponent or Responsible Officer of Sponsor
. Executed on	. Bys	gnature of Controlling Officeholder, Candidate,	3 Measure Proponent
Executed on	Ву	onature of Controlling Officebolder, Candidate S	State Measure Proposent

### Recipient Committee Campaign Statement Cover Page — Part 2

C	COVER	PAGE	- PART	2
CALIF FO		A Z	60	
Page	2	of	4	

Officeholder or Candidate Controlled C	ommittee		6.	Primarily Formed Balle	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Nancy D. Young								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	ISTRICT NUMBER IF A	PPLICABLE)		BALLOT NO, OR LETTER	JURISDICTIO	N		SUPPORT
City Council Member (Tracy, CA)								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET	) CITY	STATE ZIP		Identify the controlling offic	obolder enndi	data aratata mi	ancura propo	nont if any
1517 Arrigotti Lane Tr	acy CA	95377		NAME OF OFFICEHOLDER, CA			easure propo	nem, n any.
				WAVE OF OFFICEHOLDER, CA	NDIDATE, ON FN	OFOREIN		
Related Committees Not Included in thi not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily			OFFICE SOUGHT OR HELD		D	ISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLE	D COMMITTEE?	7.	Primarily Formed Can	didate/Offices) for which this	eholder Com	mittee List	names of
	YES	□ NO				•		
COMMITTEE ADDRESS STREET ADDRESS (NO	) P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	☐ SUPPORT
								OPPOSE
COMMITTEE NAME	I.D. NUMBER	ı		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGI	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLE	D COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	D P.O. BOX)							L OPPOSE
CITY STATE	ZIP CODE	AREA CODE/PHONE				ion sheets if nec		

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statem	ent covers period	CALIFORNIA ACO
from	07/01/17	FORM 40U
through	07/17/17	Page3 of4
 		I.D. NUMBER
		1344822

Nancy D. Young					1344822
Contributions Received	(F	Column A TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3	S	12.11	s	15447.40 0	General Elections  1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS		0	\$	15447.40 1876.07 17323.47	20. Contributions Received S S  21. Expenditures Made S S
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	S	12.11	\$	17323.47	wade 3 3
Expenditures Made  6. Payments Made  7. Loans Made  8. Schedule E, Line 4  9. Schedule H, Line 3		0		15452.55 0 15452.55	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
8. SUBTOTAL CASH PAYMENTS		0 0	\$	1876.07	Date of Election Total to Date (mm/dd/yy)
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 I, 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.		12.11	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		*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED			fi o fr	led for this calendar year, nly carry over the amounts om Lines 2, 7, and 9 (if ny).	
18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above		0			FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	: <b>A</b>		ts may be rounded				SCHEDULE A
Vionetary	Contributions Received	to	whole dollars.	Statement covi	· ·		ORNIA 460
				from07/0	)1/17	FO	RM TO
SEE INSTRUCTIC	ONS ON REVERSE			through07	/17/17	Page _	4 of 4
NAME OF FILER				<del></del>		I.D. NUN	MBER
Nancy D. `	Young					134482	22
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 CALENDAR Y (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$			
Schedule	A Summary				(*Cc	ntributor C	codes
	eceived this period – itemized monetary contributions		\$		col	(other	ent Committee than PTY or SCC)
2. Amount re	eceived this period – unitemized monetary contributio	ons of less tha	n \$100\$	12.11			(e.g., business entity)
3. Total mon	netary contributions received this period.			12.11			Contributor Committee

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

Date Stamp Campaign Statement **CALIFORNIA** Cover Page 6 Statement covers period Date of election if applicable: (Month, Day, Year) 2017 JUL 18 PH For Otical Use Only 01/01/17 from 06/30/17 N/A SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement State Candidate Election Committee Committee Z Semi-annual Statement ☐ Special Odd-Year Report O Recall O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) General Purpose Committee Amendment (Explain below) O Sponsored Primarily Formed Candidate/ O Small Contributor Committee Officeholder Committee (Also Complete Part 7) O Political Party/Central Committee LD. NUMBER 3. Committee Information Treasurer(s) 1344822 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Nancy Young for Tracy City Council 2016 Ronda Link MAILING ADDRESS 206 James W Smith Drive STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 1517 Arrigotti Lane Tracy CA 95377 209-914-1617 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Tracy CA 95377 510-459-5505 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS nancyyoung4tracy@yahoo.com 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true-c 07/17/17 Executed on Date innature of Treasurer or Ass. 07/17/17 Executed on. ignature of Controlling Officeholder, Conditiate, State Websure Proponent or Responsible Officer of Soonso Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on, Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee** 

COVER PAGE

#### Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	RPAGE	- PART	2
CALIF	ORN	A	A	#
F	DRM			
_	2		6	
Page		. of		

. (	Officeholder or Candidate Controlled Commi	tee	6	i.	Primarily Formed Ballot	Measure C	ommittee		
1	VAME OF OFFICEHOLDER OR CANDIDATE		<b></b>		NAME OF BALLOT MEASURE				***************************************
	Nancy D. Young								
Ċ	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)			BALLOT NO. OR LETTER	JURISDICTIO	١		SUPPORT OPPOSE
-	City Council Member (Tracy, CA)								☐ OPFO3E
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT 1517 Arrigotti Lane Tracy	Y STATE ZIP  CA 95377	_		Identify the controlling officel	nolder, candid	ate, or state	measure pro	oponent, if any.
	1317 Arrigotti Larie rracy	UA 93077			NAME OF OFFICEHOLDER, CAND	IDATE, OR PRO	PONENT	-	
- 1	Related Committees Not Included in this Stat not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive			OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
ī	COMMITTEE NAME	I.D. NUMBER			Make a shift which was a same a s		······································	1	
			<del></del> 7	7.	Primarily Formed Cand	idate/Office	eholder Co	ommittee	List names of
Į	NAME OF TREASURER	CONTROLLED COMMITTEE?			officeholder(s) or candidate(s)	for which this	committee is	primarily for	ned.
	COMMITTEE APPREAD TO STREET APPREAD (NO DO OF	YES NO			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOL	JGHT OR HELD	
,	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO								SUPPORT OPPOSE
•	CITY STATE ZIP CO	DDE AREA CODE/PHO	E		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOL	JGHT OR HELI	SUPPORT OPPOSE
ĺ	COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOL	JGHT OR HELI	SUPPORT OPPOSE
į	NAME OF TREASURER	CONTROLLED COMMITTEE?	<del>_</del>		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOL	JGHT OR HELL	
		YES NO							SUPPORT OPPOSE
-	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)					<u>i</u>		
;	CITY STATE ZIP C	DDE AREA CODE/PHO	iE		Atta	ch continuatio	on sheets if i	necessary	

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period 01/01/17	CALIFORNIA 460
through	06/30/17	Page of6
		I.D. NUMBER

Nancy D. Young					1344822
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	<b>S</b> .	2100.00 0 2100.00 0 2100.00	s s	15435.29 0 15435.29 1876.07 17311.36	General Elections           1/1 through 6/30         7/1 to Date           20. Contributions Received         \$           \$         \$           21. Expenditures Made         \$
Expenditures Made  6. Payments Made  7. Loans Made  8. SUBTOTAL CASH PAYMENTS  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  11. TOTAL EXPENDITURES MADE  Schedule E, Line 3  Add Lines 8 + 9 + 10	S	0 2149.25 -2075.00 0	s	15452.55 0 15452.55 0 1876.07 17328.62	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)
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 I, 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.	s s	37.14 2100.00 0 2149.25 -12.11	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		*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$	0	file or fro	is is the first report being ed for this calendar year, ally carry over the amounts om Lines 2, 7, and 9 (if by).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

	Schedule A Monetary Contributions Received		nts may be rounded whole dollars.	trom	)1/17	CALIF FO	california 460 form		
SEE INSTRUCTION	INS ON REVERSE			through06/	/30/17	Page	of6		
NAME OF FILER Nancy D. Y	Ma Manual Alexandria					I.D. NUI 13448			
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 ()F SELF-EMPLOYED, ENTER NAVE OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)		
02/02/2017	Karamjit Kaur 31710 S. Determination St. Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Cashier, Wesley Truck Stop	2100.00	21	2100.00			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				A. D.			
		□ IND □ COM □ OTH □ PTY □ SCC							
			SUBTOTAL S	\$ 2100.00					
	A Summary eceived this period – itemized monetary contributions	<b>3</b> .		0400.00	1	*Contributor (	1		

(Include all Schedule A subtotals.)

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

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

3. Total monetary contributions received this period.

(other than PTY or SCC)

OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

2100.00

COM - Recipient Committee

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE	Amounts may be rounded to whole dollars.			Statem from	ent covers period 01/01/17 06/30/17	CALIFO FOR	M TOU
NAME OF FILER  Nancy D. Young			***************************************	1		I.D. NUMB	ER
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications I appearance ses lating urvey reseam very and mes	es ch	RAD radio RFD return SAL camp TEL t.v. or TRC cand TRS staff// TSF trans VOT voter	ibe the payment. airlime and production ned contributions naign workers' salaries cable airlime and prod idate travel, lodging, ar spouse travel, lodging, fer between committee registration mation technology cost	duction costs nd meals , and meals es of the same	candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER (.D. NUMBER)		CODE	OR	DESCRIPTION OF P	AYMENT		AMOUNT PAID
20/20 Vision 1517 Arrigotti Lane Tracy, CA 95377		LIT	PHO and LIT				2075.00
* Payments that are contributions or independent expenditures must also	be summarized on Sche	edule D.			S	UBTOTAL \$	2075.00
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedu	ıle E subtotals.)	************	******	**********************	***************************************	\$	2075.00
2. Unitemized payments made this period of under \$100	••••••	*************	••••••••			\$	74.25
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Pa	rt 1, Colun	nn (e).)	************************		\$	0

2149.25

					SCHEDULE		
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ed	Statement cove		california 460 FORM		
			through 06/	30/17 Page	6 of6		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							
				I.D. NU			
Nancy D. Young				1344	322		
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	s the payment, you may a MBR member communication MTG meetings and appearar OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (I PRT print ads	ns nces arch nessenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra TSF transfer between	nd production costs putions ters' salaries time and production cost al, lodging, and meals avel, lodging, and meals and committees of the sar	ne candidate/sponsor		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.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		
20/20 Vision 1517 Arrigotti Lane Tracy, CA 95377	PHO and LIT	2075.00	0	2075.00	0		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 2075.00	\$ 0	\$ 2075.00	\$ 0		
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all 3 accrued expenses of \$100 or more, plus total unitemized			INC	JRRED TOTALS \$	0		

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

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

on the Summary Page, Column A, Line 9.) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Executed on ...

COVER PAGE

### Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGE	E - PART 2	2
	FORNI ORM	A /	160	
Page	2	of	9	

. Officeholder or Candidate Controlled Com	mittee			6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Nancy D. Young									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF	APPLICAB	SLE)		BALLOT NO. OR LETTER	JURISDICTIO	DN		SUPPORT
City Council Member (Tracy, CA)									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	E ZIP		11	b . 8.1	-1-66-6		15
1517 Arrigotti Lane	Tracy	CA	95377		Identify the controlling officeholder, candidate, or state measure proponent, if any.  NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
					NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENI		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily				OFFICE SOUGHT OR HELD		DIST	TRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBE	R	<u> </u>						
NAME OF TREASURER	CONTROLL	ED COMM		7.	Primarily Formed Cano officeholder(s) or candidate(s)	lidate/Offic for which this	eholder Comm committee is prima	nittee List arily formed	t names of !.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O		<u> </u>			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (	OR HELD	SUPPORT OPPOSE
CITY STATE ZIF	CODE	AREA CO	DDE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (	OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBE	R			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O	CONTROLL  YES BOX	ED COMM			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (	OR HELD	SUPPORT OPPOSE
	CODE	AREA CO	ODE/PHONE		Atta	ch continuati	on sheets if neces	sary	

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Stater	nent covers period 10/23/16	CALIFORNIA 460					
through	12/31/16	Page 3 of 9					
 <u> </u>	**************************************	1.D. NUMBER					

Nancy D. Young			1344822
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B Calendar Year Total to date	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 3054.00 1201.67	\$ \frac{13335.29}{0} \$ \frac{13335.29}{1876.07} \$ \frac{15211.36}{0}	General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$\$  21. Expenditures Made \$\$  \$
Expenditures Made  6. Payments Made	\$ 3301.68 2075.00 1201.67	\$ 13303.30 0 \$ 13303.30 2075.00 1876.07 \$ 17254.37	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)
Current Cash Statement  12. Beginning Cash Balance	\$ 3054.00 0 3301.68 \$ 37.14 \$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$20/5.00		FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377

#### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

3054.00

Monetary	Contributions Received	to	whole deliars.	Statement cov from10/2	ers period 3/16	CAL F	IFORNIA 460				
CEE INCTELICTIO	DNS ON REVERSE			through12	/31/16	Page 4 of 9					
NAME OF FILER	JNS ON ALVERSE			· · · · · · · · · · · · · · · · · · ·		I.D. NI	JMBER				
Nancy D.	Young					13448	322				
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)				
10/24/16	JP Palmer, Incorporated 672 W 11th St., STE 102 Tracy, CA 95376	☐IND ☐COM ØOTH ☐PTY ☐SCC		250.00	250.00		250.00				
10/31/16	Country Mart Gas and Food 34243 S Chrisman Rd. Tracy, CA 95304	☐IND ☐COM ØOTH ☐PTY ☐SCC		500.00	500.00		500.00		500.00		500.00
11/7/16	Frederick Cole 764 O'Neil Ct. Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00		100.00		100.00		
11/15/16	Assurance Technology Partners 1910 Norte Dame Ct. Tracy, CA 95377	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100	.00	100.00				
11/30/16	C. Evan Knapp 888 San Clemente Dr., STE 100 New Port Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal, Integral Communities	250.00	750	.00	750.00				
			SUBTOTAL \$	1200.00							
Schedule	A Summary				*Con	tributor C	Codes				
	ceived this period – itemized monetary contributions.  Il Schedule A subtotals.)		\$	2450.00	COM	(other	ient Committee than PTY or SCC)				
2. Amount re	ceived this period – unitemized monetary contribution	ns of less that	n \$100\$	604.00			(e.g., business entity)				
3. Total mone	etary contributions received this period.			005400			Contributor Committee				

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

### **Schedule A (Continuation Sheet)**

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received			le dollars.	Statement co	vers period 3/16	CALI F	CALIFORNIA 460		
				through12/	/31/16	_ Page .	5 of 9		
NAME OF FILER						I.D. NL	JMBER		
Nancy D. Y	oung					13448	322		
DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER LD. NUMBER)		RIBUTOR CONTRIBUT			CUMULATIVE CALENDAR		PER ELECTION TO DATE		

		4	<del></del>					
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)		
11/30/16	Craig Manchester 888 San Clemente Dr., STE 100 New Port Beach, CA 92660	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal, Integral Communities	250.00	500.00	750.00		
11/30/16	John Stanek 888 San Clemente Dr., STE 100 New Port Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal, Integral Communities	250.00 500.00		750.00		
11/30/16	Lance Waite 888 San Clemente Dr., STE 100 New Port Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal, Integral Communities	250.00	500.00	750.00		
12/6/16	Angelo K. Tsakopoulos and Affiliated Entities 7700 College Town Dr., STE 101 Sacramento, CA 95826	□IND □COM ØOTH □PTY □SCC		500.00	500.00	500.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
SUBTOTAL \$ 1250.00								

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

Schedu		Amounts may be rounded to whole dollars.					Marking transfer of the second	SCHEDULE		
Nonmoi	netary Contributions Received			очности		ent covers p 10/23/16		CALIFO FOR	ORNIA 460	
				e de la companya de	from				N.W.	
SEE INSTRUC	TIONS ON REVERSE				through	12/31/1	6	Page	6 of 9	
NAME OF FILE	R							I.D. NUMB	ER	
Nancy D.	Young							134482	2	
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)	DESCRIPTION OF GOODS OR SERVICE	ES FAIF	MOUNT/ R MARKET VALUE	DA CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
11/30/16	20/20 Vision 1517 Arrigotti Lane Tracy, CA 95377	□IND □COM ØOTH □PTY □SCC		LIT and PHO (25% discount)		1201.67	1	1876.07	1876.07	
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						-		
Attach add	litional information on appropriately labeled	continuation s	sheets.	SUBTOTA	AL\$	1876.07				
Schodule	e C Summary			, , , , , , , , , , , , , , , , , , ,	,					
1. Amount	received this period – itemized nonmonetary	y contribution:	S.		<b>¢</b>	1201.67	IND.	itributor Cod – Individual 1 – Recipien	t Committee	

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

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

3. Total nonmonetary contributions received this period.

FPPC Form 460 (Jan/2016)

(other than PTY or SCC)

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

SCC - Small Contributor Committee

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

PTY - Political Party

0

1201.67

Schedule E Payments Made	_	Amounts may be rounded to whole dollars.			Statement covers period from 10/23/16				CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE IAME OF FILER Nancy D. Young				thro	ough	12/31/1	16	Page I.D. NUMI 1344822		9	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CTL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* CEG legal defense CEG campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	nmunications d appearance ses lating urvey researd very and mes	s h senger services	RAD RFD SAL TEL TRC	radio a returne campai t.v. or c candida staff/sp transfer voter re	irtime and a contribut gn workers able airtimate travel, I ouse trave registration	production co	ction costs meals nd meals of the same		e/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	DR	DESCRIPTIO	V OF PAY	MENT			AMO	INT PAID	
20/20 Vision 1517 Arrigotti Lane Fracy, CA 95377		WEB						- The state of the		122.50	
Tracy Press 95 W 11th St., STE 101 Tracy, CA 95376		PRT					- Arthur Arthur			741.00	
Fracy Press 95 W 11th St., STE 101 Fracy, CA 95376		PRT		***************************************						171.00	
Payments that are contributions or independent expenditures must also b	e summarized on Sche	dule D.					SUB	TOTAL \$		1034.50	
Schedule E Summary		***									
. Itemized payments made this period. (Include all Schedul	e E subtotals.)	***********	********************		•••••	••••••		\$		64.25	
Unitemized payments made this period of under \$100	***************************************	*************		••••••	• • • • • • • • • • • • • • • • • • • •	*******	•••••	\$	<del></del>	337.43	
. Total interest paid this period on loans, (Enter amount from	m Schedule B. Par	t 1, Columi	ı (e).)	* * * * * * * * * * * * * * * * * * * *				\$		<u>U</u>	

3301.68

Schedule	E
(Continua	tion Sheet)
<b>Payments</b>	Made

Amounts may be rounded

Statement covers period	CAUFORNIA (CO)
from10/23/16	california 460
through 12/31/16	Page8 of9
	I.D. NUMBER
	1344822

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Nancy D. Young CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. 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 PRO professional PRT print ads	d appearance ses lating s survey researd ivery and mes	ch ssenger services	RAD reduced contributions SAL campaign workers' salari TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodgir TSF transfer between commit VOT voter registration WEB informalion technology co	es production costs , and meals ng, and meals tees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Costco Wholesale 3250 W Grant Line Rd. Tracy, CA 95304		MTG			104.75
20/20 Vision 1517 Arrigotti Lane Tracy, CA 95377			LIT and PHO		1525.00

0 1 1 1 5	Amounts may be roun	SCHED					
Schedule F Accrued Expenses (Unpaid Bills)	ocileudie i		Statement cov	Mark Control	FORNIA 460		
SEE INSTRUCTIONS ON REVERSE			through 12/3	31/16 Page	. 9 of 9		
NAME OF FILER				I.D. NL	IMBER		
Nancy D. Young				1344	822		
CODES: If one of the following codes accurately describe  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and reserved.	ns nces earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trav TRS staff/spouse transfer betwe	nd production costs ibutions kers' salaries time and production cost el, lodging, and meals avel, lodging, and meals en committees of the sar			
LEG legal defense LIT campaign literature and mailings	PRO professional services (I PRT print ads	egal, accounting)	9	VOT voter registration 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		
20/20 Vision 1517 Arrigotti Lane Tracy, CA 95377	PHO and LIT	0.00	2075.00	0.00	2075.00		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	0.00	\$ 2075.00	0.00	\$ 2075.00		
Schedule F Summary							
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized)			INCL	JRRED TOTALS \$ .	2075.00		
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)</li></ol>				PAID TOTALS \$ .	0		
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 \$	2075.00 May be a negative number		

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ...

# Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGE -	PART 2
CALIF	OBNI		
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FC	)RM		
<u> </u>	2	. 8	-
Page		of	[

. Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballo	t Measure (	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Nancy D. Young						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	)N	SUPPORT OPPOSE
City Council Member (Tracy, CA)						U UPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  1517 Arrigotti Lane Tracy	CITY STATE ZIP  CA 95377		Identify the controlling office	holder, candi	date, or state measure <sub>l</sub>	proponent, if any.
1517 Arrigotti Lane Tracy	CA 93377		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	OPONENT	
Dalatad Committees Nat Included in this S	totomonts 414					
Related Committees Not Included in this S 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. IF ANY
COMMITTEE NAME	I.D. NUMBER			···· <u>···</u>		
4.	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	lidate/Offic	eholder Committee	List names of
NAME OF TREASURER			officeholder(s) or candidate(s)	for which this	committee is primarily fo	ormed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	
GOMMATTEE ADDRESS STREET ADDRESS (NOT.)	· box;					SUPPORT OPPOSE
CITY STATE ZIF	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	∐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O					-	☐ OPPOSE
CITY STATE ZIF	CODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if necessary	
			,		ĺ	

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

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	<i>.</i> , 111		~11	<b>.</b> .		U.C.	

Statem	ent covers period 9/25/16	california 460
through	10/22/16	Page3 of8
 <u> </u>		I.D. NUMBER
		1344822

Nancy D. Young			1344822
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 3040.00 \$ 105.00	\$ 10281.29 0 \$ 10281.29 674.40 \$ 10955.69	General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$ \$  21. Expenditures Made \$ \$ \$
Expenditures Made  6. Payments Made	\$ 3081.78 0 0 105.00	\$ 10001.62 0 \$ 10001.62 0 674.40 \$ 10676.02	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)
Current Cash Statement  12. Beginning Cash Balance	3040.00 0 3081.78	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$0	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

#### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 🔏

Statement covers period

nonctary	Contributions Received			from9/2	5/16	FOF	2M 40U
EE INSTRUCTIO	NS ON REVERSE			through10	/22/16	Page	4of8
IAME OF FILER Nancy D. Y		****				I.D. NUME 1344822	
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.	AR	PER ELECTION TO DATE (IF REQUIRED)
9/27/16	Paypal Transfer \$533.15 (\$550 + \$16.85 fees) BREAKDOWN OF \$550 DONATIONS: Curtis Repetto, Michael Repetto & \$50 donation	□IND □COM □OTH □PTY □SCC					
9/26/16	Curtis Repetto 2709 Annette Ct. Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Principal, Tracy Material Recovery, Inc.	250.00	250.	00	250.00
9/26/16	Michael Repetto 8400 Orazio Lane Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Principal, Tracy Materal Recovery, Inc.	250.00	250.	00	250.00
10/12/16	Lewis Investments Co. 1156 N. Mountain Ave. Upland, CA 91786	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.	00	250.00
10/17/16	Rados Properties - CA Land, LLC P.O. Box 15184 Santa Ana, CA 92735	☐IND ☐COM ØOTH ☐PTY ☐SCC		750.00	750.	00	750.00
			SUBTOTAL \$	1500.00			
Schedule	A Summary					ributor Cod	les
I. Amount re	ceived this period – itemized monetary contributions.	•	\$	2000.00			at Committee
•	ceived this period – unitemized monetary contribution			1040.00			an PTY or SCC) g., business entity)
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			3040.00		– Small Co	entributor Committee

### Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

9/25/16

CALIFORNIA FORM

FORM

hrough	10/22/16	Page 5 of 8
		L
		LO NUMBER

from

NAME OF FILER					'	U, NUMBER
Nancy D. Y	oung				1:	344822
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 D CALENDAR YEA (JAN. 1 - DEC. 3"	R TO DATE
10/19/16	PG&E Corporation Major Donor Account 77 Beale Street San Francisco, CA	☐IND ☐COM ØOTH ☐PTY ☐SCC		500.00	500.00	500.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
		□ IND □ COM □ OTH □ PTY □ SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL \$	500.00		

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

#### Schedule C Amounts may be rounded SCHEDULE C to whole dollars. **Nonmonetary Contributions Received** Statement covers period **CALIFORNIA** 9/25/16 **FORM** from 10/22/16 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Nancy D. Young 1344822

DATE RECEIVED ### FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CODE * OF CODE * OF CONTRIBUTOR (CODE * OF CODE * OF	-							
10/5/16		ZIP CODE OF CONTRIBUTOR		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER		FAIR MARKET	DATE CALENDAR YEAR	TO DATE
COM	10/5/16	1517 Arrigotti Lane	□ COM ☑ OTH □ PTY			105.00	674.40	
COM			□ COM □ OTH □ PTY					
□ COM □ OTH □ PTY □ SCC			□ COM □ OTH □ PTY					
Attach additional information on appropriately labeled continuation sheets.  SUBTOTAL \$ 105.00			□ COM □ OTH □ PTY					
	Attach add	litional information on appropriately labeled	continuation	sheets.	SUBTOTAL \$	105.00		

#### Schedule C Summary

Amount received this period – itemized nonmonetary contributions.  (Include all Schedule C subtotals.)	\$ 105.00
Amount received this period – unitemized nonmonetary contributions of less than \$100	\$ 0
3. Total nonmonetary contributions received this period.	

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

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

105.00

SCC - Small Contributor Committee

Schedule E Payments Made	Amounts may be rounded to whole dollars.				Statement covers period from 9/25/16			CALIFORNIA A		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				th	rough	10/22/16		7 JMBER	of	
Nancy D. Young  CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munication I appearant es ating urvey resea very and m	s ces rch	Otherwise, RAI REI SAI TEL TRO TRS VOT WEI	o radio a returne campa t.v. or e candid staff/sp transfe voter r	oe the payme intime and product contributions ign workers' salateable airtime and ale travel, lodging outse travel, lodger between commingstration alion technology of	nt. clion costs ries production cos g, and meals ing, and meals ittees of the sa	sts s nme candid	date/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTI	ON OF PA	/MENT	· · · · · · · · · · · · · · · · · · ·	ΑM	OUNT PAID	
20/20 Vision 1517 Arrigotti Lane Tracy, CA 95377		LIT						AND THE PROPERTY OF THE PROPER	315.00	
20/20 Vision 1517 Arrigotti Lane Tracy, CA 95377		РНО							350.00	
Latino Family Voter Guide 249 E. Ocean Blvd., Suite 685 Long Beach, CA 90802		LIT							293,76	
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.					SUBTOTAL	-\$	958.76	
Schedule E Summary								·		
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)	,,	•••••••			,	\$.		2872.58	
2. Unitemized payments made this period of under \$100							\$.		209.20	
3. Total interest paid this period on loans. (Enter amount fror	n Schedule B, Par	t 1, Colur	nn (e).)		********	<	\$.		0	
									3081.78	

Schedule I	Ε	
(Continuat	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA 160					
from	9/25/16	FORM 400					
through	10/22/16	Page 8 of 8					
	***************************************	I.D. NUMBER					
		1344822					

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Nancy D. Young CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. MTG meetings and appearances RFD returned contributions CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals PHO FIL TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads LIT NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Pacific Printing 1445 Monterey Hwy 1913.82 LIT San Jose, CA 95110

**SUBTOTAL \$** 1913.82 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

COVER PAGE

### Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGE	- PART Z
CALII F(	FORNI DRM	A <u>4</u>	60
Page _	2	of	8

. Officeholder or Candidate Controlled Committee				6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Nancy D. Young								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND I	DISTRICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE	
City Council Member (Tracy, CA)							L OFFOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET  1517 Arrigotti Lane  Ti	r) city racy CA	STATE ZIP 95377		Identify the controlling office	ceholder, candidate	, or state measure pro	pponent, if any.	
To fir Arigoni Lanc	Tacy On	30011		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PROPO	NENT		
Related Committees Not Included in the not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily			OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY	
COMMITTEE NAME	I.D. NUMBER	₹				1		
NAME OF TREASURER	CONTROLL	ED COMMITTEE?	7.	Primarily Formed Car	didate/Officeho	older Committee	List names of	
MANUE OF THEADONES	☐ YES	Пио		officeholder(s) or candidate(	s) for which this con	imiliee is primarily forn	rea.	
COMMITTEE ADDRESS STREET ADDRESS (NO				NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE	
CITY STATE	ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER	3		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLI	ED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO	D P.O. BOX)					Market	U OPPOSE	
CITY STATE	ZIP CODE	AREA CODE/PHONE		<b>A.</b>		haata ii naaaaaa		
OH SIME	Z., 005L	ARLAGODERHONE		At	tach continuation s	neets if necessary		

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Nancy D. Young

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE	
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Stateme	ent covers period 7/1/16	california 460
through	9/24/16	_ Page8
i		I.D. NUMBER
		1344822

Contributions Received	(FRG	Column A TOTAL THIS PERIOD OMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	2605.29 379.40	\$ \$	7241.29 0 7241.29 569.40 7810.69	General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$ \$  21. Expenditures Made \$ \$ \$
Expenditures Made  6. Payments Made Schedule E, Line 4  7. Loans Made Schedule H, Line 3  8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7  9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3  10. Nonmonetary Adjustment Schedule C, Line 3  11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	0	\$	6919.84 0 6919.84 0 569.40 7489.24	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)
Current Cash Statement  12. Beginning Cash Balance		2977.23 2605.29 0 5255.92 326.60	add A to am of y am be sho	calculate Column B, I amounts in Column to the corresponding tounts from Column B tour last report. Some tounts in Column A may negative figures that tould be subtracted from toulous period amounts. If	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	s _	0	file onl	is the first report being d for this calendar year, y carry over the amounts in Lines 2, 7, and 9 (if	FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377

#### Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received  SEE INSTRUCTIONS ON REVERSE		to	whole dollars.	from	/ers period 1/16 /24/16	CALIFORNIA 460 FORM   Page 4 of 8			
NAME OF FILER				····		I.D. NUN	MBER		
Nancy D. '	Young				es operations and the second s	134482	22		
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.	EAR	PER ELECTION TO DATE (IF REQUIRED)		
8/11/16	Michael Souza 6000 W Linne Road Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Principal, Souza Development	500.00	500,00		500.00		
8/11/16	Anthony Souza 105 E 10th Street Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Principal, Souza Development	500.00			500,00		500.00
8/29/16	Christopher Tyler 3208 Wycliff Drive Modesto, CA 95355	IND COM OTH PTY SCC	Principal, <b>T</b> erravest Capital Partners	500.00			500.00		
8/29/16	Terravest Capital Partners 3208 Wycliff Drive Modesto, CA 95355	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500,00	500.00		500.00		
9/13/16	Pamela Hughes 1921 Valley View Drive Tracy, CA 95377	IND COM OTH PTY SCC	Retired	100.00	100.	00	100.00		
			SUBTOTAL \$	2100.00					
1. Amount re	A Summary ceived this period – itemized monetary contributions.		\$	2100.00	IND -		· · · · · · · · · · · · · · · · · · ·		
2. Amount re	ceived this period – unitemized monetary contribution	ns of less than	n \$100\$	505.29	OTH-	– Öther (e	e.g., business entity)		
3. Total mone	etary contributions received this period.  s 1 and 2, Enter here and on the Summary Page, Coli			2605.29		- Political - Small C	contributor Committee		

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.		Statemer	Statement covers period from 7/1/16			CALIFORNIA 460		
SEE INSTRUC	CTIONS ON REVERSE				through	9/24/1	<u>16</u>	Page	5 of 8		
NAME OF FILE								I.D. NUMB	3ER		
Nancy D.	. Young							1344822	2		
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 SERVICE	FAIR N	IOUNT/ MARKET 'ALUE	CALENDA DA	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)		
8/15/16	20/20 Vision 1517 Arrigotti Lane Tracy, CA 95377	□IND □COM ☑OTH □PTY □SCC		LIT (35% discount)		379.40		569.40	569.40		
		□IND □COM □OTH □PTY □SCC									
		□IND □COM □OTH □PTY □SCC									
		☐IND ☐COM ☐OTH ☐PTY ☐SCC									
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOT	AL\$	379.40					
1. Amount	le C Summary	ry contributior	is.		e	379.40	IND -	ntributor Cod — Individual M — Recipien			

(include all Schedule C subtotals.).....\$

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

3. Total nonmonetary contributions received this period.

FPPC Form 460 (Jan/2016)

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

SCC - Small Contributor Committee

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

PTY - Political Party

379,40

COM - Recipient Committee

							SC	HEDULE E
Schedule E	to whole dollars.			Stateme	ent covers period	CALIFOR	AINS	460
Payments Made				from	7/1/16	FORM 400		
				through	9/24/16	Page6	of _	8
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	***************************************				· · · · · · · · · · · · · · · · · · ·	I.D. NUMBE	R	
Nancy D. Young						1344822		
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants contribution (explain nonmonetary)*  civic donations  FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications d appearances ses lating urvey research very and mess	ı enger services	RAD radio a RFD return SAL campa TEL t.v. or TRC candid TRS staff/s TSF transfe VOT voter i	airtime and production of ed contributions aign workers' salaries cable airtime and produ late travel, lodging, and pouse travel, lodging, a er between committees	uction costs I meals and meals of the same c		'sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R I	DESCRIPTION OF PA	YMENT		AMOUN	IT PAID
Dominion Print N Design, LLC P.O. Box 207 Lathrop, CA 95330		L <b>į</b> T						100.00
His Image Ministries 1960 N. Tracy Blvd. Tracy, CA 95376		FND						300.00
Mail & More 2181 N. Tracy Blvd. Tracy, CA 95376		POS						125.00
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	dule D.			SU	BTOTAL \$		525.00
Schedule E Summary								
Itemized payments made this period. (Include all Schedul	le E subtotals.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**********	•••••	***********	\$	480	09.76
2. Unitemized payments made this period of under \$100							44	16.16
<ol><li>Total interest paid this period on loans. (Enter amount from</li></ol>							***************************************	0
o. Total interest para this period off loans. (Effet affiount from			(e).)				52	55.92

Schedule	E
(Continua	tion Sheet)
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA ACO
from	7/1/16	FORM 400
through_	9/24/16	Page 7 of 8
<b>L</b>	<u> </u>	I.D. NUMBER 1344822

SEE INSTRUCTIONS ON REVERSE

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

NAME OF FILER

Nancy D. Young

<b>CODES:</b> If one of the following codes accurately describes	the payment, yo	ou may e	nter the code.	Otherwise,	describe the payment.		
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 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 t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
People of Christ Ministry 11473 W Larch Road Tracy, CA 95304		PRT					100.00
City of Tracy 333 Civic Center Drive Tracy, CA 95376		FIL					1350.00
20/20 Vision 1517 Arrigotti Lane Tracy, CA 95377		LIT				A A A A A A A A A A A A A A A A A A A	779.76
Budget Watchdogs Newsletter 1954 W Carson, Suite B Torrance, CA 90501		LIT					1451.00
California Voter Guide 1954 W Carson, Suite B Torrance, CA 90501		LIT					504.00

4184.76

**SUBTOTAL \$** 

Schedule	E	
(Continua	tion	Sheet)
<b>Payments</b>	Mad	ele

Amounts may be rounded to whole dollars.

Statement covers period						
7/1/16		california 460				
through	9/24/16	Page8 of8				
 t	· · · · · · · · · · · · · · · · · · ·	I.D. NUMBER	<del>Makkankii eta</del>			
		1344822				

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Nancy D. Young CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)\* PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads LIT NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Tracy Republican Women Federated (T.R.W.F.) TracyRWF@cfrw.org PRT 100.00 California Federation of Republican Women Advocacy Office 77 L Street, Suite L, Sacramento, CA 95814

 $^st$  Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

100.00

Recipient Committee Campaign Statement Cover Page		CI	Date Star RECEIVE Y CLERK'S		CALIFORNIA 460
	Statement covers period from July 1, 2016	Date of election if applicable:	6 SEP 28 PI		Page 1 of 7 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through September 24, 2016	11/8/2016	CITY OF TR	ACY	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		* / *	
O State Candidate Election Committee O Recall (Also Complete Part 5)  General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statemen (Also file a Form 410	nt t Terminalion)		erly Statement al Odd-Year Report
A LOMINIBE MINIMAINN	D, NUMBER 1344822	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Nancy Young for Tracy City Council 2016		Ronda Link MAILING ADDRESS			
		206 James W Smith D	)rive		
STREET ADDRESS (NO P.O. BOX) 1517 Arrigotti Lane		сну Tracy	STATE CA	ZIP COD 95377	E AREA CODE/PHONE 209-914-1617
Tracy STATE ZIP CO		NAME OF ASSISTANT TREASURE	ER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 2181 N. Tracy Blvd. #166		MAILING ADDRESS			
Tracy STATE ZIP CO		CITY	STATE	ZIP COD	E AREA CODE/PHONE
optional: fax/e-mail address nancyyoung4tracy@yahoo.com		OPTIONAL: FAX / E-MAIL ADDRE	ss		
4. Verification	· · · · · · · · · · · · · · · · · · ·				
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of	ng this statement and to the best of my kr California that the forego <u>ing is</u> true and co	owledge the information contained orre	d herein and in the at	tached sched	dules is true and complete. I
Executed on September 28, 2016	By	/ Barnary. an	1 treasures		<u> </u>
Executed on September 28, 2016	BySignature of Controll	ng)	iponent or Responsible Of	icer of Sponsor	<del></del>
Executed onDate	BySign	nature of Controlling Officeholder, Candidate,	State Measure Proponent	***************************************	<u> </u>
Executed onDate	BySign	nature of Controlling Officeholder, Candidate,	State Measure Proponent		

COVER PAGE

#### Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	R PAGE	- PAR	T 2
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	ORM		[7]	
				_
Page	2	of		.
				I

NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Nancy D. Young								
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	N AND DISTRICT NU	MBER IF APPL	ICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON .	SUPPORT OPPOSE
City Council Member (Tracy, CA)								L orrose
RESIDENTIAL/BUSINESS ADDRESS (NO. AND 15147 Arrigotti Lane	STREET) CITY Tracy	CA	95377		Identify the controlling offic	eholder, candi	date, or state measure	proponent, if any.
13147 Alligotti Lalie	rracy	<u> </u>	30371		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT	
Related Committees Not Included not included in this statement that are contributions or make expenditures on beha	olled by you or are p	orimarily fort			OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D	. NUMBER						
		NTROLLED C	OLDUTTEE?	7.	Primarily Formed Can	didate/Offic	eholder Committee	List names of
NAME OF TREASURER			OMMITTEE!		officeholder(s) or candidate(s	) for which this	committee is primarily to	ormea.
			T					
COMMITTEE ADDRESS STREET ADDRESS		YES	□ NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	ELD [
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O. BOX)				NAME OF OFFICEHOLDER OR (	CANDIDATE	OFFICE SOUGHT OR HE	
			O NO EA CODE/PHONE		NAME OF OFFICEHOLDER OR O	· 	OFFICE SOUGHT OR HE	LD SUPPOR
	ESS (NO P.O. BOX)  ATE ZIP CODE					CANDIDATE		SLD SUPPOR
CITY ST	ESS (NO P.O. BOX)  ATE ZIP CODE	ARI	EA CODE/PHONE		NAME OF OFFICEHOLDER OR (	CANDIDATE	OFFICE SOUGHT OR HE	SLD SUPPOR OPPOSE SLD SUPPOR OPPOSE SLD SUPPOR OPPOSE
COMMITTEE NAME  NAME OF TREASURER	ATE ZIP CODE	ARI NUMBER	EA CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HE	SLD SUPPOR SUPPOR OPPOSE SLD SUPPOR OPPOSE SLD SUPPOR OPPOSE
COMMITTEE NAME  NAME OF TREASURER	TATE ZIP CODE	ARI NUMBER	EA CODE/PHONE COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HE	SLD SUPPOR OPPOSE SLD SUPPOR OPPOSE SLD SUPPOR OPPOSE SLD SUPPOR
COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRI	ATE ZIP CODE	ARI  NUMBER  ONTROLLED C  YES	EA CODE/PHONE COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HE	SLD SUPPOR OPPOSE SLD SUPPOR OPPOSE SLD SUPPOR OPPOSE SLD SUPPOR

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

				SUMM	ARY PAGE
Statement covers period		CALIF	ORN	JIA .	120
from	July 1, 2016	FORM 40		HOU	
through	September 24, 2016	Page	3	_ of	7
		I.D. NUM	IBER		

SEE INSTRUCTIONS ON REVERSE		mrough	1 1 3 3	
NAME OF FILER Nancy D. Young			1.D. NÜMBER 1344822	
Nancy D. Toding		Commission Assessment Commission		
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Calendar Year Summary for Calendar Year State Print Calendar Year State Print Calendar Year State Print Calendar Year Summary for Calendar Year Year Summary for Calendar Year Year Year Year Year Year Year Ye	
1. Monetary Contributions	\$ 2605.29 \$ 2605.29	\$ \frac{7241.29}{0} \$ \frac{7241.29}{0} \$ \frac{7241.29}{0} \$ \frac{7241.29}{0}	General Elections  1/1 through 6/30  20. Contributions Received \$ 21. Expenditures Made \$  Expenditure Limit Summary for Candidates	\$
7. Loans Made	\$ 5255.92 0 0	\$ 6919.84 \$ 6919.84	22. Cumulative Expenditur (If Subject to Voluntary Expend  Date of Election (mm/dd/yy) \$	
Current Cash Statement  12. Beginning Cash Balance	\$ 2605.29 0 5255.92 \$ 326.60	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.	*Amounts in this section may be differen reported in Column B.	t from amounts
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above	Λ	from Lines 2, 7, and 9 (if any).	FPPC Fo	orm 460 (Jan/201:

ا الماريخين الماريخي www.fppc.ca.gov

#### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement cov from July 1 through Septemi	, 2016	CALIFORNIA 460 FORM  Page 4 of 7	
	ONS ON REVERSE			through		Page	of
Name of Filer Nancy D.	Young					1.D. NL 13448	IMBER 322
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)
8/11/2016	Michael Souza 6000 W Linne Road Tracy, CA 95304	IND COM OTH PTY	Principal, Souza Development	500.00	500.00		500.00
8/11/2016	Anthony Souza 105 E 10th Street Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Principal, Souza Development	500.00	500.00		500.00
8/29/2016	Christopher Tyler 3208 Wycliff Drive Modesto, CA 95355	☑IND □COM □OTH □PTY □SCC	Terravest Capital Partners	500.00	500.00		500.00
8/29/2016	Terravest Capital Partners 3208 Wycliff Drive Modesto, CA 95355	□IND ☑COM □OTH □PTY □SCC		500.00 500.0		00	500.00
9/13/2016	Pamela Hughes 1921 Valley View Drive Tracy, CA 95377	IND COM OTH PTY	Retired	100.00	100.	00	100.00
			SUBTOTAL \$	2100.00			
1. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	2100.00	IND -		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Amount re	ceived this period – unitemized monetary contribution	ns of less than	n \$100\$	505.29		- Other	(e.g., business entity)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$	2605.29		- Politica Small (	Contributor Committee

Schedule E Payments Made	Amounts may be rounded to whole dollars.			from	tatement covers period  July 1, 2016	CALIFO FOI	
SEE INSTRUCTIONS ON REVERSE				thro	ugh September 24, 2016	Page	5 of 7
NAME OF FILER						I.D. NUMI	BER
Nancy D. Young						134482	2
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	imunications d appearance ses lating urvey resear very and me	es ch	RAD RFD SAL TEL TRC TRS TSF VOT	lescribe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration information technology cost	duction costs nd meals and meals ss of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	I OF PAYMENT		AMOUNT PAID
Dominion Print N Design, LLC P.O. Box 207 Lathrop, CA 95330		LIT					100.00
His Image Ministries 1960 N. Tracy Blvd. Tracy, CA 95376		FND					300.00
Mail & More 2181 N. Tracy Blvd. Tracy, CA 95376		POS					125.00
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	dule D.			SL	JBTOTAL \$	525.00
Schedule E Summary			V	***************************************		***************************************	
Itemized payments made this period. (Include all Schedul	e E subtotals.).					\$_	4809.76
Unitemized payments made this period of under \$100							446.16
Total interest paid this period on loans. (Enter amount from							0
Total interest paid this period on loans. (Enter amount not						Ф <u>——</u> Эта! Ф	5255.92

Schedule	E
(Continual	tion Sheet)
<b>Payments</b>	Made

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.

	00.,20022 2 (00,
Statement covers period	CALIFORNIA 160
fromJuly 1, 2016	FORM 400
through3eptember 24, 2016	Page 6 of 7
	I.D. NUMBER
	1344822

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CMP campaign paraphernalia/misc.

CNS campaign consultants

Nancy D. Young

CVC civi FIL can FND fun IND indi LEG legi	ntribution (explain nonmonetary)* ic donations ididate filing/ballot fees draising events ependent expenditure supporting/opposing others (explain)* al defense inpaign literature and mailings		lating urvey resea very and m	rch essenger services gal, accounting)	TEL TRC TRS TSF VOT	campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the sam voter registration information technology costs (internet, e-	e candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
11473 V	of Christ Ministry V Larch Road CA 95304		PRT				100.00
	racy ic Center Drive CA 95376		FIL				1350.00
	ision rigotti Lane CA 95377		LIT				779.76
1954 W	Watchdogs Newsletter Carson, Suite B e, CA 90501		LIT				1451.00
1954 W	ia Voter Guide Carson, Suite B e, CA 90501		LIT				504.00
* Payment	ts that are contributions or independent expenditures must also t	e summarized on Sche	dule D.			SUBTOTAL	4184.76

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from July 1, 2016	SCHEDULE E (CONT CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE		through September 24, 2016	Page of
NAME OF FILER			I.D. NUMBER
Nancy D. Young			1344822
CODES: If one of the following codes accurately describes	s the payment, you may enter the code. Othe	rwise, 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 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 airlime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs	luction costs d meals and meals s of the same candidate/sponsor
LIALET ALITA ADDDC OF DAVET	į.		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Tracy Republican Women Federated (T.R.W.F.) TracyRWF@cfrw.org California Federation of Republican Women Advocacy Office 77 L Street, Suite L, Sacramento, CA 95814	PRT		100.00

Recipient Committee Campaign Statement Cover Page			Date Stamp REGEIVE CITY CLERK'S	CALIFORNIA 460
	Statement covers period from January 1, 2016	Date of election if applicable: (Month, Day, Year)	2016 OCT 27 PI	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	June 30, 2016	11/08/2016	CITY OF TE TRACY, (	RACY CA
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ 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 Te	ermination) elow)	Quarterly Statement Special Odd-Year Report ode
3. Committee Information	LD. NUMBER 1344822	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	10771022	NAME OF TREASURER		-
Nancy Young for Tracy City Council 2016		Ronda Link		
		206 James W Smith Dri	ve	
street address (NO P.O. BOX) 1517 Arrigotti Lane		CHY		IP CODE AREA CODE/PHONE
	CODE AREA CODE/PHONE	Tracy  NAME OF ASSISTANT TREASURER		5377 209-914-1617
Tracy CA 953		TAME OF ASSISTANT TREASURER	C IF MINT	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 2181 N. Tracy Blvd. #166		MAILING ADDRESS		
	CODE AREA CODE/PHONE 76	CITY	STATE ZII	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S	
nancyyoung4tracy@yahoo.com		rlink@freshcoatpainters	.com	
4. Verification				
I have used all reasonable diligence in preparing and revie certify under penalty of perjury under the laws of the State	wing this statement and to the best of my k of California that the foregoing is true and	correct.	herein and in the attached	schedules is true and complete. I
Executed on	Бу	Signature or room dant	Teasurer	
Executed on	By Signature of Contro	olling officeholder, Cardidate, State Mediure Pro-	panent or Responsible Officer of St	pansar
Executed on	Ву	gnature of Controlling Officeholder, Candidate, St	ate Measure Proponent	
Executed on	BySi	gnature of Controlling Officeholder, Candidate, St	ate Measure Proponent	<del></del>

COVER PAGE

Officeholder or Candidate Contr	rolled Committee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Nancy D. Young							
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council Member (Tracy, CA)							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN			Identify the controlling offic	eholder, cand	lidate, or state	measure prop	oonent, if any.
1517 Arrigotti Lane	Tracy		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PE	ROPONENT		
	ed in this Statement: List any committees trolled by you or are primarily formed to receive half of your candidacy.		OFFICE SOUGHT OR HELD	.,		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Offic	ceholder Co	mmittee Li	ist names of ed.
	☐ YES ☐ NO						
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT ☐ OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)						OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHONE		Att	ach continuat	ion sheets if n	ecessary	

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	January 1, 2016	CALI F	FORN ORM	<sup>IIA</sup> 46	0
through	June 30, 2016	Page	3	_ of7	
 L		I.D. NUI	MBER	***************************************	
		12///	122		-

Nancy D. Young 1344822 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 4636.00 4636.00 1. Monetary Contributions...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0 0 2. Loans Received ...... Schedule B, Line 3 20. Contributions 4636.00 4636.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 190.00 190.00 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 4826.00 4826,00 Made **Expenditures Made Expenditure Limit Summary for State** 1663.92 6. Payments Made...... Schedule E, Line 4 \$ Candidates 22. Cumulative Expenditures Made\* 1663.92 1663.92 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ \_ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 190.00 190,00 1853.92 1853.92 **Current Cash Statement** 5.15 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ \_\_\_\_\_ To calculate Column B. 4636.00 add amounts in Column A to the corresponding \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I. Line 4 amounts from Column B reported in Column B. 1663.92 of your last report. Some 15. Cash Payments ...... Column A. Line B above amounts in Column A may 2977.23 be negative figures that 16. ENDING CASH BALANCE \_\_\_\_\_Add Lines 12 + 13 + 14, then subtract Line 15 \$ should be subtracted from If this is a termination statement, Line 16 must be zero. 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 Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts ....... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

#### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 460

Statement covers period

from\_

January 1, 2016

			Average		00.0040		
SEE INSTRUCTIO	NS ON REVERSE			through June	30, 2016	Page	4 of7
Nancy D. Y						I.D. NU 13448	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
1/7/2016	C. Evan Knapp 888 San Clemente Drive Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal, Integral Communities	500.00	500.	00	500.00
1/7/2016	Lance Waite 2235 Encinitas Blvd. #216 Encinitas, CA 92024	☑IND □COM □OTH □PTY □SCC	Principal, Integral Communities	500.00	500.	00	500.00
1/7/2016	John Stanek 888 San Clemente Drive Newport Beach, CA 92660	☑ IND □ COM □ OTH □ PTY □ SCC	Principal, Integral Communities	500.00	500.	00	500.00
1/7/2016	Craig Manchester 888 San Clemente Drive Newport Beach, CA 92660	☑ IND □ COM □ OTH □ PTY □ SCC	Principal, Integral Communities	500.00	500.	00	500.00
1/26/2016	Becki Brown 32811 S. Bird Road Tracy, CA 95304	IND COM OTH PTY	Principal, Hearts of Harvest	300.00	300.	00	300.00
			SUBTOTAL \$	2300.00			
Schedule A	A Summary					Iributor C	
	ceived this period – itemized monetary contributions.  I Schedule A subtotals.)		\$	4300.00		,	ent Committee
	ceived this period – unitemized monetary contribution			226.00		– Öther (	than PTY or SCC) e.g., business entity)
3. Total mone	etary contributions received this period.  1 and 2. Enter here and on the Summary Page, Coli			4626.00		– Politicai – Small (	Contributor Committee
						EDO	C Form 460 (lan/2016)

#### **Schedule A (Continuation Sheet) Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) Statement covers period CALIFORNIA **FORM** January 1, 2016

throughJune 30, 2016	Page 5 of 7
	I.D. NUMBER

NAME OF FILER

Nancy D. Young

Nancy D. Yo	oung				13448	22
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/13/2016	Barbara Lill 1517 Arrigotti Lane Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Retired	1000.00	1000.00	1000.00
6/22/2016	Northern California Carpenters Regional Council Small Contributor Committee 265 Hegenberger Road, Suite 200 Oakland, CA 94829	□IND □COM ☑OTH □PTY □SCC		1000.00	1000.00	1000.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTALS	2000.00		

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

Schedu Nonmor	le C netary Contributions Received		Amounts may be rounded to whole dollars.	distribution of the second sec		itement covers p		GALIF FO	
	TIONS ON REVERSE				from	luna 20		Page	
Name of File Nancy D.								1.D. NUME 134482	
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)	DESCRIPTION O GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	CALEND	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2016	20/20 Vision 1517 Arrigotti Lane Tracy, CA 95377	□IND □COM □OTH □PTY □SCC		WEB Design, WEB Hosting, Business Card and Designs		190.00		190.00	190.00
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	ditional information on appropriately labeled	continuation .	sheets.	SUBTO	TAL\$	190.00			
1. Amount (Include	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)		*********************************			190.00	IND	(other th	
∠. Amount	received this period - unitemized nonmone	tary contributi	ions or less than \$100		Ф			– Political F	

3. Total nonmonetary contributions received this period.

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

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

SCC - Small Contributor Committee

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

190.00

						SCHEDULE E
Schedule E	Amounts may b to whole do			Statement covers period	CALIF(	ที่เดิดในเทศเปลี่ยกรับแบบเดิวแบบหรือแบบการแบบแบบ เพลายนากเกมระบ
Payments Made				from January 1, 2016	FO	RM TUU
EE INSTRUCTIONS ON REVERSE				through June 30, 2016	Page	7 of7
AME OF FILER		***************************************			LD. NUMI	BER .
Nancy D. Young					134482	2
CODES: If one of the following codes accurately described MP campaign paraphernalia/misc.  NS campaign consultants TB contribution (explain nonmonetary)*  VC civic donations IL candidate filing/ballot fees ND fundraising events independent expenditure supporting/opposing others (explain)*  EG legal defense IT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications I appearances es lating urvey research very and mess	1 senger services	rwise, describe the payment.  RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production returned contributions TRC candidate travel, lodging, a staff/spouse travel, lodging transfer between committed voter registration WEB information technology cos	on costs  oduction costs  and meals  and meals  es of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DES	CRIPTION OF PAYMENT		AMOUNT PAID
0/20 Vision 517 Arrigotti Lane racy, CA 95377		WEB				565.00
Good News Bible Seminary College 7 W. 1st Street Fracy, CA 95376		PRT				125.00
racy African American Association 2.O. Box 62 racy, CA 95378		₽RT				100.00
Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.		S	UBTOTAL \$	790.00
Schedule E Summary						
. Itemized payments made this period. (Include all Schedul	e E subtotals.)				\$	790.00
. Unitemized payments made this period of under \$100						873.92
. Total interest paid this period on loans. (Enter amount from						0
, Total interest paid this period of loans. (Effect amount not						1663.92

Executed on	07/29/2016	Ву	
	Date	Signature of Heasurer on Sistant Treasurer	
Executed on	07/29/2016  Date	Signature of Contrelling Officer of Sponsor	
Executed on	Dale	Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	

# Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	RPAGE	- PAR	T 2
CALIF FC	FORN ORM	IA 🚄	60	
Page	2	_ of	6	

Officeholder or Candidate Controlled Cor	nmittee			6.	Primarily Formed Ballo	ot Measure C	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			<del></del>		NAME OF BALLOT MEASURE			
Nancy D. Young								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER	IF APPLICA	BLE)		BALLOT NO. OR LETTER	JURISDICTION	J	SUPPORT
City Council Member (Tracy, CA)								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  1517 Arrigotti Lane Trac	CITY V	STAT CA	7E ZIP 95377		Identify the controlling office	eholder, candida	ate, or state measure	proponent, if any.
	,				NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT	
Related Committees Not Included in this not included in this statement that are controlled by yo contributions or make expenditures on behalf of your of	u or are primai				OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUME	BER	<del></del>					
NAME OF TREASURER	☐ YES			7.	Primarily Formed Cance officeholder(s) or candidate(s)	for which this c	holder Committee	ormed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.	•				NAME OF OPPICENDEDER OR C.	ANDIDATE	OFFICE SOUGHT ON HE	SUPPORT OPPOSE
CITY STATE Z	IP CODE	AREA C	ODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT
COMMITTEE NAME	I.D. NUME	BER			NAME OF OFFICEHOLDER OR CO	ANDIDATE	OFFICE SOUGHT OR HE	ELD SUPPORT OPPOSE
NAME OF TREASURER	☐ YES		.,		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	D. BOX)		<del></del>					1 0,7032
CITY STATE Z	P CODE	AREA C	ODE/PHONE		Atta	ch continuation	n sheets if necessary	

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Nancy D. Young

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	Statement of	C	CALIFORNIA ACO					
fre	mJanu	ary 1, 2016		FC	)RM	2		
th	oughJL	ine 30, 2016	Pa	ıge	3	_ of	6	
			I.D	. NUM	BER			
			13	448	22			

Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDU	ILES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$ 4636	00.00	\$ 4636.00 \$ 4636.00 \$ 4636.00	General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$ \$  21. Expenditures Made \$ \$ \$
Expenditures Made  6. Payments Made	\$ 1663	0 .92 0	\$ \frac{1663.92}{0} \$ \frac{1663.92}{0} \] \$ \frac{0}{0} \$ \frac{0}{1663.92}	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)  \$
Current Cash Statement  12. Beginning Cash Balance	\$ 4636. \$ 2977.	0 .92	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	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above		0	any).	FPPC Form 460 (Jan/201) FPPC Advice: advice@fppc.ca.gov (866/275-377;

### M

Schedule A Monetary Contributions Received			its may be rounded whole dollars.	Statement cov	ers period / 1, 2016	CAL F	california 460		
SEE INSTRUCTIO	NS ON REVERSE			through June	30, 2016	Page 4 of 6			
Name of Filer Nancy D. \	oung/					1.D, N 1344	имвек 822		
DATE RECEIVED	AE COMMITTEE ALSO ENTER ID MIMBERT		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	MPLOYER RECEIVED THIS CAL- TER NAME PERIOD (JAN		JLATIVE TO DATE LENDAR YEAR N. 1 - DEC. 31)  PER ELECTIO TO DATE (IF REQUIRED			

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/7/16	C. Evan Knapp 888 San Clemente Drive Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal, Integral Communities	500.00	500.00	500.00
1/7/16	Lance Waite 2235 Encinitas Blvd., #216 Encinitas, CA 92024	☑IND □COM □OTH □PTY □SCC	Principal, Integral Communities	500.00	500.00	500.00
1/7/16	John Stanek 888 San Clemente Drive Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal, Integral Communities	500.00	500.00	500.00
1/7/16	Craig Manchester 888 San Clemente Drive Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal, Integral Communities	500.00	500.00	500.00
1/26/16	Becky Brown 32811 S. Bird Road Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Principal, Hearts of Harvest	300.00	300.00	300.00
The state of the s			SUBTOTAL \$	2300.00		

**Schedule A Summary** 1. Amount received this period – itemized monetary contributions. 4300.00 (Include all Schedule A subtotals.) .....\$ 336.00 2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$ 3. Total monetary contributions received this period. 4636.00 

\*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)

### Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

NAME OF FILER	Contributions Received	to whole	dollars.		71, 2016 30, 2016	Page _			
Nancy D. Yo	oung					13448	22		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)		
5/13/16	Barbara Lill 1517 Arrigotti Lane Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Retired	1000.00	1000.00		1000.00		1000.00
6/22/16	Northern California Carpenters Regional Council Small Contributor Committee 265 Hegenberger Road, Suite 200 Oakland, CA 94829	□IND ☑COM □OTH □PTY □SCC		1000.00	1000	.00	1000.00		
		□IND □COM □OTH □PTY □SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
			SUBTOTAL S	\$ 2000.00					

\*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

D-L-J-L- #	Amounts may be rounded				SCHEDULE E					
to whole dollars					Statement covers period	CALIFO		60		
Payments Made				fro	<sub>m</sub> January 1, 2016	M				
SEE INSTRUCTIONS ON REVERSE				the	ough June 30, 2016	Page	6 of	6		
IAME OF FILER						I.D. NUMB				
Nancy D. Young						1344822				
CODES: If one of the following codes accurately describe	s the payment, yo	ou may ent	ter the code. C	Otherwise,	describe the payment.					
MP campaign paraphernalia/misc.	MBR member com				radio airtime and production	costs				
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and OFC office expens		3		RFD returned contributions SAL campaign workers' salaries					
CVC civic donations	PET petition circul			TEL	t.v. or cable airtime and proc	luction costs				
IL candidate filing/ballot fees	PHO phone banks				candidate travel, lodging, an					
ND fundraising events ND independent expenditure supporting/opposing others (explain)*	POL polling and so POS postage, deli			TSF	staff/spouse travel, lodging, transfer between committee		candidate/sp	ionsor		
EG legal defense	PRO professional				voter registration	0. 1110 001110		01.001		
IT campaign literature and mailings	PRT print ads		44000	WEE	information technology costs	s (internet, e-n	nail)			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE (	)R	DESCRIPTION	ON OF PAYMENT	A THE PARTY OF THE	AMOUNT	PAID		
20/20 Vision		<del></del>								
I517 Arrigottì Lane		WEB				mental de la constante de la c	5	65.00		
Гrасу, СА 95377		***				Herister	_			
Good News Bible Seminar College		***************************************						***************************************		
77 W. 1st Street		PRT					1	25.00		
Fracy, CA 95376										
Fracy African American Association						ļ				
P.O. Box 62		PRT	-				1	00.00		
Fracy, CA 95378	na samaka									
Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SU	BTOTAL \$	7	90.00		
Schedule E Summary						,	***************************************			
. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	790			
2. Unitemized payments made this period of under \$100			*******	•••••		\$	873	.92		
. Total interest paid this period on loans. (Enter amount fron								0		

1663.92