Recipient Committee Date Stamp CALIFORNIA **Campaign Statement FORM** Cover Page RECEIVED CLERK'S OFFICE 1 Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 8/1/2017 2018 JAN 31 PM 2: 18 from 12/31/2017 11/8/2016 SEE INSTRUCTIONS ON REVERSE TY OF TRACY through ITAL OF GM 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☐ Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report O Controlled Recall Termination Statement (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored O Small Contributor Committee Officeholder Committee (Also Complete Part 1) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1387763 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Barbara Sasso Ransom for Tracy Council 2016 MAILING ADDRESS 1320 Parkside Drive STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 724 Billy F. Freeman Lane Tracv CA 95376 (209) 407-9210 CITY ZIP CODE NAME OF ASSISTANT TREASURER, IF ANY STATE AREA CODE/PHONE Tracv CA 95377 (209) 645-2012 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 Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, Executed on Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

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Page	<u> </u>	_ of _	<u> </u>	-

Officeholder or Candidate Contro	olled Committee	6.	Primarily Formed Ballo	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Rhodesia Ransom						
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	ON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ION	SUPPORT
Tracy City Council				<u> </u>		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	·		Identify the controlling offic	eholder, cand	lidate, or state measure p	proponent, if any.
724 Bill F. Freeman Lane	Tracy, CA 95377		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PI	ROPONENT	
	d in this Statement: List any committees rolled by you or are primarily formed to receive alf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
		7.	Primarily Formed Can	didate/Offi	ceholder Committee	List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s) for which thi	s committee is primarily fo	rmed.
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
CITY S	TATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)		***************************************			
CITY	TATE ZIP CODE AREA CODE/PHONE		Att	ach continual	tion sheets if 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	CALIFORNIA ACO
from	8/1/2017	FORM 40U
through	12/31/2017	Page3 of3
		I.D. NUMBER
		1387763

						1 1001100
Contributions Received	TOTAL 1	IUMN A THIS PERIOD CHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Running in Both t	nmary for Candidates ne State Primary and
1. Monetary Contributions	¢	0.00	\$	1019.19	General Elections	
2. Loans Received	Ψ	0.00	•	0.00	1/1	through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	s	0.00	s	1019.19	20. Contributions Received \$	S
4. Nonmonetary Contributions		0.00	*	0.00	21 Expenditures	•
5. TOTAL CONTRIBUTIONS RECEIVED	\$	0.00	\$	1019.19	Made \$	\$
Expenditures Made				4000 40	Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$		\$	1388.40	Candidates	
7. Loans Made Schedule H. Line 3		0.00		0.00	22. Cumulai	ive Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$		\$	1388.40	(If Subject (o Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election (mm/dd/yy)	Total to Date
10. Nonmonetary Adjustment	\(\text{\tint{\text{\tin}\text{\ti}\\ \tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex			0.00	(ниплаалуу)	
11. TOTAL EXPENDITURES MADE	s	0.00	\$	1388.40		\$
Current Cash Statement						\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		То	calculate Column B,		
13. Cash Receipts Column A, Line 3 above	···	0.00		d amounts in Column of the corresponding		1 - 00
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	am	ounts from Column B	reported in Column B.	may be different from amounts
15. Cash Payments		0.00		your last report. Some ounts in Column A may		
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	0.00	ŧ	negative figures that ould be subtracted from		
If this is a termination statement, Line 16 must be zero.			рге	evious period amounts. If is its the first report being		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file onl	d for this calendar year, y carry over the amounts		
Cash Equivalents and Outstanding Debts		2.22	froi any	m Lines 2, 7, and 9 (if y).		
18. Cash Equivalents See instructions on reverse	\$					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00				FPPC Form 460 (Jan/2016)
			i		FPPC Advice: ac	(vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

CALIFORNIA Campaign Statement FORM Cover Page Page _ of_ Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only 1/1/2017 from. 6/30/2017 11/8/2016 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement ✓ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement Committee O State Candidate Election Committee Semi-annual Statement Special Odd-Year Report ○ Recall O Controlled ☐ Termination Statement O Sponsored (Also Complete Part 6) (Also Complete Part 5) (Also file a Form 410 Termination) Amendment (Explain below) General Purpose Committee ☐ Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 1) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1387763 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Barbara Sasso Ransom for Tracy Council 2016 MAILING ADDRESS 1320 Parkside Drive STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 724 Billy F. Freeman Lane 95376 Tracv CA (209) 407-9210 CITY AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE CA 95377 Tracy (209) 645-2012 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature ... Commonwell Unicerroliger, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on __ Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee

80

Date Stamp

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

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F	DRM			
	2		5	- 1
Page _		of	<u> </u>	-

Officeholder or Candidate Controlled Commit	tee	6.	Primarily Formed Ballo	ot Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Rhodesia Ranson			,				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N		SUPPORT OPPOSE
Tracy City Council			**************************************	_i			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT 724 Billy F. Freeman Lane Tracy, C.			Identify the controlling offic	eholder, candi	date, or state meas	ure propo	nent, if any.
727 Elliy 1. 3 Contain Edition 1740y, Or			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candid	re primarily formed to receive		OFFICE SOUGHT OR HELD		DISTR	RICT NO. IF	ANY
COMMITTEE NAME	LD. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can- officeholder(s) or candidate(s	didate/Offic	eholder Commi	ttee List	names of
	☐ YES ☐ NO		omcenoider(a) or cantiloate(a	y 101 William Unio	committee to pranta	ny termee.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX			NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
CITY STATE ZIP COL	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX	()						TH OLLOSE
CITY STATE ZIP COI	DE AREA CODE/PHONE						

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

www.fppc.ca.gov

TOTAL INSPERIOR TOTAL THAT PRINCED SCHEDULES (PROMATICACED SCHEDULES) (PROMATICACES SCHEDULES) (Ransom for Tracy Council 2016			1387763
1. Monetary Contributions	Contributions Received	TOTAL THIS PERIOD	CALENDAR YEAR	
Expenditures Made 6. Payments Made	2. Loans Received	\$ 0.00 \$ 1019.19 0.00	\$ 0.00 \$ 1019.19 0.00	1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures
12. Beginning Cash Balance	Expenditures Made 6. Payments Made	s 1388.40 0.00 s 1388.40 0.00 0.00	0.00 s 1388.40 0.00 0.00	Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date
Schedule B, Part 2 \$ 0.00 17. LOAN GUARANTEES RECEIVED	12. Beginning Cash Balance	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	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

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

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Monetary Contributions Received			from1/1/	ers period 2017	CALI F	FORNIA 460 ORM
		es pro-	through	0/2017	Page	4 of5
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Parameter	-		I,D. NU	JMBER
Ransom for Tracy Council 2016					13877	
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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
2/3/2017 Rhodesia Ransom 724 Billy F. Freeman Lane Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Director Sow A Seed Community Foundation	\$650.00	\$650.	00	
3/10/2017 Rhodesia Ransom 724 Billy F. Freeman Lane Tracy, CA 95377	ZIND COM OTH PTY SCC	Director Sow A Seed Community Foundation	\$180.00	\$830.	00	
4/10/2017 Rhodesia Ransom 724 Billy F. Freeman Lane Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Director Sow A Seed Community Foundation	\$189.19	\$1019.	19	
	□IND □COM □OTH □PTY □SCC				***************************************	
	☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		SUBTOTAL \$	1019.19			
Schedule A Summary				*Cont	ributor C	Codes
Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		\$	1019.19			ial ient Committee than PTY or SCC)
2. Amount received this period – unitemized monetary contribution	ns of less than	ı \$100\$	0.00			(e.g., business entity)
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Coli			1019.19			Contributor Committee

Payments Made Amounts may be rounded to whole dollars.				f	Statem-	1/1/2017	riod	ALIFO FOI	PRNIA 460
SEE INSTRUCTIONS ON REVERSE				t.	hrough	6/30/201	7 F	Page	5 of 5
NAME OF FILER		·					1.	.D. NUM	BER
Ransom for Tracy Council 2016							1:	38776	3
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CMS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and so POS postage, deliv	munications d appearanc ses lating urvey reseal very and me	es		D radio a D return L campa L t.v. or C candid S staff/s F transfe	airtime and pro ed contribution aign workers' s cable airtime a late travel, lod pouse travel, l	eduction costs alaries and productio ging, and me odging, and r	on costs eals meals	e candidate/sponsor
LIT campaign literature and mailings	PRT print ads			W	EB inform	ation technolo	gy costs (inte	emel, e-	mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPT	TON OF PA	YMENT			AMOUNT PAID
Nation Builder 520 S. Grand Avenue #200 Los Angeles, CA 90071		WEB							\$447.00
Incite Consulting 1898 Lauralgrove Lane Tracy, CA 95376		CNS						THE RESERVE OF THE PROPERTY OF	\$750.00
* Payments that are contributions or independent expenditures must also	be summarized on Sche	dule D.	with a second se				SUBTO	OTAL \$	\$1197.00
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedu	ile E subtotals.)		******************					\$	1197.00
2. Unitemized payments made this period of under \$100									191.40
3. Total interest paid this period on loans. (Enter amount fro									0.00

1388,40

SCHEDULE E

Recipient Committee					COVER PAGE
Campaign Statement Cover Page			Date Stamp RECEIV ITY CLERK'S	BB. 97	ALIFORNIA 460 FORM
oover rage			MTY CLERK'S	SÖFFICE	ge 1 of 16
	Statement covers period	- min of bisetion it applicable.	I .		
	from10/23/16	(Month, Day, Year)	1017 JAN 31 F	PM 12: 1	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/16	11/8/16	CITY OF THE	RACY	
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		\(\frac{1}{1}\)	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Les Complete Part 6) rimarily Formed Candidate/ Officeholder Committee Les Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	ermination)	Quarterly S	Statement Id-Year Report
	. NUMBER 387763	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Ransom for Tracy Council 2016		Barbara Sasso			
Transcription Transposition 2010		MAILING ADDRESS			
		1320 Parkside Drive			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
724 Billy F. Freeman Lane		Tracy	CA	95376	(209) 407-9210
CITY STATE ZIP COD Tracy CA 95377		NAME OF ASSISTANT TREASURE	R, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	(209) 645-2012	MAILING ADDRESS			
MALLING ADDITION (III DIES CHEMY NOTAND STREET ON L.C. DOX		MAILING AUDRESS			
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	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 C	g this statement and to the best of my k California that the foregoing is true and c	nowledge the information contained correct.	herein and in the atta	iched schedules	is true and complete. I
1/2, /, ¬					
Executed on	By	Canature of Treasurer or Assistant	Treasurer		
5 1-31-17	D	2			
Executed onDate	Signature of Control	fling Officeholder, Candidate, State Measure Pro	pponent or Responsible Offic	er of Sponsor	
Executed an	Bv				
Date	Si	gnature of Controlling Officeholder, Candidate, S	State Measure Proponent		
Executed on	By	gnature of Controlling Officeholder, Candidate, S	itate Measure Prononent		

Recipient Committee Campaign Statement Cover Page — Part 2

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Page	2	_ of	16	

Officeholder or Candidate Controlled Co	mm ittee	6.	Primarily Formed Ballo	t Measure C	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Rhodesia Ransom						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
Tracy City Council				1		10 3 332
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 724 Billy F. Freeman Lane Tra	CITY STATE ZIP		Identify the controlling office	holder, candid	ate, or state measure p	roponent, if any.
724 Dilly 1 . 1 Teeman Carle 11a			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT	
Related Committees Not Included in this	Statement: List any committees					
not included in this statement that are controlled by you contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	IO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
		7.	Primarily Formed Cand	lidate/Office	holder Committee	List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this	committee is primarily fo	rmed.
COMMITTEE ADDRESS STREET ADDRESS (NO F	YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HEI	.D Q.
COMMITTEE ADDRESS (NO F	.o. Box)					SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HEI	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HEI	D
			MANUE OF OUR ICENSESSIN ON C	ANDIONIE	OF THE SOUGHT ON THE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HEI	D CURRENT
	☐ YES ☐ NO					SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P	(O. BOX)		With the second of the second			<u>l</u>
CITY STATE :	ZIP CODE AREA CODE/PHONE					
					n sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page SEE INSTRUCTIONS ON REVERSE	to whole dollars.	from _	10/23/16	FORM 460
		through	h12/31/16	Page3 of16
NAME OF FILER				I.D. NUMBER
Ransom for Tracy Council 2016				1387763
	Column A	Column P	Colondar Voor Su	mman, for Candidates

Contributions Received	(F	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	ç	14,154.00	s	39,965.00	General Elections
2. Loans Received	•	(999.00)	~	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	s	13,155.00	\$	39,965.00	20. Contributions Received \$\$
4. Nonmonetary Contributions	•	4,600.00	Ť	6,489.73	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$	17,755.00	\$	46,454.73	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	21,187.35	\$	39,595.79	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$		\$	39,595.79	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment		0.00		1,889.73	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	21,187.35	\$	41,485.52	/\$
Current Cash Statement				·	 \$
12. Beginning Cash Balance	\$	8,401.56	То	calculate Column B.	
13. Cash Receipts Column A, Line 3 above		13,155.00	1	d amounts in Column the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	am	ounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		21,187.35		our last report. Some ounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	369.21		negative figures that bull be subtracted from	
If this is a termination statement, Line 16 must be zero.			pre	vious period amounts. If is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	d for this calendar year, y carry over the amounts	
Cash Equivalents and Outstanding Debts			froi any	m Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$			•	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.go

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA AGO

Statement covers period

				from10/2	23/16	F(ORM	
eee metructio	NC ON DEVERSE		The state of the s	through12	/31/16	Page	of .	16
SEE INSTRUCTIO NAME OF FILER	NS ON REVERSE					I.D. NU	MBER	
Ransom fo	or Tracy Council 2016					13877	63	
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 ELE TO DA (IF REQU	ΤΕ
10/24/2016	Cynthia Okwudiri 530 Hotchkiss Street Tracy, CA 95376	ØIND COM OTH PTY SCC	Manager USORT, McDonald's Corporation USA	\$100.00	\$200.0	00		
10/25/2016	Sandra Johnson 2498 Ram Crossing Way Henderson, NV 89074	ZIND COM OTH PTY SCC	retired	\$100.00	\$100.0	00		
10/26/2016	Mark Van Landuyt 2130 Shoshone Cir Crow Canyon Heights Danville, CA 94526	☑IND □COM □OTH □PTY □SCC	Producer/Writer, TYT/Jimmy Dore Show	\$27.00	\$129.00			
10/26/2016	M. Quinn Delaney 436 14th Street #1417 Oakland, CA 94612	☑IND □COM □OTH □PTY □SCC	President Akonadi Foundation	\$500.00	\$500.00			
10/27/2016	Central Valley Stonewall Democratic Club P.O. Box 4311 Stockton, CA 95204	☐IND ☑COM ☐OTH ☐PTY ☐SCC		\$1000.00	\$1000.6	00		
			SUBTOTAL\$	1727.00				
Schedule /	A Summary				i	ributor C)
	ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	13,354.00		•	al ent Committe than PTY or S	
2. Amount re	ceived this period – unitemized monetary contribution	ns of less thar	n \$100\$	800.00			e.g., business	
3. Total mone	etary contributions received this period. 1 and 2. Enter here and on the Summary Page. Col			14,154.00	1		Contributor Co	ommittee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from.

10/23/16

				through12/31/16		Page _	5 of 16
NAME OF FILER Ransom for	Tracy Council 2016					1.D. NU 13877	
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 YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/28/2016	California Real Estate Political Action Committee (CREPAC) - FPPC# 890106 525 S. Virgil Avenue, Los Angeles, CA 90020	☐IND ☑COM ☐OTH ☐PTY ☐SCC		\$500.00	\$500.0	00	
10/29/2016	Melyssa Barrett 1464 Olivia Court Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Vice President Visa, Inc.	\$100.00	\$100.00		
10/30/2016	Fred D. S elf 15601 S. Kelso Road Discovery Bay, CA 94514	☑IND □COM □OTH □PTY □SCC	Retired	\$200.00	\$200.0)0	
11/1/16	Isaac Terry Garazi Court Tracy, CA 95304	ØIND □COM □OTH □PTY □SCC	Business Development Manager AT&T	\$100.00	\$100.00		
11/1/2016	Virgina Madueno 6901 Pestwick Drive Riverbank, CA 95367		Mayor City of Redbank	\$100.00	\$100.0)0	
		***************************************	SUBTOTAL \$	\$ 1000.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole d	ollars.	Stateme	nt cove 10/23	rs period 1/16	CALIF FC	ORN ORM	^{NA} 46	0
				through	12/3	1/16	Page _	6	of 16	_]
NAME OF FILER							I.D. NU	BER		
Ransom for	Tracy Council 2016						13877	33		
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 OF SELE-EMPLOYED ENTER NAME	AMOUNT RECEIVED T	1	CUMULATIVE TO	EAR		ER ELECTION TO DATE	

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)		
11/1/2016	Shelly Scott 25 Wendy Court Novato, CA 94945	☑IND □COM □OTH □PTY □SCC	Deputy Assessor County of Marin	\$100.00	\$100.00			
11/1/2016	Tanir Ami 34 Florida Avenue Berkeley, CA 94707	☑IND □COM □OTH □PTY □SCC	CEO OLE Health	\$100.00	\$100.00			
11/2/2016	David Garcia 1693 Saint Emillion Court Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Attorney Goyette and Associates	\$200.00	\$200.00			
11/3/2016	Chanel Murray 2423 E. Sixth Street Stockton, CA 95205	☑IND □COM □OTH □PTY □SCC	Field Representative CA State Assembly	\$100.00	\$100.00			
11/3/2016	American Promotions Events West dba TNT Fireworks, 4511 Helton Drive Industrial Park, Florence, AL 35630	☐IND ☐COM ☑OTH ☐PTY ☐SCC		\$150.00	\$150.00			
SUBTOTAL\$ 650.00								

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY -- Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

10/23/16

				through12/	31/16	Page	7 of 16
NAME OF FILER			1			I.D. NUN	IBER
Ransom for	Tracy Council 2016				***************************************	138776	33
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)
11/3/2016	Eggman for Assembly 2016 - ID# 1373777 5429 Madison Avenue Sacramento, CA 95841	☐IND ☐COM ☐OTH ☐PTY ☐SCC		\$1000.00	\$1000.0	00	
11/3/2016	United Food & Commercial Workers (UFCW) 8 Small Contributor Committee 2200 Professional Drive, Roseville, CA 95661	□IND □COM □OTH □PTY ☑SCC		\$1500.00	\$1500.00		
11/4/2016	Shelly Scott 25 Wendy Court Novato, CA 94945	☑IND □COM □OTH □PTY □SCC	Deputy Assessor County of Marin	\$100.00	\$200.0	00	
11/4/2016	Cynthia Jackson 953 N. Marquis Way Mountain House, CA 95391	☑IND □COM □OTH □PTY □SCC	Juvenile Institutional Officer II, Alameda County Probation Depart.	\$100.00	\$100.0	0	
11/5/2016	Mark Van Landuyt 2130 Shoshone Cir Crow Canyon Heights Danville, CA 94526	☑ IND □ COM □ OTH □ PTY □ SCC	Producer/Writer, TYT/Jimmy Dore Show	\$40.00	\$169.0	0	
			SUBTOTAL S	2740.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	from 10/23/16 CALIFORNIA 460	
-		from10/23/16	FORM 400
		through12/31/16	Page 8 of 16
NAME OF FILER			I.D. NUMBER
Ransom for Tracy Council 2016			1387763

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)
11/7/2016	Letitia Henderson 2425 MacArthur Blvd. Oakland, CA 94602	☑IND □COM □OTH □PTY □SCC	Consultant Exceptional Community Connections	\$100.00	\$200.00	
11/10/2016	Rhodesia Ransom 724 Billy F. Freeman Lane Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Director Sow A Seed Community Foundation	\$790.00	\$2240.00	
11/21/2016	Charles Mann Insurance Agency, Inc. 2177 Los Positas Court, Suite 1 Livermore, CA 94551	□IND □COM ☑OTH □PTY □SCC		\$150.00	\$150.00	
11/22/2016	Craig Manchester 888 San Clemente Dr Suite 100 Newport Beach - 92660 CA	☑IND □COM □OTH □PTY □SCC	Principal Integral Communities	\$250.00	\$475.00	
11/22/2016	Charles Knapp 888 San Clemente Dr Suite 100 Newport Beach - 92660 CA	☑IND □COM □OTH □PTY □SCC	Principal Integral Communities	\$250.00	\$475.00	~
***************************************			SUBTOTAL \$	1540.00		100

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary		to whose a	oliars.	Statement cov	23/16	CALIFORNIA 460		
				through12	/31/16	Page _	9 of 1	6
IAME OF FILER	Additional Property Control of the C		<u> </u>	· · · · · · · · · · · · · · · · · · ·	******	I.D. NUM	MBER	
Ransom for	r Tracy Council 2016					138776	53	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE T		PER ELECTI TO DATE	

	riddy Oddrion 2010					·
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)
11/22/2016	John Stanek 888 San Clemente Dr Suite 100 Newport Beach - 92660 CA	☑IND □COM □OTH □PTY □SCC	Principal Integral Communities	\$250.00	\$475.00	
11/28/2016	Lance Waite 2235 Encinitas Blvd. Encinitas, CA 92024	☑IND □COM □OTH □PTY □SCC	Principal Integral Communities	\$250.00	\$475.00	
11/29/2016	AKT Tracy Hills Investors, LLC 7700 College Town Drive, Suite 101 Sacramento, CA 95826	☐IND ☐COM ☑OTH ☐PTY ☐SCC		\$500.00	\$500.00	
11/8/2016	Rhodesia Ransom 724 Billy F. Freeman Lane Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Director Sow A Seed Community Foundation	\$999.00	\$3239.00	
12/15/2016	KT Ransom 724 Bill F. Freeman Lane Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Appraiser, Prime Time Appraisals	999.00	\$1149.00	
	Li i		SUBTOTAL \$	2998.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY -- Political Party

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA 460	
•		from10/23/16	FORM 400	
		through12/31/16	Page 10 of 16	
NAME OF FILER			I.D. NUMBER	
Ransom for Tracy Council 2016			1387763	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2016	JP Palmer, Inc. 672 West 11th Street, Suite 102 Tracy, CA 95376	□IND ☑COM □OTH □PTY □SCC		\$249.00	\$249.00	
10/25/2016	Rados Properties - CA Land LLC P.O. Box 15184 Santa Ana, CA 92735	☐IND ☑COM ☐OTH ☐PTY ☐SCC		\$750.00	\$750.00	
11/8/2016	Democratic Activists for Women Now - DAWN P.O. Box 6614 San Jose, CA 95150 FPPC# 950169	□IND ☑COM □OTH □PTY □SCC		\$500.00	\$500.00	
12/6/2016	Rhodesia Ransom 724 Billy F. Freeman Lane Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Director Sow A Seed Community Foundation	\$700.00	\$3939.00	
11/8/2016	DRIVE Committee - FEC ID# C00032979 25 Louisiana Avenue NW Washington, D.C. 20001	□IND ☑COM □OTH □PTY □SCC		\$500.00	\$500.00	
			SUBTOTAL \$	2699.00		

*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 B – Part 1	Am	ounts may be ro			Statement cov	pre poriod		DULE B - PART	
Loans Received to whole dollars.							CALIFORN FORM	california 460 form	
SEE INSTRUCTIONS ON REVERSE					through12	/31/16	Page11	of <u>16</u>	
NAME OF FILER							I.D. NUMBER		
Ransom for Tracy Council 2016							1387763		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(¢) AMOUNT PAIL OR FORGIVEI THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
KT Ransom 724 Bill F. Freeman Lane Tracy, CA 95377	Appraiser, Prime Time Appraisals			PAID S FORGIVEN	s0.00	O %	s 999.00	CALENDAR YEAR 5 1149.00 PER ELECTION	
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		s 999.00	s	s 999.00	DATE DUE	s 0.00	9/22/201 DATE INCURRED	\$	
		s	S	PAID S FORGIVEN S	DATE DUE	% RATE	S	S PER ELECTION	
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID	\$	%	S	CALENDAR YEAR	
		\$	\$	FORGIVEN	DATE DUE	RATE	DATE INCURRED	PER ELECTION	
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					L DATE DOC		DATE WEBLINED		
		SUBTOTALS \$		999.00	0.00	\$ 0.00)		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	0.00				
2. Loans paid or forgiven this period				\$	999.00	1	Contributor Codes ND – Individual COM – Recipient C		

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

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

(Total Column (c) plus loans under \$100 paid or forgiven.)

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

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

PTY - Political Party

(999.00) (May be a negative number) (other than PTY or SCC)

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

Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

						100110	
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 SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/8/2016	John Favors 2119 Lara Lane Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Officer Bay Area Black Pilots Association, Inc.	aerial banner advertising	\$600.00	\$600.00	
11/20/16	Nirvaana LLC 1005 E. Pescadero Ave #101 Tracy, CA 95377	□IND □COM ☑OTH □PTY □SCC		Banquet hall rental	\$4000.00	\$4000.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
Attach ad	ditional information on appropriately labeled	continuation :	sheets.	SUBTOTAL \$	4600.00		

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	4600.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100		0.00
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 \$	4600.00

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Ransom for Tracy Council 2016 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign parapheralialrinise. MBR member communications MRS production consideration and production costs MRS production consideration and production costs MRS production consideration contractions MRS production considerations MRS production contractions MRS production contractions MRS information and make and production costs MRS production contractions MRS information and make and production costs MRS production contra	Schedule E Payments Made	to whole dollars			to whole dollars				•	CALIF FO	ORNIA	460
CMP campaign paraphermalis/misc. NMTC meetings and appearances CMS campaign consultants CMS contribution (explain nonmonetary)* CMS contribution cost cable astimue and production costs (explain)* CMS contribution (explain nonmonetary)* CMS contribution cost cable astimue and production costs (explain contribution	NAME OF FILER	through	12/31/16	I.D. NUM	BER	16						
Political Marketing International, Inc. P.O. Box 698 Marianna, FL 32447 PHO Spokenhub LLC 20 West 22nd Street, Suite 706 New York, NY 10010 Pacific Printing 1445 Monterey Hwy. San Jose, CA 95110 Physical Representation of Payment and Schedule D. Substotal Secretary AMOUNT PAID \$150.00 \$150.00 \$451.20 \$451.20 \$7349.99 \$7349.99	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli PRO professional	munications I appearances les lating urvey research very and messenge	er services	RAD radion RFD retuing SAL came TEL t.v. cannot TRS staff TSF transport VOT vote	o airtime and productio rned contributions paign workers' salaries or cable airtime and pro didate travel, lodging, a dispouse travel, lodging sfer between committer r registration	n costs duction costs nd meals , and meals es of the same	e candidate	e/sponsor			
PHO \$150.00 Marianna, FL 32447 Spokenhub LLC 20 West 22nd Street, Suite 706 New York, NY 10010 Pacific Printing 1445 Monterey Hwy. San Jose, CA 95110 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule E Summary			CODE OR	DE	ESCRIPTION OF I	PAYMENT	**************************************	AMOL	JNT PAID			
20 West 22nd Street, Suite 706 New York, NY 10010 Pacific Printing 1445 Monterey Hwy. San Jose, CA 95110 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. * Substitution of Substitution of Substitution of Schedule D. * Substitution of Substitution	P.O. Box 698		PHO						\$150.00			
1445 Monterey Hwy. San Jose, CA 95110 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. * Substitution of	20 West 22nd Street, Suite 706		PHO						\$451.20			
Schedule E Summary	1445 Monterey Hwy.		LIT					\$	7349.99			
20 544 35	* Payments that are contributions or independent expenditures must also b	e summarized on Sche	dule D.			S	UBTOTAL \$		7951.19			
20.544.35	Schedule E Summary											
1. Itemized payments made this period. (Include all Schedule E subtotals.) \$\frac{20,044.35}{643.00}\$\$ 2. Unitemized payments made this period of under \$100												

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

0.00

21,187.35

COLUMNIUM

Schedule E	
(Continuation Sheet)	1
Payments Made	

Amounts may be rounded to whole dollars.

		CONEDUCE E (CONT
Statem	ent covers period	CALIFORNIA / CO
from	10/23/16	FORM TOU
through	12/31/16	Page 14 of 16
		I.D. NUMBER
		1387763

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ransom for Tracy Council 2016

CODES: If one of the following codes accurately describes	the payment, y	ou may e	enter the code.	Otherwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	d appearant ses lating urvey resea ivery and m	ces arch essenger services	RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of candidate travel, lodging, and meals staff/spouse travel, lodging, and mea transfer between committees of the s voter registration WEB information technology costs (interne	ls ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tank Town Media, LLC dba Tracy Press P.O. Box 419 Tracy, CA 95378		PRT			\$1653.00
Crystal Consulting Group 2206 Appaloosa Court Folsom, CA 95630		CNS			\$400.00
Nirvaana LLC 1005 E. Pescadero Ave #101 Tracy, CA 95377		FND			\$500.00
Pueblo Foods 3225 N Tracy Blvd. Tracy, CA 95376		FND			\$190.16
Incite Consulting 1898 Lauralgrove Lane Tracy, CA 95376		CNS			\$4500.00
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.		SUBTOTA	NL\$ 7243.16

Schedule	E
(Continua	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

MBR member communications

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

		0011mb04H = (00111	٠.,
Statem	ent covers period	CALIFORNIA 160	
from	10/23/16	FORM 400	
through_	12/31/16	Page 15 of 16	
		I.D. NUMBER	
		1387763	

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphemalia/misc.

NAME OF FILER

Ransom for Tracy Council 2016

CNS campaign consultants MTG meetings and appearances RFD returned contributions SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL TRS staff/spouse travel, lodging, and meals POL polling and survey research fundraising events TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services 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 NAME AND ADDRESS OF PAYEE CODE DESCRIPTION OF PAYMENT AMOUNT PAID OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Sejal Kargal SAL \$500.00 1183 Annamarie Way Tracy, CA 95377 Vivika Williams \$100.00 SAL 995 Peerless Court Tracy, CA 95376 Jasmine James \$100.00 SAL 1517 Aldacourrou Street Tracy CA 95304 Deborah Miller SAL \$250.00 1517 Aldacourrou Street Tracy CA 95304 NationaBuilder \$298.00 WEB 520 S. Grand Avenue #200 Los Angeles, CA 90071 SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

1248.00

Schedule	E
(Continua	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

		SCHEDULE E (CONT.)
Statement covers period		CALIFORNIA / CO
from	10/23/16	FORM 4400
through	12/31/16	Page 16 of 16
		I.D. NUMBER
		1387763

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ransom for Tracy Council 2016

Ransom for fracy Council 2016			1307703
	ommunications and appearances enses culating ks	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of campaign workers' salaries TRC candidate travel, lodging, and travel travel, lodging, are transfer between committees.	ction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cumulus Media, Inc 2313 Sylvan Ave, Modesto, CA 95355	RAD		\$2015.00
iHeartMedia, Inc. 200 E Basse Road, Suite 100 San Antonio, TX 78209	RAD		\$1890.00
Facebook, Inc. 1 Hacker Way Menlo Park, 94025	PRT		\$197.00

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

SUBTOTAL \$

4102.00

Campaign Statement Cover Page		c	RECEIV TY CLERK'S	ED OFFIGE	FORM 460
	Statement covers period 9/25/16		016 OCT 27 P	И 3: 05	Page 1 of 14 For Official Use Only
EEE INSTRUCTIONS ON REVERSE	through10/22/16	11/8/16	CITY OF TE TRACY.	RACY CA	
. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (No Campion Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Use Complete Part 6)—— Primarily Formed Candidate/ Uticeholder Committee Use Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)		y Statement Odd-Year Report
i i ommittoo intofmation	NUMBER 1387763	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Ransom for Tracy Council 2016		Barbara Sasso			
·		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		1320 Parkside Drive	STATE	ZIP CODE	AREA CODE/PHONE
724 Billy F. Freeman Lane		Tracy	CA	95376	209-407-9210
CITY STATE ZIP COI Tracy CA 9537		NAME OF ASSISTANT TREASURE			200 10, 0210
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP COI	DE AREA CODE/PHONE	СПҮ	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS		
. Verification					
I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of	ng this statement and to the best of my k California that the foregoing is true and	nowledge the information contained correct.	herein and in the atta	ached schedu	les is true and complete. I
Executed on 10/27/16	Ву	Signapage vi and	Treasurer		_
Executed on	By S:jnature of Contro	Ming Officeholder, Candidate, State Measure Pro	oponent or Responsible Office	cer of Sponsor	_
Executed on	BySi	gnature of Controlling Officeholder, Candidate, S	State Measure Proponent		-
Executed on	BySi	gnature of Controlling Officeholder, Candidate, S	State Measure Proponent		-

COVER PAGE

Page	2	of	14	
CALII F(FORN DRM	IA 🔏	60	
			- PART	2

Officeholder or Candidate Controlled Commit	tee	6.	Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Rhodesia Ransom						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT OPPOSE
Tracy City Council						1 -
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT 724 Billy F. Freeman Lane Tracy, C	Y STATE ZIP A 95377		Identify the controlling office	eholder, cand	lidate, or state measure	proponent, if any.
724 Bay 1.1100mun Lano 11day, 0			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT	
Related Committees Not Included in this State	amant: List any committees					
not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candidate.	re primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
		_				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)	didate/Offic	ceholder Committe s committee is primarily :	C List names of formed.
	☐ YES ☐ NO		,			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	x)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)				1	
CITY STATE ZIP CO	DE AREA CODE/PHONE		ж.	ach continuet	ion sheets if necessary	
OH STATE ZIF GO	DE MICHOODEN HOME		Att	acn conunuat	ion sneets ii necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 9/25/16 FORM from_ 10/22/16 Page through.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Ransom for Tracy Council 2016 1387763

					1307703
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
Monetary Contributions	s	13,693.00	s	25,811.00	General Elections
2. Loans Received	•	0.00	v	999.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	s	13,693.00	s	26,810.00	20. Contributions Received \$
4. Nonmonetary Contributions		1,812.25	•	1,889.73	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4		15,505.25	\$	28,699.73	Made \$\$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made		6,731.25	\$	18,408.44	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	6,731.25	\$	18,408.44	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment		1,812.25		1,889.73	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	8.543.50	\$	20,298.17	s
Current Cash Statement					
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	1,439.81	To	calculate Column B.	,
13. Cash Receipts		13,693.00	ado	amounts in Column	
14. Miscellaneous Increases to Cash		0.00		the corresponding ounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		6,731.25		our last report. Some ounts in Column A may	reported in Column 6.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	8,401.56	be	negative figures that	
If this is a termination statement, Line 16 must be zero.			pre	uld be subtracted from vious period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	filed	is the first report being for this calendar year, carry over the amounts	
Cash Equivalents and Outstanding Debts			fron	Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0.00	any	1.	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	999.00			FPPC Form 460 (Jan/2016
					FPPC Advice: advice@fppc.ca.gov (866/275-3772
					www.fppc.ca.go

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA

Statement covers period

			from9/2	5/16	FORM 40	¥
NS ON REVERSE			through10	0/22/16	Page4 of14	_
or Tracy Council 2016					I.D. NUMBER 1387763	
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	CALENDAR Y	EAR TO DATE	
Jose Hernandez 853 Freedom Point Way Manteca, CA 95336	ØIND □COM □OTH □PTY □SCC	Consultant Aerospace Industry	\$250.00	\$250.	00	
Michael Repetto 8400 Orazio Ln Tracy, CA 95304	ZIND COM OTH PTY SCC	Self-employed Tracy Disposal	\$250.00	\$250.0	00	
Curtis Repetto 2709 Annette Ct Tracy, CA 95304	ZIND COM OTH PTY SCC	Manager, Tracy Disposal	\$250.00	\$250.	00	
R & T Farms 488 Pagosa Way Fremont, CA 94539	□IND □COM ØOTH □PTY □SCC		\$1000.00	\$1000.	00	
Karnail Sandhu 3971 W. Durham Ferry Road Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Self-employed, Farmer	\$2500.00	\$2500.	00	
		SUBTOTAL \$	4250.00			
A Summary				l - " ' '		٦
		\$	12,266.00		I Recipient Committee	
			1,427.00	OTH - Other (e.g., business en		
etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A. Line 1	.)TOTAL \$	13,693.00			eJ
	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Jose Hernandez 853 Freedom Point Way Manteca, CA 95336 Michael Repetto 8400 Orazio Ln Tracy, CA 95304 Curtis Repetto 2709 Annette Ct Tracy, CA 95304 R & T Farms 488 Pagosa Way Fremont, CA 94539 Karnail Sandhu 3971 W. Durham Ferry Road Tracy, CA 95376 A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contributions.	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * Jose Hernandez	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * JOSE HERNANGE CODE * JOSE HER	Tracy Council 2016 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OF SELF-BURNING DEVER HAMBER OF SELF-BURNING DEVER	Tracy Council 2016 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE & CODE	RON REVERSE Tracy Council 2016 FULL NAME, SYREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF CODE OF COUNTRIBUTOR OF CODE OF CONTRIBUTOR OF CODE OF COUNTRIBUTOR OF CODE

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole a	oliars.	Statement coverage from 9/25	ers period 5/16	CALIF FC	ORNIA 4	60
				through10/	22/16	Page _	5 of 1	3
NAME OF FILER			*			I,D. NUI	MBER	
Ransom for	Tracy Council 2016					13877	63	
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	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR Y	EAR	PER ELECT TO DATE	

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)
9/27/2016	Harry S. Randhawa 982 Steam Boat Court Lathrop, CA 95330	☑IND □COM □OTH □PTY □SCC	President, Terra Vine Company	\$101.00	\$101.00	
9/27/2016	Santokh S. Judge 430 W. Grantline Road Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Self-employed Restaurant owner	\$500.00	\$500.00	
9/27/2016	Dalwinder Dhoot 15600 S. Harlan Road Lathrop, CA 95330	☑IND □COM □OTH □PTY □SCC	Owner, Togos	\$500.00	\$500.00	
9/27/2016	Taranjit S. Sandhu 34243 S. Chrisman Road Tracy, CA 95306	☑IND □COM □OTH □PTY □SCC	Self-employed Gas station owner and farmer	\$500.00	\$500.00	
9/29/2016	Anthony Ogbodo 4180 Cherry Blossom Road Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Registered nurse, State of California	\$250.00	\$250.00	
SUBTOTAL \$ 1851.00						

*Contributor Codes

IND - Individual

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole de	ollars.	Statement co	vers period	CALIFORNIA 460	
				from9/2	5/16	FC	ORM 400
				through10	/22/16	Page	6 of 14
NAME OF FILER	3					I.D. NUI	MBER
Ransom fo	or Tracy Council 2016					13877	63
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT RECEIVED THIS	CUMULATIVE		PER ELECTION TO DATE

	Troop ocurrent 2010					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2016	Kimberly Ellis 1100 Lassen Street Richmond, CA 94805	☑IND □COM □OTH □PTY □SCC	Executive Director, Emerge California	\$250.00	\$250.00	
10/1/2016	Anita Williams 2289 Odgen Sannazor Drive Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Self-employed Foster parent	\$100.00	\$100.00	
10/4/2016	Christian Chuckwuma 523 Banff Court Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Self-employed Fiancial planner	\$100.00	\$100.00	
10/7/2016	Michael Mahedy 235 Orestimba Circle Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Senior Manager, Apple	\$250.00	\$250.00	
10/8/2016	Central Labor Council COPE Committee 1200 N. Center Street Stockton, CA 95296	□IND □COM ☑OTH □PTY □SCC		\$1000.00	\$1000.00	
			SUBTOTAL \$	1700.00		

*Contributor Codes

IND - Individual

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

PTY - Political Party

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA 460	
-		from 9/25/16	FORM 400	
		through 10/22/16	Page 7 of13	
NAME OF FILER			I.D. NUMBER	
Ransom for Tracy Council 2016			1387763	
		NATES		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/8/2016	Harry S Truman of Stockton P.O. Box 693246 Stockton, CA 95296	□IND □COM ☑OTH □PTY □SCC		\$1500.00	\$1500.00	
10/13/2016	Lewis Investment Company, LLC 1156 N. Mountain Avenue Upland, CA 91786	□IND □COM ☑OTH □PTY □SCC		\$240.00	\$240.00	
10/14/2016	Democracy for America P.O. Box 1717 Burlington, VT 05402	□IND □COM ☑OTH □PTY □SCC		\$1000.00	\$1000.00	
10/14/2016	Sarah Erring 1710 Foxwood Drive Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Association Manager Common Interest	\$100.00	\$100.00	
10/18/2016	Letitia Henderson 2425 MacArthur Blvd. Oakland, CA 94610	☑IND □COM □OTH □PTY □SCC	Consultant, Exceptional Community Connections	\$100.00	\$100.00	
			SUBTOTAL	2940.00		

*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

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d	ollars.	Statemen	CALIFORNIA 460				
•				from	FORM 400				
				through	10/22/16	Page _	8	of 13	
NAME OF FILER						I,D, NU	MBER		1
Ransom fo	r Tracy Council 2016					13877	63		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED TH	CUMULATIVE IS CALENDAR			ELECTION O DATE	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
10/18/2016	Nicolas Hatten 802 W Weber Ave Stockton, CA 95202	☑IND □COM □OTH □PTY □SCC	Executive Director San Joaquin Pride Center	nter \$100.00 \$100.00			
10/19/2016	Susan Eggman 1432 N Columbia Ave Stockton, CA 95203	☑IND □COM □OTH □PTY □SCC	Assemblymember State of California	\$250.00	\$250.00		
10/21/2016	David Gianelli 1816 Devonshire Ave Modesto, CA 95355	☑IND □COM □OTH □PTY □SCC	Attorney Gianelli & Associates	\$100.00	\$100.00		
10/11/2016	Alyce Eversole 1145 Gatetree Court Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	retired	\$75.00	\$174.00		
10/22/2016	Arleen Robbins 545 W. CArlton Way Tracy, CA 95378	☑IND □COM □OTH □PTY □SCC	retired	\$300.00	\$300.00		
SUBTOTAL\$ 825.00							

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from

SUBTOTAL \$

700.00

9/25/16

				through 10/	22/16	Page	9 of 14		
NAME OF FILER						I.D. NU	MBER		
Ransom for	Tracy Council 2016					13877	63		
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)		
1020/2016	PG&E Corporation 77 Beale Street San Francisco	□IND □COM ☑OTH □PTY □SCC		500.00	500.00		500.00		
10/20/2016	Bernetta Wess 1969 Knollcrest Lane Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Self-employed Realtor	150.00	150.	00			
10/16/2016	Lea Austin 217 James W. Smith Drive Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Researcher University of California, Berkeley	50.00	150.	00			
		□IND □COM □OTH □PTY □SCC							

☐IND ☐COM ☐OTH ☐PTY ☐SCC

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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	A	ounto may be re-	.ndod				SCHEI	DULE B - PART 1	
Schedule B – Part 1		mounts may be rounded to whole dollars.			Statement cov	•	CALIFORNIA 460		
Loans Received					from9/2	5/16	FORM	-190	
					through10	/22/16	Page10	of14	
SEE INSTRUCTIONS ON REVERSE				<u> </u>	unougn		I.D. NUMBER	01	
NAME OF FILER							I.D. NOWBER		
Ransom for Tracy Council 2016							1387763		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
KT Ransom 724 Bill F. Freeman Lane Tracy, CA 95377	Appraiser, Prime Time Appraisals			PAID S 0.00 FORGIVEN	s 999.00	O %	s <u>999.00</u>	s 999.00 PER ELECTION**	
To ind □ com □ oth □ pty □ scc		s <u>999.00</u>	\$	\$	DATE DUE	s0.00	9/22/16 DATE INCURRED	s	
				S FORGIVEN	s	% RATE	\$	SPER ELECTION**	
TO IND COM OTH PTY SCC		\$	\$	5	DATE DUE	\$	DATE INCURRED	\$	
		\$	\$	PAID S FORGIVEN S	S	% RATE	S	SPER ELECTION**	
IND COM OTH PTY SCC							DATE INCORRED		
		SUBTOTALS \$		•	\$	\$ (Enter (e) on			
Schedule B Summary						Schedule E, Line 3	1)		
1. Loans received this period				\$	0.00	-سر			
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10				\$	0.00		Contributor Codes ND – Individual COM – Recipient C (other than		

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

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

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

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

PTY - Political Party

(May be a negative number)

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

Schedule C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA 9/25/16 **FORM** from. 10/22/16 through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ransom	for Fracy Council 2016	-				13877	53
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/16	Sansar Indian Cuisine 430 W Grant Line Road Tracy, CA 95376	☐IND ☐COM ☑OTH ☐PTY ☐SCC		banquet hall rental, food, public address system	\$1000.00	\$1000.00	
10/10/16	Democracy for America 29 Church Street Burlington, VT 05401 FEC# C00370007	□IND ☑COM □OTH □PTY □SCC		phone banking	\$200.00	\$200.00	
10/12/16	KT Ransom 724 Billy F. Freeman Lane Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC		T-shirts with campaign logo	\$492.25	\$492.25	
		□IND □COM □OTH □PTY □SCC					
Attach add	itional information on appropriately labeled (continuation s	heets.	SUBTOTAL \$	1,692.25		
		V					

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$ 1,692.25
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	
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.)	

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Payments Made				from	9/25/16	FOR	ORM TOO	
				throug	_{Jh} 10/22/16	Page	12 of 14	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUME	ER	
Ransom for Tracy Council 2016						138776	3	
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 expense PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunication d appearan ses lating urvey reseavery and m	es ces	RAD ra RFD ra SAL ca TEL ta TRC ca TRS si TSF tr VOT va	scribe the payment adio airlime and production atturned contributions ampaign workers' salarie v. or cable airlime and prandidate travel, lodging, alaff/spouse travel, todging ansfer between committed oter registration formation technology cost	on costs s oduction costs and meals g, and meals ees of the same	·	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION C	DF PAYMENT		AMOUNT PAID	
Election Digest 1954 W. Carson Street, Suite B Torrance, CA 90501		LIT					\$1,046.00	
COPS Voter Guide 705-2 E. Bidwell Street #370 Folson, CA 95630		PRT					\$985.00	
Crystal Consulting Group 2206 Appaloosa Court Folsom, CA 95630		CNS					\$200.00	
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.			S	SUBTOTAL \$	2,231.00	
Schedule E Summary					44.44			
1. Itemized payments made this period. (Include all Schedul							6,343.36	
2. Unitemized payments made this period of under \$100	2. Unitemized payments made this period of under \$100\$							
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Pai	t 1, Colu	mn (e).)			\$	0.00	
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Sum	mary Page, Co	lumn A, Line 6.)T	TOTAL \$	6,731.25	

Amounts may be rounded

to whole dollars.

Schedule E

Payments Made

SCHEDULE E

CALIFORNIA 460

Statement covers period

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

Amounts may be rounded to whole dollars.

·		
Statem	ent covers period	CALIFORNIA AGO
from	9/25/16	FORM TOU
through	10/22/16	Page 13 of 14
		I.D. NUMBER
		1387763

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Ransom for Tracy Council 2016

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 CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals

FIL candidate filing/ballot fees PHO phone banks POL polling and survey research FND fundraising events

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

TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

VOT voter registration

MED information technology costs (internet a mail)

LIT campaign literature and mailings	PRT print ads		WEB information technology costs (internet, e-mail)		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	A	MOUNT PAID
Melanie Schlotterbeck 2523 Rimcrest Road Brea, CA 92821	WE	В			\$250.00
Voter Guide Slate Cards 6285 E. Spring Street, Suite 202 Long Beach, CA 90808	LIT				\$715.00
Tank Town Media, LLC P.O. Box 419 Tracy, CA 95378	PR'	Lane			\$1000.00
Hustle Inc. 251 Kearny Street, Suite 300 San Francisco, CA 94108	PH	D			\$1000.00
Political Marketing International, Inc. P.O. Box 698 Marianna, FL 32447	PHO	D			\$250.00
* Payments that are contributions or independent expenditures mus	t also be summarized on Schedule D.		SI	JBTOTAL \$	3215.00

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

Amounts may be rounded to whole dollars.

MBR member communications

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

Statem	ent covers period	CALIFORNIA 460
from	9/25/16	FORM 400
through_	10/22/16	Page 14 of 14
		I.D. NUMBER
		1387763

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

Ransom for Tracy Council 2016

CMP campaign paraphemalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals polling and survey research POL FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) legal defense LEG WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Political Data Inc. \$312.15 LIT 12501 Imperial Hwy #152 Hayward, CA 94545 NationaBuilder \$149.00 WEB 520 S. Grand Avenue #200 Los Angeles, CA 90071 Taqueria La Mexicana \$113.83 FND 1284 W 11th Street Tracy, CA 95376 Home Depot \$322.38 CMP 2461 Naglee Road Tracy, CA 95304

897.36

SUBTOTAL \$

Recipient Committee Campaign Statement Cover Page		REGFI	Date Stamp	CALIFORNIA 460
	Statement covers period from 7/1/2016	Date of election if applicable: LERK (Month, Day, Year) 2016 OCT 17	S OFFICE AM 8: 20	Page 1 of 15 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 9/24/2016	11/8/2016 CITY OF	-	
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	' /3 t	
✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored sso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee	 ✓ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination ✓ Amendment (Explain below) Schedule A - page 6, change 	☐ Spec	terly Statement ial Odd-Year Report individual to company
O Political Party/Central Committee	so Complete Part 7) ——	(change Christopher Garwoo	d to Pacific Unior	Land Company)
v. vommuce incommunica	NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	387763	NAME OF TREASURER		
Ransom for Tracy Council 2016		Barbara Sasso MAILING ADDRESS 1320 Parkside Drive		
STREET ADDRESS (NO P.O. BOX)	-	CITY	STATE ZIP COI	DE AREA CODE/PHONE
724 Billy F. Freeman Lane		Tracy	CA 95376	
Tracy STATE ZIP COD		NAME OF ASSISTANT TREASURER, IF ANY		(200) 101 02 10
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	<u> </u>	
CITY STATE ZIP COD	AREA CODE/PHONE	CITY	STATE ZIP COL	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
l. Verification				
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C	this statement and to the best of my k alifornia that the foregoing is true and c	nowledge the information contained herein and	I in the attached sche	edules is true and complete. I
Executed on	Ву	Thosewas in Assistant Treasurer		
Executed on	BySignature of Control	ಗಿದ್ದ OfficeFolder, Candidವರ S usure Proponent or Res	sponsible Officer of Sponsor	
Executed on	Rv	mature of Controlling Officeholder, Candidate, State Measure	,	
Executed on	Ву	nature of Controlling Officeholder Condidate, State Massace	7	

COVER PAGE

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

100.00

2050.00

7/1/2016

				from7/1/2	2016	F	ORM TOO
				through 9/24	1/2016	Page _	6 of 15
NAME OF FILER						I.D. NU	MBER
Ransom for	r Tracy Council 2016					13877	63
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)
8/18/2016	Alfred Johnson 1543 Jennifer Way Tracy - 95377-2268 CA	☑IND □COM □OTH □PTY □SCC	Field Survey Manager Golden Pacific Surveys	250.00	250.	00	
8/26/2016	Pacific Union Land Company 675 Hartz Ave., Suite 300 Danville, CA 94526	☐IND ☐COM ØOTH ☐PTY ☐SCC		1500.00	1500.	00	
8/26/2016	Kathleen McCafrey 730 Alden Glen Dr Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00	
9/2/2016	Lea Austin 2107 James W Smith Dr Tracy - 95377 CA	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Researcher University of California, Berkeley	100.00	100.	00	

Management Analyst

Chevron Corporation

SUBTOTAL \$

✓ IND

Сом

□отн

PTY □ scc

*Contributor Codes

IND - Individual

9/6/2016

COM - Recipient Committee (other than PTY or SCC)

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

Kimberly Edwards

405 Cecelio Way

Tracy - 95376 CA

PTY - Political Party

SCC - Small Contributor Committee

100.00

Campaign Statement Cover Page			RECEIVED	CALIFORNIA 460
	Statement covers period from 7/1/2016	Date of election if applicable: (Month, Day, Year)	CITY CLERK'S OF 2016 SEP 29 AM 10	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 9/24/2016	11/8/2016	CITY OF TRAC	Υ
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:	i i i i i je iz filo	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored co Complete Part 6) imarily Formed Candidate/ fficeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Speciermination)	erly Statement al Odd-Year Report
	NUMBER 387763	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	307703	NAME OF TREASURER		
Ransom for Tracy Council 2016		Barbara Sasso		
Nation for Tracy Council 2010		MAILING ADDRESS		
		1320 Parkside Drive		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP COL	
724 Billy F. Freeman Lane		Tracy	CA 95376	(209) 407-9210
Tracy STATE ZIP COD		NAME OF ASSISTANT TREASURE	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		// 1
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE ZIP COE	E AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S	
4. Verification				· · · · · · · · · · · · · · · · · · ·
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C	this statement and to the best of my alifornia that the foregoing is true and	knowledge the information contained correct.	herein and in the attached sche	dules is true and complete. I
Executed on	Ву	Treasurer or Assistant	Treasurer	_
Executed on	BySignature or coun	ndidate, State Measure Pro	ponent or Responsible Officer of Sponsor	_
Executed on	P ₁ ,	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Ву_

Executed on

Date

COVER PAGE

Officeholder or Candidate Controlled Committee	6	6. Primarily Formed Ballot Measure Committee			
NAME OF OFFICEHOLDER OR CANDIDATE	**********	NAME OF BALLOT MEASURE			
Rhodesia Ransom					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	1 -	SUPPORT
Tracy City Council			***************************************		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE Z	IP .	Identify the controlling office	eholder candidate o	r state measure pro	nonent if any
724 Billy F. Freeman Lane Tracy, CA 95377		NAME OF OFFICEHOLDER, CAN			potioni, il dily.
		made of officerous and officer			
Related Committees Not Included in this Statement: List any committee not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME I.D. NUMBER				<u> </u>	
	7	. Primarily Formed Cand	didate/Officehold	er Committee L	ist names of
NAME OF TREASURER CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)) for which this commi	ittee is primarily form	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFIC	CE SOUGHT OR HELD	
SOMMITTEE TO BE THE ENTER THE THE STATE OF THE ENTER THE STATE OF THE ENTER THE STATE OF THE STA					SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHO	ONE	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFIC	CE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR O	ANDIDATE OFFIC	CE SOUGHT OR HELD	
			***************************************		SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFIC	CE SOUGHT OR HELD	SUPPORT
☐ YES ☐ NO			***************************************		OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			¥.		
CITY STATE ZIP CODE AREA CODE/PHO	ONE	Δtt:	ach continuation shee	ets if necessarv	
		7	ounmandion direc	// // // // // // // // // // // //	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Ransom for Tracy Council 2016

NAME OF FILER

Amounts may be rounded to whole dollars.

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Statem	ent covers period	CALIFORNIA ACO				
from	7/1/2016	FORM 400				
through	9/24/2016	Page 3 of 15				
		I.D. NUMBER				
		1387763				

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 12.118.00 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 999.00 999.00 13,117.00 20. Contributions 13.117.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ ____ Received 77.48 77.48 4. Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures 13,194.48 13,194.48 Made **Expenditures Made Expenditure Limit Summary for State** 11,677.19 Candidates 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ _____ 11,677.19 11,677.19 (If Subject to Voluntary Expenditure Limit) 0.00 Date of Election Total to Date 77.48 77.48 (mm/dd/vv) 11,754.67 11,754.67 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ **Current Cash Statement** 0.00 To calculate Column B. 13,117.00 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 0.00 amounts from Column B reported in Column B. of your last report. Some 11,677.19 15. Cash Payments Column A, Line 8 above amounts in Column A may 1,439.81 be negative figures that 16. ENDING CASH BALANCEAdd 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, 0.00 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 0.00 999.00 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 Mor

Amounts may be rounded to whole dellare

SCHEDULE A

Monetary Contributions Received	to whole donars.	Statement covers period 7/1/2016 from	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through9/24/2016	Page 4 of 15
NAME OF FILER			I.D. NUMBER
Ransom for Tracy Council 2016			1387763

	•					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/1/2016	Tyronea Modeste 3974-8 Stoneridge Dr Pleasanton - 94588 CA	☑IND □COM □OTH □PTY □SCC	Law Enforcement Alameda County Sheriff's Office	100.00	100.00	
8/8/2016	Elizabeth Schaaf 3932 Oakmore Rd Oakland - 94602 CA	☑IND □COM □OTH □PTY □SCC	Mayor City of Oakland	500.00	500.00	
8/8/2016	Mitchell Oster 1256 Stanhope Ln #152 Hayward - 94545 CA	☑IND □COM □OTH □PTY □SCC	Consultant Eveleth Consulting Group	250.00	250.00	
8/10/2016	Kathleen Chapman 1620 W walnut St Stockton - 95203 CA	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
8/11/2016	Lance Waite 2235 Encinitas Blvd Encinitas - 92024 CA	☑IND □COM □OTH □PTY □SCC	Principal Integral Communities	225.00	225.00	
			SUBTOTAL \$	1175.00		

Schedule A Summary

Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)\$ ——————————————————————————————	11,152.00
2. Amount received this period – unitemized monetary contributions of less than \$100\$	966.00

3. Total monetary contributions received this period. 12,118.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ _

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

Amounts may be rounded to whole dollars.

NAME OF FILER

Ransom for Tracy Council 2016

1387763

Nansoni ioi	Tracy Council 2016				13877	US
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/14/2016	Marjorie Burrise 3461 Zamora Way Stockton - 95206 CA	☑IND □COM □OTH □PTY □SCC	Attorney San Joaquin County	100.00	100.00	
8/15/2016	Craig Manchester 888 San Clemente Dr Suite 100 Newport Beach - 92660 CA	☑ IND □ COM □ OTH □ PTY □ SCC	Principal Integral Communities	225.00	225.00	
8/15/2016	Evan Knapp 888 San Clemente Dr Suite 100 Newport Beach - 92660 CA	☑IND □COM □OTH □PTY □SCC	Principal Integral Communities	225.00	225.00	
8/15/2016	John Stanek 888 San Clemente Dr Suite 100 Newport Beach - 92660 CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal Integral Communities	225.00	225.00	
8/16/2016	Andrea Hurford 1620 W walnut St Stockton - 95203 CA	☑ IND □ COM □ OTH □ PTY □ SCC	Director of Health & Safety Constellation Brands	500.00	500.00	
***************************************		, , , , , , , , , , , , , , , , , , ,	SUBTOTAL \$	1275.00		

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from7/1/2	2016	FORM	
				through 9/24	1/2016	Page 6	_f 15
NAME OF FILER						I.D. NUMBER	
Ransom for	Tracy Council 2016				1	1387763	
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 I CALENDAR YEA (JAN. 1 - DEC. 3	AR TO	ELECTION DATE EQUIRED)
8/18/2016	Alfred Johnson 1543 Jennifer Way Tracy - 95377-2268 CA	☑IND □COM □OTH □PTY □SCC	Field Survey Manager Golden Pacific Surveys	250.00	250.00		
8/26/2016	Christopher Garwood 675 Hartz Ave Suite 300 Danville - 94526 CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Developer Pacific Union Land Company	1500.00	1500.00	0	
8/26/2016	Kathleen McCafrey 730 Alden Glen Dr Tracy - 95376 N/A	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	0	
9/2/2016	Lea Austin 2107 James W Smith Dr Tracy - 95377 CA	☑IND □ COM □ OTH □ PTY □ SCC	Researcher University of California, Berkeley	100.00	100.00	0	
9/6/2016	Kimberly Edwards 405 Cecelio Way Tracy - 95376 CA	☑ IND □ COM □ OTH □ PTY □ SCC	Management Analyst Chevron Corporation	100.00	100.00	0	
			SUBTOTAL \$	2050.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Wonetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA ACO
-		from7/1/2016	FORM 460
		through 9/24/2016	Page 7 of 15
NAME OF FILER			I.D. NUMBER
Ransom for Tracy Council 2016			1387763

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/2016	Regina F Pridgeon 21028 Gary Dr #2 El Cerrito - 94546 CA	☑IND □COM □OTH □PTY □SCC	Accountant ABSW	100.00	100.00	
9/13/2016	Michael Barkley 167 N Sheridan Ave Manteca - 95336-4848 CA	☑IND □COM □OTH □PTY □SCC	Candidate for Congress CA-10			
9/15/2016	Dale Applewhite 226 Sami Ct Tracy - 95376 CA	☑IND □COM □OTH □PTY □SCC	Self-employed Bookkeeper	150.00	150.00	
9/24/2016	Cynthia Okwudiri 530 Hotchkiss St Tracy - 95376 CA	☑IND □COM □OTH □PTY □SCC	Manager USORT, McDonald's Corporation USA	100.00	100.00	
9/19/2016	Mark Van Landuyt 2130 Shoshone Cir Crow Canyon Heights Danville - 94526 CA	☑IND □COM □OTH □PTY □SCC	Producer/Writer, TYT/Jimmy Dore	75.00	102.00	
		***********	SUBTOTAL \$	1452.00		

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

ALIFORNIA 160

Staten	ent covers period	CALIFORNIA ACO
from	7/1/2016	FORM 40U
through	9/24/2016	Page 8 of 15
 		I.D. NUMBER

NAME OF FILER

Ransom for Tracy Council 2016

1387763

	Trady doubles to					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/11/2016	Cynthia Souza 6000 W. Line Road Tracy CA 95304	☑IND □COM □OTH □PTY □SCC	Homemaker	240.00	240.00	
8/11/2016	Carletta Garrett 665 Presidio Place Tracy, CA 95377	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
8/11/2016	Lana Johnson 2325 Abbott Court Tracy, CA 95377	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed Attorney	100.00	100.00	
8/11/2016	A.Michael Souza 6000 W. Line Road Tracy CA 95304	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Owner, Souza Realty & Development	240.00	240.00	
8/15/2016	Anthony F. Souza 28931 S. Lehman Road Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Owner, Souza Realty & Development	240.00	240.00	
		•	SUBTOTAL \$	920.00		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

·	Contributions Received	to whole (oonars.	Statement covers period from		CALIFORNIA 460 FORM 9 of 15	
NAME OF FILER						I.D. NUI	
Ransom for	r Tracy Council 2016				1	13877	63
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)
8/15/2016	Gloria Souza 28931 S. Lehman Road Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Homemaker	240.00	240.00		
8/15/2016	KT Ransom 724 Billy F. Freeman Lane Tracy, CA 65377	☑ IND □ COM □ OTH □ PTY □ SCC	Appraiser Prime Time Appraisals	150.00	150.00		
8/21/2016	Stephanie Gallo 3208 Wycliffe Drive Modesto, CA 95355	☑ IND □ COM □ OTH □ PTY □ SCC	Marketing E & J Gallo Wineries	500.00	500.	00	
8/21/2016	Corral Hallow Development LLC 3208 Wycliffe Drive Modesto, CA 95355	□IND □COM ☑OTH □PTY □SCC		500.00	500.00		
9/9/2016	Dotty Nygard 355 Hollywood Avenue Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Nurse Sutter Tracy Community Hospital	140.00			
***************************************			SUBTOTAL \$	1530.00		12 (2.11)	

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

7/1/2016

				from	2016	F.O.	RM JOO
				through9/24	4/2016	Page	10 of 15
NAME OF FILER						I,D, NUM	BER
Ransom for	r Tracy Council 2016					138776	33
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)
9/22/2016	Democratic Club of Greater Tracy (#1299762) P.O. Box 1146 Tracy, CA 95378	□IND ☑COM □OTH □PTY □SCC		100.00	100.00		
9/24/2016	Gustavo Medina 1470 W. Elm Street Stockton, CA 95203	☑IND □COM □OTH □PTY □SCC	Legislative Director Assemblywoman Susan Eggman	100.00			
9/6/2016	Rhodesia Ransom 724 Billy F. Freeman Lane Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Director Sow A Seed Community Foundation	1450.00	1450.	1450.00	
9/22/2016	Pamela Hughes 1921 Valley View Drive Tracy, CA 95377	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.	00	
9/15/2016	N. California Carpenters Regional Council	COM		1000.00	1000.0	00	

SUBTOTAL \$

2750.00

<u></u> ОТН

∏ PTY ✓ scc

*Contributor Codes

IND - Individual

9/15/2016

COM - Recipient Committee (other than PTY or SCC)

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

265 Hegenberger Rd, Suite 200 (# 972104)

Oakland, CA 94621

PTY - Political Party

Calcadala D. Danii 4	Am	ounts may be ro	unded	_			SCHE	DULE B - PART 1
Schedule B – Part 1 Loans Received		to whole dollars	5.		Statement cov	-	CALIFORN	^{IA} 460
Loans Received					from	2016	FORM	
SEE INSTRUCTIONS ON REVERSE					through 9/2	4/2016	Page 11	of15
NAME OF FILER							I.D. NUMBER	
Ransom for Tracy Council 2016							1387763	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
KT Ransom	Appraiser,			☐ PAID	OF THE PROPERTY OF THE PROPERT			CALENDAR YEAR
724 Billy F. Freeman Lane	Prime Time Appraisals	-		s0.00	s <u>999.00</u>	% RATE	s <u>999.00</u>	s 999.00
Tracy, CA 95377				FORGIVEN			ŀ	PER ELECTION**
☑ IND □ COM □ OTH □ PTY □ SCC		s 999.00	s999.00	s0.00	DATE DUE	s0.00	9/22/16 DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
		TO A CONTRACT OF THE PARTY OF T		s	s	% RATE	\$	\$PER ELECTION**
ID IND □ COM □ OTH □ PTY □ SCC		\$	\$	3	DATE DUE	\$	DATE INCURRED	\$
				☐ PAIÐ				CALENDAR YEAR
				\$ FORGIVEN	s	% RATE	s	SPER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		s	\$	s	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	999.00	0.00	\$ 999.00	\$ 0.00)	
Schedule B Summary						(Enter (e) on Schedule E, Line 3)	
Loans received this period	***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	999.00			
(Total Column (b) plus unitemized loar						(t	Contributor Codes	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	00 paid or forgiven.)			\$	0.00_		OTH - Other (e.g.,	PTY or SCC) business entity)
3. Net change this period. (Subtract Lin	e 2 from Line 1)			NET \$	999 00	,	PTY – Political Part SCC – Small Contri	•
Enter the net here and on the Summa					lay be a negative number)	_		

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

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Schedule Nonmone	e C etary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 7/1/2016			CALIFORNIA 460		
CEE INCTRICTIO	ONS ON REVERSE				thro	ugh9/24/20)16	Page	12 of 15	
NAME OF FILER					l			I.D. NUMB	ER	
Ransom fo	or Tracy Council 2016							138776	3	
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE		TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC								
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach addit	tional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$	S				
1. Amount re	C Summary eceived this period – itemized nonmonetar	y contribution	is.		\$ _	MINISTRA CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO	IND			

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

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

3. Total nonmonetary contributions received this period.

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PTY - Political Party

77.48

77.48

(other than PTY or SCC)

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

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Page of the Track Council 2016				Staten from through _	9/24/2016	4000 (1994) 100 (1994) 110 (1994)	number 7763 costs als same candidate/sponsor et, e-mail) AMOUNT PAID 304.00 112.10
Ransom for Tracy Council 2016 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 circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearances ses lating urvey research	nger services	RAD radio RFD retur SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	airtime and production ned contributions paign workers' salaries r cable airtime and prod idate travel, lodging, ar spouse travel, lodging,	duction costs nd meals and meals es of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR		DESCRIPTION OF P	AYMENT		AMOUNT PAID
City of Tracy 333 Civic Center Drive Tracy, CA 95376		FND	- 4.44.00				304.00
Costco Wholesale 3250 W. Grantline Road Tracy, CA 35377		FND					112.10
City of Tracy 333 Civic Center Drive Tracy, CA 95376		FIL					1,375.00
* Payments that are contributions or independent expenditures must also be	oe summarized on Sche	edule D.			SL	JBTOTAL \$	1,791.10
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedu							10,958.01 719.18
2. Unitemized payments made this period of under \$100						\$	113.10

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

FPPC Form 460 (Jan/2016)

0.00

11,677.19

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Schedule E
(Continuation Sheet)
Payments Made

Ransom for Tracy Council 2016

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA AGO
from 7/1/2016	FORM 400
through 9/24/2016	Page 14 of 15
	I.D. NUMBER
	1387763

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs RFD returned contributions CNS campaign consultants MTG meetings and appearances OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* petition circulating TEL t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events 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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Eveleth Goup 1256 Stanhope Lane #152 Hayward, CA 94545	LIT		1,359.38
Political Data Inc. 12501 Imperial Hwy # 200 Norwalk, CA 90650	LIT		936.45
Crystal Consulting Group 2206 Appaloosa Court Folsom, CA 95630	CNS		1,700.00
NationBuilder 520 S. Grand Avenue #200 Los Angeles, CA 90071	WEB		149.00
Delivery Signs LLc 40 W Crystal Lake St, Suite 100 Orlando, FL 32806	СМР		1,162.80
* Payments that are contributions or independent expenditures must also be summarized	I on Schedule D.	SUBTOTA	L\$ 5,307.63

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Schedule E	
(Continuation Sheet))
Payments Made	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		OUTIL	DOLL - (OOM)
Statement covers period		CALIFORN	A A CO
from	7/1/2016	FORM	
through_	9/24/2016	Page 15	_ of15
 £		I.D. NUMBER	
		1387763	

Ransom for Tracy Council 2016

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KNG Visual Solutions 1430 Potrero Ave Richmond, CA 94804	СМР			2,692.88
Five Star Printing 2830 Auto Plaza Way Tracy, CA 95304	СМР			1,166.40

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

SUBTOTAL \$

3.859.28