Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)  SEE INSTRUCTIONS ON REVERSE	Statement covers period from09/22/2024 through10/19/2024	3	CALIFORNI- 460 FORM Page 1 8 For Officialline Only
○ State Candidate Election Committee       Complete Part 5)         ○ Recall       (Also Complete Part 5)         ○ General Purpose Committee       (Also Sponsored)         ○ Sponsored       Property         ○ Small Contributor Committee       One	rimarily Formed Ballot Measure committee () Controlled () Sponsored (so Complete Part 6) (rimarily Formed Candidate/ (fficeholder Committee (so Complete Part 7)	2. Type of Statement:    Preelection Statement   Semi-annual Statement   Termination Statement   (Also file a Form 410 Termination)   Amendment (Explain below)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form495
3 Committee Information		Treasurer(s)  NAME OF TREASURER  Beckett Kelly  MAILING ADDRESS  CITY  Stockton  NAME OF ASSISTANT TREASURER, IF ANY	STATE ZIP CODE ARENDODE/PHONE CA 95202
CITY STATE ZIP COL		CITY  OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE AREACODE/PHONE
4. Verification  I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California  Executed on   10/24/2024  Date  Executed on  Date  Executed on  Date	that the foregoing is true and correct.  By	owledge the information contained herein and in the atrolling Officeholder Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, Can	onsible Officer of Sponsor

COVED DAGE

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

CALIFORNIA 460

Page 2 8

Officeholder or Candidate Controlled Com	mittee	0.	i illiani, i cimea zane	t Measure Commit	tee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Dotty Nygard				JURISDICTION	1.	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICAB	LE)	BALLOT NO. OR LETTER	JUNISDICTION		SUPPORT OPERE
Fracy City Councilmember				·		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP	Identify the controlling offi	ceholder, candidate, o	r state measure	proposent, if an
	Tracy CA	95376	NAME OF OFFICEHOLDER, CAN			
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your	u or are primarily formed		OFFICE SOUGHT OR HELD		DISTRICT NO	O. IF Apple
not included in this statement that are controlled by your contributions or make expenditures on behalf of your c	candidacy.					
COMMITTEE NAME	I.D. NUMBER					
		_		1: 1 - 4 - 10ff; b - l d	Committee	. :
NAME OF TREASURER	CONTROLLED COMMIT	7	<ul> <li>Primarily Formed Cand officeholder(s) or candidate(s)</li> </ul>	gidate/Officenoider ) for which this committe	ee is primarily fo	rmed.
	YES N	0				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE	SOUGHT OR HELD	<b>∏SUPPOR</b>
71						<b>∏o</b> PPOSE
CITY STATE ZII	P CODE AREA CO	DDE/PHONE	NAME OF OFFICEHOLDER OR O	CANDIDATE OFFICE	SOUGHT OR HELD	<b>Toppose</b>
CITY STATE ZI	P CODE AREA CO	DE/PHONE	NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE	SOUGHT OR HELD	<b>TOPPOSE</b>
COMMITTEE NAME	P CODE AREA CO	DE/PHONE	NAME OF OFFICEHOLDER OR O		SOUGHT OR HELD	<b>∏o</b> PPOSE <b>∏s</b> JPPORT <b>∏o</b> PPOSE
		ITEE?		CANDIDATE OFFICE		Support Usupport Usup
COMMITTEE NAME	I.D. NUMBER  CONTROLLED COMMI	ITEE?	NAME OF OFFICEHOLDER OR (	CANDIDATE OFFICE	SOUGHT OR HELL	Support Suppor

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE



Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA 160
from	09/22/2024	FORM TOO
through _	10/19/2024	Page3 * 8
		I.D. NUMBER

STARY PAGE

NAME OF FILER 1471637 Dotty Nygard for City Council 2024 Calendar Year Summary for Canadates Column B Column A TOTAL THIS PERIOD **Contributions Received** CALENDAR YEAR Running in Both the State Primagand TOTAL TO DATE (FROMATTACHED SCHEDULES) **General Elections** 16,976.00 1. Monetary Contributions ...... Schedule A, Line 3 \$ \_\_\_\_\_ In to Date 1/1 through 6/30 0.00 2. Loans Received ...... Schedule B, Line 3 20. Contributions 16,976.00 8,749.00 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ \_\_\_\_ Received 4,731.50 0.00 Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures Made 21,707.50 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ 8,749.00 Expenditure Limit Summary for Sate **Expenditures Made** Candidates 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures \*\*\* de\* 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ \_\_\_\_\_ 6,254.11 10,747.19 (If Subject to Voluntary Expenditure 0.00 Totalito Date Date of Election 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 (mm/dd/yy) 4,731.50 0.00 10. Nonmonetary Adjustment ...... Schedule C, Line 3 15,478.69 6,254.11 **Current Cash Statement** To calculate Column B, add 8,749.00 amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from mounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 6,254.11 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 6,228.81 figures that should be 16. ENDING CASH BALANCE ............ Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents ...... See instructions on reverse \$ 0.00 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)

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

Schedule.		
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

Stat	ement covers period	califori 46	7
from _	09/22/2024	FORM TO	
througl	n <u>10/19/2024</u>	Page 4 of 8	_

EΕ	INSTRUC	TIONS	ON	REV	ERSI

NAME OF FILER

Dotty Nygard for City Council 2024

I.D. NUMBER 1471637

SCHEDULE A

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)	PESTECTION TODATE (IFEQUIRED)
09/23/2024	Operating Engineers 3 Dist. #30 PAC (ID# 891397) 3000 Clayton Road Concord, CA 94519	□IND □COM □OTH □PTY □SCC		1,000.00	1,000.00	
09/26/2024	We Vote - Nosotros Votamos PPAMM Committee (ID# 2084) 428 J Street, Suite 412 Sacramento, CA 95814	□IND □COM □OTH □PTY □SCC		250.00	250.00	
09/27/2024	BIAGV San Joaquin PAC (ID# 1381858) 1701 W March Lane, Suite F Stockton, CA 95207	□IND ☑COM □OTH □PTY □SCC		5,500.00	5,500.00	
09/27/2024	Plumbers & Steamfitters Local 442 (ID# 871625) 4842 Nutcracker Ln Modesto, CA 95356	□IND □COM □OTH □PTY □SCC		250.00		
10/03/2024	International Brotherhood of Electrical Workers Local 595 PAC (ID# 1273532) 555 Capitol Mall, Suite 400 Sacramento, CA 95814	□IND  ICOM □OTH □PTY □SCC		500.00	500.00	
			SUBTOTAL	\$ 7,500.00		

#### **Schedule A Summary**

- 1. Amount received this period itemized monetary contributions. (Include all Schedule A subtotals.) ......\$ \_ 8,599.00
- 150.00 2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$
- 3. Total monetary contributions received this period. 8,749.00

\*Contributor Codes

IND-Individual

COM - Recipient Comilee

(other than Pitter SCC) OTH - Other (e.g., bases entity)

PTY - Political Party

SCC - Small Contributionmmittee

FPPC Fcm460 (Jan/2016)

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

Amounts may be rounded to whole dollars.

SCHEME A (CONT.
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CALIFORN A C

Statement covers period

		to whole d		from09/22/	2024	FO	RM 400
				through 10/19/	2024	3- —	5 # 8
NAME OF FILER						I.D. NUM	BER
Dotty Nygard i	for City Council 2024					147163	37
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 . 31)	PERELECTION TODATE (IFREQUIRED)
10,03,2021	Olivia Mahedy Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Account clerk City of Livermore	Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	rmediary:	.00.00	
, .	Heirloom Carbon Technologies, Inc 125 Valley Dr Brisbane, CA 94005	□IND □COM ☑OTH □PTY □SCC		249.00		49.00	
10/14/2024	Mike Repetto Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	self Tracy Disposal	250.00 Received through inte ACTELUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		250.00	
	Sheet Metal Workers Local Union 104 Political Committee (ID# 850381) 3232 Constitution Drive Livermore, CA 94551	□IND ☑COM □OTH □PTY □SCC		250.00		250.00	
10/15/2024	John Crevelt Menlo Park, CA 94025	☐IND ☐COM ☐OTH ☐PTY ☐SCC	President Krefeld's Awards	250.00  Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		250.00	
			SUBTOTAL	<b>.\$</b> 1,099.00			

\*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 Form460 (Jan/2016)
FPPC Advice: advice@fppc.ca.graf866/275-3772)

mw.fppc.ca.gov

### Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

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

Statem	ent covers period	CALIFORN 460
through _	10/19/2024	Page68
,		I.D. NUMBER
		1471637

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1471637 Dotty Nygard for City Council 2024

MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions meetings and appearances CNS campaign consultants SAL campaign workers' salaries office expenses CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals polling and survey research FND fundraising events transfer between committees of the same caldate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* IND voter registration 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 **EDUNT PAID** DESCRIPTION OF PAYMENT OR CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 747.13 CMP California Campaign Signs 5200 Hogan Dam Road Valley Springs, CA 95252 4.22 WEB 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806 5.50 WEB 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806 756.85 Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 6,242.84 2. Unitemized payments made this period of under \$100 ...... 11.27 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ \_\_\_\_ 6,254.11

FPPC Fom460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPE(866/275-3772) ww.fppc.ca.gov

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

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Stater	nent covers period	CALIFOR	N .	<b>160</b>	1
from	09/22/2024	FORM		TOU	
through_	10/19/2024	Page7	of	88	
		I.D. NUMBER	₹		

1471637

NAME OF FILER

Dotty Nygard for City Council 2024

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 office expenses OFC CTB contribution (explain nonmonetary)\* t.v. or cable airtime and production costs petition circulating PET CVC civic donations candidate travel, lodging, and meals TRC phone banks PHO candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals polling and survey research fundraising events FND transfer between committees of the same caldate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)\* IND

legal defense

LEG legal defense

PRO professional services (legal, accounting)

VOT voter registration

VEB information technology costs (internet, e-ma)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	A SINT PAID
Merlin Graphics 24568 S MacArthur Dr Tracy, CA 95376	LIT		511.75
California Campaign Signs 5200 Hogan Dam Road Valley Springs, CA 95252	СМР		371.75
PDI 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806	WEB		250.42
PDI 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806	WEB		436.04
Squarespace 8 Clarkson St New York, NY 10014	WEB		36.00

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

**SUBTOTAL \$** 

1,605.96

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

Amounts may be rounded to whole dollars.

3	4	
 7.7		

Statement covers period CALIFORN -**FORM** 09/22/2024 from 10/19/2024 through\_ Page 8 6 8 I.D. NUMBER 1471637

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dotty Nygard for City Council 2024

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMINT PAID
PDI 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806	WEB		9.20
Pacific Printing 1445 Monterey Road San Jose, CA 95110	LIT		1,537.81
Tabletop Strategies 11 S San Joaquin St, Ste 906 Stockton, CA 95202	WEB		95.00
Tabletop Strategies 11 S San Joaquin St, Ste 906 Stockton, CA 95202	CNS		2,219.68
Stripe 354 Oyster Point Boulevard South San Francisco, CA 94080	OFC		18.34
* Payments that are contributions or independent expenditures must also be sun	nmarized on Schedule D	. S	SUBTOTAL \$ 3,880.03

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

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Statement covers period from07/01/2024	/97	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ALIFORNIA 460  Ge 1 of 15  For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through09/21/2024	11/05/2024	1016	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Soc Complete Part 6) Crimarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	2. Type of Statement:	Supplemen	Statement d-Year Report ntal Preelection - Attach Form 495
2 Committee Information	0. NUMBER 1471637	Treasurer(s)  NAME OF TREASURER  Beckett Kelly  MAILING ADDRESS  CITY  Stockton	STATE ZIP CODE CA 95202	AREA CODE/PHONE
Stockton CA 9520 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	2	NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE 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 under penalty of perjury under the laws of the State of Californi	a that the foregoing is true and correct.	nowledge the information contained herein and in the	attached schedules is	true and complete. I certify
Executed on	By		of Sponsor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Prop	onent	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Prop	onent	FPPC Form 460 (Jan/2016

**COVER PAGE** 

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

COVER PAGE - PART 2					
CALIF	ORNIA 460				
Page	2 of <u>15</u>				

Officeholder or Candidate Controlled Commit	tee		6.	Primarily Formed Ballot	Measure Co	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Dotty Nygard OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT Tracy City Councilmember	NUMBER IF APPLICABLE)			BALLOT NO. OR LETTER	JURISDICTION			SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	TY STATE	ZIP		Identify the controlling office	eholder, cand	idate, or sta	ate measure p	roponent, if any.
Tra	cy CA	95376		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROF	PONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you of contributions or make expenditures on behalf of your canditudes.	r are primarily formed to	nittees receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	= ANY
COMMITTEE NAME	I.D. NUMBER							-4
NAME OF TREASURER	CONTROLLED COMMITTE	E?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	committee is	primarily form	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	YES NO			NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA CODE	PHONE.		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTE	E?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)							
CITY STATE ZIP C	ODE AREA CODE	E/PHONE		Attac	ch continuation	n sheets if i	necessary	

## **Campaign Disclosure Statement**

Amounts may be rounded

CALIFORNIA Statement covers period FORM 07/01/2024 from \_ Page \_\_\_\_3 \_\_\_ of \_\_\_\_15 09/21/2024 through \_ I.D. NUMBER

Summary Page to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1471637 Dotty Nygard for City Council 2024 Calendar Year Summary for Candidates

Contributions Received	(F	Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions Schedule A, Line 3	\$	8,227.00	\$	8,227.00	1/1 through 6/30 7/1 to Date
2. Loans Received	\$	8,227.00 4,731.50	Ť	8,227.00 4,731.50 12,958.50	20. Contributions     Received \$ \$  21. Expenditures     Made \$ \$
Expenditures Made  5. Payments Made	\$	4,493.08 0.00 4,493.08 0.00 4,731.50	\$	4,493.08 0.00 4,493.08 0.00 4,731.50 9,224.58	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy) /\$
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00 8,227.00 0.00 4,493.08 3,733.92	To an confirmation of the	o calculate Column B, add mounts in Column A to the orresponding amounts om Column B of your last eport. Some amounts in column A may be negative gures that should be ubtracted from previous eriod amounts. If this is ne first report being filed or this calendar year, only carry over the amounts	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts  18. Cash Equivalents	\$	0.00	fr	rom Lines 2, 7, and 9 (if any).	FPPC Form 460 (Ja FPPC Advice: advice@fppc.ca.gov (866/27

2016) 3772) www.fppc.ca.gov

	_						SCHEDULE	
Schedule A Monetary Contributions Received		Amount to	s may be rounded whole dollars.	Statement cove		california 460 form		
				through09/21/2	024	Page _	4 of <u>15</u>	
SEE INSTRUCTIO	NS ON REVERSE					I.D. NUN	IBER	
NAME OF FILER						147163	7	
Dotty Nygard	for City Council 2024					14/103	1	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	(EAR 2. 31)	PER ELECTION TO DATE (IF REQUIRED)	
07/22/2024	Mitra Forozesh Behnam Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Accountant Self-employed	200.00		200.00		
07/22/2024	Mary Mitracos Tracy, CA 95378	☑IND □COM □OTH □PTY □SCC	Retired Retired	100.00		100.00		
07/23/2024	Mark Stich Tracy, CA 953/6	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	100.00 Received through interactions California 366 SUMMER STREET SOMERVILLE, MA 02144		100.00		
07/24/2024	Jon Kurey Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	RN Sutter	Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		100.00		
07/24/2024	Tracy, CA 95378	□IND □COM □OTH □PTY □SCC	Factory worker Tracy Renewable Energy	Received through inte ACTELUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		250.00		
			SUBTOTAL	_\$ 750.0	0			
4 Amarinta	A Summary eceived this period – itemized monetary contributions. all Schedule A subtotals.)		\$	6,869.00	CC	(other		

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

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

PTY - Political Party

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

SCC - Small Contributor Committee

1,358.00

8,227.00

3. Total monetary contributions received this period.

Amounts may be rounded to whole dollars.

SCHEDULE A (C	CONT.)
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CALIFORNIA FORM

Statement covers period

from

07/01/2024

				through 09/21/	2024	Page	5 of 15 BER
NAME OF FILER						147163	7
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 . 31)	PER ELECTION TO DATE (IF REQUIRED)
07/30/2024	Sharon Gardner-Losch Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Operations Manager E. & J. Gallo	100.00  Received through inter ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	mediary:	00.00	
08/05/2024	Ann Inokuchi-Garvin Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Resource Paraprofessional San Joaquin County Office of Education	100.00			
08/05/2024	John Kury Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	RN Sutter Tracy	100.00		.00.00	
08/06/2024	Terri Viera Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	Received through inte ACTELUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	rmediary:	100.00	
08/07/2024	Gail Rieger Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Retired Retired	Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		100.00	
			SUBTOTAL	.\$ 500.00			

\*Contributor Codes

IND-Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

**FORM** 

Statement covers period

07/01/2024

			from07/01/	2024	FURIN -	
			through 09/21/	2024	Page 6 of	15
NAME OF FILER					I.D. NUMBER	
Dotty Nygard for City Council 2024					1471637	
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 TO DAT 31) (IF REQUII	ΓΕ
08/11/2024 Carol Rogers Clovis, CA 93811	☑IND □COM □OTH □PTY □SCC	Not Employed Not Employed	200.00 Received through interactions california 366 SUMMER STREET SOMERVILLE, MA 02144	rmediary:	00.00	
08/11/2024 Mylene Zendejas Manteca, CA 95337	☑IND □COM □OTH □PTY □SCC	Registered nurse Kaiser	Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		00.00	
08/13/2024 Lisa Roth Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Not employed Not employed	100.00 Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	mediary:	00.00	
08/23/2024 Tracy Cannabis Collective 85 E 10TH ST Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Not Employed Not Employed	Raceived through inte ACTELUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	mediary:	50.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
08/26/2024 Phillip Anderson Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Insurance Broker Phillip Anderson	Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		00.00	
, L		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.)
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CALIFORNIA 460

Statement covers period

	to whole dollars.		from07/01/	2024	FORM TO S		
				through 09/21/		e7 of15	
NAME OF FILER							
Dotty Nygard	for City Council 2024				147	1637	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	(IF REQUIRED)	
08/28/2024	Gerald Jeffs Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	100.00  Received through interactions accommendation and accommendation accommendation accommendation accommendation and accommendation ac	mediary:		
08/28/2024	Steve McDaniel Austin, TX 78701	IND □COM □OTH □PTY □SCC	Chief Innovation Officer Steve McDaniel	250.00  Received through inte ACTELUE CALIFORNIA 366 SUMMAR STREET SOMERVILLE, MA 02144	mediary:		
08/29/2024	Alvce Eversole Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired Retired	200.00			
08/29/2024	Cheryl Hays Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Retired Retired	200.00			
08/30/2024	Pat Howell Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		00	
			SUBTOTAL	<b>.\$</b> 950.00			

\*Contributor Codes

IND - Individual

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(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

07/01/2024

					(0)1:41	
			through 09/21/	2024		8 of 15
NAME OF FILER		1			I.D. NUMB	ER
					1471637	
Dotty Nygard for City Council 2024			T T			
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 ), 31)	PER ELECTION TO DATE (IF REQUIRED)
08/31/2024 Christine Spencer TRUCKEE, CA 96160-1694	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	Received through interactions action and action and actions are some as a second and action action and action action and action	mediary:	100.00	
09/03/2024 Melinda Ramirez Tracy, CA 95379	☑IND □COM □OTH □PTY □SCC	Grantwriter Tradeswomen, Inc.	Received through inter ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		130.00	
09/04/2024 Gerald Jeffs Tracy, CA 95377	IND COM OTH PTY	Not Employed Not Employed	Received through inte ACTHLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		250.00	
09/04/2024 Gerald Jeffs Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	50.00  Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	rmediary:	250.00	
09/05/2024 Chris Ricci Modesto, CA 95350	⊠IND □COM □OTH □PTY □SCC	Digital marketing Compete digital	Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		100.00	
		SUBTOTAL	.\$ 380.00			

\*Contributor Codes

IND - Individual

COM – Recipient Committee

(other than PTY or SCC)

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

PTY-Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement cove	ers period	california 460	
				through09/21/	2024		9 of15
NAME OF FILER						I.D. NUM	BER
Dotty Nygard	for City Council 2024			<del></del>		147163	7
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR . 31)	PER ELECTION TO DATE (IF REQUIRED)
09/06/2024	Amy Erb San Francisco, CA 94115	☑IND □COM □OTH □PTY □SCC	RN CPMC	Received through interactible California 366 SUMMER STREET SOMERVILLE, MA 02144	rmediary:	00.00	
09/08/2024	Jann Jackson	☑IND □COM □OTH □PTY □SCC	Not Employed Not Employed	100.00  Received through interactions and second sec		00.00	
09/10/2024	North Valley Labor Federation Committee on Political Education (ID# 1328933) 312 Clay Street, Suite 300 Oakland, CA 94607	□IND □COM □OTH □PTY □SCC		500.00	5	00.00	
09/11/2024	Roy Hawkins Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Retired Retired	249.00		49.00	
09/15/2024	Robin Cole Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Project Manager MIPRO Consulting	250.00  Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	_	90.00	
			SUBTOTAL	.\$ 1,199.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

monotary communication resources.		to whole	dollars.	from07/01/	2024	FORM 40U
				through09/21/2024		Page of15
NAME OF FILER	-					I.D. NUMBER
Dotty Nygard	for City Council 2024				-	1471637
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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE (IF REQUIRED)
09/15/2024	Robin Cole Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Project Manager MIPRO Consulting	40.00 Received through interactblue California 366 SUMMER STREET SOMERVILLE, MA 02144	mediary:	0.00
09/15/2024	Ricardo Gonzalez Lathrop, CA 95330	☑IND □COM □OTH □PTY □SCC	Superintendent Tracy Renewable Energy	250.00		0.00
09/15/2024	Melinda Ramirez Tracy, CA 95379	☑IND □COM □OTH □PTY □SCC	Grantwriter Tradeswomen, Inc.	100.00 Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		0.00
09/15/2024	Staci Saylors Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Behavior Analyst Manteca Unified School District Special Education Department	ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	mediary:	0.00
09/16/2024	Patrick Crevelt Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	Not Employed Not Employed	Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		0.00
			SUBTOTAL	\$ 590.00		

Amounts may be rounded

\*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

07/01/2024

				through09/21/2024			11 of15
NAME OF FILER						I.D. NUN	MBER
	for City Council 2024					14716	37
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 . 31)	PER ELECTION TO DATE (IF REQUIRED)
09/16/2024	Harry S Truman of San Joaquin County (TD# 1269373) 3247 W March Ln Ste 120 Stockton, CA 95219	□IND □COM □OTH □PTY □SCC		750.00		50.00	
09/18/2024	Democratic Club of Greater Tracy (ID# 1299762) PO Box 1146 Tracy, CA 95378	□IND □COM □OTH □PTY □SCC		500.00			
09/18/2024	Patricia Howell Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired Retired	100.00		00.00	
09/18/2024	San Joaquin County Building & Construction Trades Council (ID# 890345) 3984 Cherokee Road Stockton, CA 95215	□IND  ICOM □OTH □PTY □SCC		500.00		500.00	
		□IND □COM □OTH □PTY □SCC					
	1		SUBTOTAL	.\$ 1,850.00			

\*Contributor Codes

IND-Individual

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

PTY - Political Party

Schedule Nonmon	e C etary Contributions Received		Amounts may be rounded to whole dollars.	1	Statement covers point of the covers point of	FC	FORNIA 460
SEE INSTRUCT	IONS ON REVERSE			1	through09/21/202		12 of 15
NAME OF FILER						I.D. NUM	BER
Dotty Nyga	rd for City Council 2024					147163	37
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICE	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3, 11, 2021	Veronica Vargas Tracy, CA 95377		CEO Agora Land	Meet and Greet	285.00	285.0	0
	Golden State Voter Participation Project (ID# 1345010) 455 Capitol Mall, Ste 600 Sacramento, CA 95814			Slate Mailers	4,446.50	4,446.5	0
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC		·			
Attach ad	ditional information on appropriately label	ed continuat	tion sheets.	SUBTOT	AL\$ 4,731.50		
Schedul  1. Amount (Include	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)	contribution	S.			(other	al ent Committee than PTY or SCC) (e.g., business entity)

4,731.50

 ${\it 3. Total \, nonmonetary \, contributions \, received \, this \, period.}$ 

Schedule E	
Payments Made	•

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SCHE	DULE E
Stateme	ent covers period	CALIFORNIA /	ន្តក
from	07/01/2024	FORM T	
through _	09/21/2024	Page of	.5
		I.D. NUMBER	
		1471637	

Dotty Nygard for City Council 2024

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Tracy 333 Civic Center Plaza Tracy, CA 95376	FIL			1,500.00
PDI 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806	WEB			29.96
PDI 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806	WEB			26.58

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL\$	1,556.54
Schedule E Summary		
1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	4,219.01
2. Unitemized payments made this period of under \$100	\$	0.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 4,493.08

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

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** 07/01/2024 from

Payments Made	through09/21/2024	Page14 of15
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER
NAME OF FILER		1471637
Party Nygard for City Council 2024		

Dotty Nygard for City Council 2024 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 SAL campaign workers' salaries CNS campaign consultants office expenses OFC TEL t.v. or cable airtime and production costs CTB contribution (explain nonmonetary)\* petition circulating PET TRC candidate travel, lodging, and meals CVC civic donations PHO phone banks staff/spouse travel, lodging, and meals candidate filing/ballot fees FIL POL polling and survey research transfer between committees of the same candidate/sponsor fundraising events postage, delivery and messenger services FND independent expenditure supporting/opposing others (explain)\* POS voter registration professional services (legal, accounting) VOT ND WEB information technology costs (internet, e-mail) legal defense print ads PRT campaign literature and mailings AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 500.00 WEB 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806

		SUBTOTAL \$	2,545.22
San Jose, CA 95110			
Pacific Printing 1445 Monterey Road San Jose, CA 95110	LIT		1.2.0
			142.31
Purgatory Whiskey Bar & Craft Beer 31 W 10th St Tracy, CA 95376	FND		530.32
San Jose, CA 95110			590.92
Pacific Printing 1445 Monterey Road San Jose, CA 95110	LIT		1,298.88
PDI 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806			
	WEB		13.11
	1		

**SUBTOTAL \$** 2,545.22 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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

Amounts may be rounded to whole dollars.

 Statement covers period
 CALIFORNIA FORM
 460

 from \_\_\_07/01/2024
 Page \_\_15 \_\_of \_\_15 \_\_

 I.D. NUMBER

 SEE INSTRUCTIONS ON REVERSE
 through \_\_09/21/2024
 Page \_\_15 \_\_of \_\_15 \_\_

 NAME OF FILER
 I.D. NUMBER

 1471637
 1471637

Dotty Nygard for City Council 2024 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries office expenses OFC contribution (explain nonmonetary)\* CTB t.v. or cable airtime and production costs petition circulating PET CVC civic donations candidate travel, lodging, and meals phone banks candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* IND VOT voter registration professional services (legal, accounting) PRO legal defense LEG WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF DAVEE ---

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Printing 1445 Monterey Road San Jose, CA 95110	CMP			117.2
-				
			'	

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

**SUBTOTAL \$** 

117.25

Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from07/01/2024 through09/21/2024	Date of election if applicable (Month, Day, Year)  11/05/2024  Page Stamp  RECEIVED  RECEIVED  CITY CLERK  TRACY  CA	CALIFORNIA 460 FORM  Page 1 of 15 For Official Use Only
. Type of Recipient Committee: All Committees - Co	Implete Parts 1, 2, 3, and 4.	2. Type of Statement:	
<ul> <li>✓ Officeholder, Candidate Controlled Committee</li> <li>✓ State Candidate Election Committee</li> <li>✓ Recall</li> <li>(Also Complete Part 5)</li> <li>✓ General Purpose Committee</li> <li>✓ Sponsored</li> <li>✓ Small Contributor Committee</li> </ul>	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	□ Preelection Statement     □ Semi-annual Statement     □ Termination Statement     □ Superior S	arterly Statement ecial Odd-Year Report eplemental Preelection tement - Attach Form 495
( Committee Information	D. NUMBER 1471637	Treasurer(s)	
Dotty Nygard for City Council 2024  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CO	DDE AREA CODE/PHONE	A CONTRACT C	CODE AREA CODE/PHONE
Stockton CA 9520  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E		MAILING ADDRESS	
CITY STATE ZIP CO	DDE AREA CODE/PHONE	2 Santa 2017 - 2018 - 4	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
under penalty of perjury under the laws of the State of Californi  Executed on	ByBySig	owledge the information contained herein and in the attached sched	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	_
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC Form 460 (Jan/2016)

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

COVERPAGE

Officeholder or Candidate Contr	olled Comm	ittee			6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE						NAME OF BALLOT MEASURE				
Dotty Nygard						DALLOTANO ODLITTED	JURISDICTIO	ON	T-	l current
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ION AND DISTRIC	CT NUMBER IF A	PPLICABI	LE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
Tracy City Councilmember										
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) C	ITY	STATE	ZIP		Identify the controlling o	fficeholder, ca	ndidate, or sta	te measure	proponent, if a
	Tr	acy	CA	95376		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT		
Related Committees Not Include not included in this statement that are con contributions or make expenditures on be	ntrolled by you	or are primarily				OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME		I.D. NUMBER								
									***	_
NAME OF TREASURER		CONTROLLED	COMMIT	TEE?	7.	Primarily Formed Car officeholder(s) or candidate	ndidate/Offic (s) for which the	ceholder Col is committee is	mmittee L primarily forn	ist names of ned.
		☐ YES		)				OFFICE SOUG		
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. B	OX)				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHI OK HELD	SUPPORT OPPOSE
CITY	STATE ZIP C	CODE	AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUMBER				NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		CONTROLLED  YES	COMMIT			NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPOR
	RESS (NO P.O. B		AREA CO	DE/PHONE		Att	ach continuati	ion sheets if n	ecessary	

www.fppc.ca.gov

#### SUMMARY PAGE

### **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 07/01/2024 from \_ Page \_\_\_\_3 \_\_\_ of \_\_\_\_15 09/21/2024 through \_ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1471637 Dotty Nygard for City Council 2024

COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
7,477.00	1/1 through 6/30 7/1 to Date
0.00	1/1 through 6/50
7,477.00	20. Contributions  Received \$\$
4,446.50	21 Evponditures
11,923.50	Made \$ \$
	Expenditure Limit Summary for State
4,493.08	Candidates
0.00	22. Cumulative Expenditures Made*
4,493.08	(If Subject to Voluntary Expenditure Limit)
0.00	Date of Election Total to Date
4,446.50	(mm/dd/yy)
8,939.58	<b>\$</b>
	\$
calculate Column B, add	
ounts in Column A to the responding amounts	*Amounts in this section may be different from amounts
m Column B of your last port. Some amounts in	reported in Column B.
lumn A may be negative	
ures that should be otracted from previous	
riod amounts. If this is a first report being filed	
this calendar year, only rry over the amounts	
m Lines 2, 7, and 9 (if y).	
• •	
	FPPC Form 460 (Jar

www.fppc.ca.gov

Schedule A	
Monetary Contributions Received	

Amounts may be rounded

SCHEDULE A
------------

Statement covers period

Monetary (	Contributions Received		is may be rounded whole dollars.	from07/01/20	CA	IFORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through09/21/20		e4 of15
NAME OF FILER						NUMBER
Dotty Nygard	for City Council 2024				147	1637
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)
07/22/2024	Mitra Forozesh Behnam	⊠IND □COM □OTH □PTY □SCC	Accountant Self-employed	200.00	200.0	
07/22/2024	Mary Mitracos	⊠IND □COM □OTH □PTY □SCC	Retired Retired	100.00	100.0	
07/23/2024	Mark Stich	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	100.00 Received through inter ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		0
07/24/2024	Jon Kurev	⊠IND □ COM □ OTH □ PTY □ SCC	RN Sutter	100.00 Received through inter ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		0
07/24/2024	Frank Schubert	⊠IND □COM □OTH □PTY □SCC	Factory worker Tracy Renewable Energy	250.00  Received through inter ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		0
			SUBTOTAL	\$ 750.00		
<ol> <li>Amount re (Include al</li> </ol>	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)			6,269.00	(oth OTH – Oth PTY – Polit	dual ipient Committee er than PTY or SCC) er (e.g., business entity) ical Party
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			7,477.00	SCC-Sma	Ill Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (C	ONT.)
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CALIFORNIA 460

Statement covers period

from\_

07/01/2024

				through09/21/	2024		5 of 15
NAME OF FILER						I.D. NUM	BER
Dotty Nygard	for City Council 2024					147163	7
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 . 31)	PER ELECTION TO DATE (IF REQUIRED)
07/30/2024	Sharon Gardner-Losch	⊠IND □COM □OTH □PTY □SCC		100.00 Received through inter ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	mediary:	00.00	
08/05/2024	Ann Inokuchi-Garvin	⊠IND □COM □OTH □PTY □SCC	Resource Paraprofessional San Joaquin County Office of Education	100.00		.00.00	
08/05/2024	John Kury	☑IND □COM □OTH □PTY □SCC	RN Sutter Tracy	100.00	1	100.00	
08/06/2024	Terri Viera	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	100.00  Received through interact ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		100.00	
08/07/2024	Gail Rieger	⊠IND □COM □OTH □PTY □SCC	Retired Retired	Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		100.00	
			SUBTOTAL	\$ 500.00			

\*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.

CALIFORNIA FORM

Statement covers period

from.

07/01/2024

09/21/2024

				through		raye_	01
NAME OF FILER						I.D. NUM	IBER
Dotty Nygard	for City Council 2024					147163	37
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 . 31)	PER ELECTION TO DATE (IF REQUIRED)
08/11/2024	Carol Rogers	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	200.00  Received through interactions california 366 SUMMER STREET SOMERVILLE, MA 02144	rmediary:	00.00	
08/11/2024	Mylene Zendejas	⊠IND □COM □OTH □PTY □SCC	Registered nurse Kaiser	100.00 Received through interact ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	rmediary:	.00.00	
08/13/2024	Lisa Roth	□IND □COM □OTH □PTY □SCC	Not employed Not employed	100.00 Received through inte- ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		.00.00	
08/23/2024	Tracy Cannabis Collective 85 E 10TH ST Tracy, CA 95376	⊠IND □ COM □ OTH □ PTY □ SCC	Not Employed Not Employed	150.00  Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	mediary:	50.00	
08/26/2024	Phillip Anderson	⊠IND □COM □OTH □PTY □SCC	Insurance Broker Phillip Anderson	Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		100.00	
			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.)
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CALIFORNIA FORM

Statement covers period

from

07/01/2024

				through09/21/	2024	Page	7 of 15		
NAME OF FILER	I.D. NUMBER								
Dotty Nygard	for City Council 2024					147163	7		
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 . 31)	PER ELECTION TO DATE (IF REQUIRED)		
08/28/2024	Gerald Jeffs		Not Employed Not Employed	Received through interactible California 366 SUMMER STREET SOMERVILLE, MA 02144	rmediary:	50.00			
08/28/2024	Steve McDaniel .6	⊠IND □COM □OTH □PTY □SCC	Chief Innovation Officer Steve McDaniel	250.00  Received through interactions and summer street SOMERVILLE, MA 02144	mediary:	50.00			
08/29/2024	Alyce Eversole	☑IND □COM □OTH □PTY □SCC	Retired Retired	200.00		00.00			
08/29/2024	Chervl Hays	☑IND □COM □OTH □PTY □SCC	Retired Retired	200.00		00.00			
08/30/2024	Pat Howell	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		200.00			
SUBTOTAL\$ 950.00									

\*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.
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CALIFORNIA FORM

Statement covers period

from \_

07/01/2024

				through09/21/	2024	Page	8 of
NAME OF FILER						I.D. NUME	BER
Dotty Nygard	for City Council 2024					147163	7
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 . 31)	PER ELECTION TO DATE (IF REQUIRED)
08/31/2024	Christine Spencer	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	Received through inter ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	mediary:	00.00	
09/03/2024	Melinda Ramirez	⊠IND □COM □OTH □PTY □SCC	Grantwriter Tradeswomen, Inc.	30.00 Received through interactions and summer street SOMERVILLE, MA 02144		30.00	
09/04/2024	Gerald Jeffs	☑IND □COM □OTH □PTY □SCC	Not Employed Not Employed	50.00 Received through interaction ACTBLUE CALIFORNIA 366 SUMBER STREET SOMERVILLE, MA 02144	rmediary:	250.00	
09/04/2024	Gerald Jeffs	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	100.00 Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	rmediary:	250.00	
09/05/2024	Chris Ricci	⊠IND □COM □OTH □PTY □SCC	Digital marketing Compete digital	Received through inte AcTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		100.00	
SUBTOTAL\$ 380.00							

\*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.

CALIFORNIA FORM

Statement covers period

from.

07/01/2024

				through <sup>09/21/</sup>	2024	Page _	9 of 15
NAME OF FILER							IBER
Dotty Nygard for City Council 2024							
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 . 31)	PER ELECTION TO DATE (IF REQUIRED)
09/06/2024	Amy Erb	□IND □COM □OTH □PTY □SCC	RN CPMC	Received through inter ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	mediary:	00.00	
09/08/2024	Jann Jackson	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	100.00 Received through inter ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	mediary:	00.00	
09/10/2024	North Valley Labor Federation Committee on Political Education (ID# 1328933) 312 Clay Street, Suite 300 Oakland, CA 94607	□IND □COM □OTH □PTY □SCC		500.00		00.00	
09/11/2024	Roy Hawkins	⊠IND □COM □OTH □PTY □SCC	Retired Retired	249.00		249.00	
09/15/2024	Robin Cole	⊠IND □COM □OTH □PTY □SCC	Project Manager MIPRO Consulting	40.00 Received through interaction California 366 SUMMER STREET SOMERVILLE, MA 02144		290.00	
			SUBTOTAL	\$ 989.00			

\*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.)
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CALIFORNIA 460

Statement covers period

from.

07/01/2024

NAME OF FILER Dotty Nygard for City Council 2024    Date Received   Full Name, Street Address and ZIP CODE of CONTRIBUTOR CODE*   Fan Individual, Enter Received   Full Name, Street Address and ZIP CODE of CONTRIBUTOR CODE*   Fan Individual, Enter Received   Full Name, Street Address and ZIP CODE of CONTRIBUTOR CODE*   Fan Individual, Enter Received   Full Name, Street Address and ZIP CODE of CONTRIBUTOR CODE*   Full Name, Street Address and ZIP CODE of CONTRIBUTOR CODE*   Full Name, Street Address and ZIP CODE of CONTRIBUTOR CODE*   Full Name, Street Address and ZIP CODE of C					through <sup>09/21/</sup>	2024	Page _	10 of15
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE*  RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE*  RECEIVED RECEIVED THIS CALINDARY FEAR (JAM 1-DEC.31)  07/15/2024 Robin Cole	NAME OF FILER						I.D. NUM	IBER
DATE RECEIVED    FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * CODE * CONTRIBUTOR CODE * CODE * CONTRIBUTOR CODE *		for City Council 2024		-			147163	37
Some cole				OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	RECEIVED THIS PERIOD	CALENDAR Y (JAN. 1 - DEC	EAR . 31)	TO DATE
Second   S	09/15/2024	Robin Cole	□COM □OTH □PTY	Project Manager MIPRO Consulting	Received through inter ACTELUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	mediary:		
Melinda Ramirez	09/15/2024	Ricardo Gonzalez	□COM □OTH □PTY		250.00			
Stack Saylors   Stack Saylors   Sind   Sind   Saylors   Stack Saylors   Sind   Saylors   Saylo	09/15/2024	Melinda Ramirez	□COM □OTH □PTY		Received through inter ACTBLUE CALIFORNIA 366 SUMMER STREET	rmediary:		
O9/16/2024 Patrick Creveit  COM OTH PTY SCC  Not Employed Received through intermediary: ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	09/15/2024	Staci Saylors	□COM □OTH □PTY	Manteca Unified School District Special Education	Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET	mediary:		
SUBTOTAL\$ 800.00	09/16/2024	Patrick Crevelt	□COM □OTH □PTY		Received through inte		100.00	
			77.10	SUBTOTAL	\$ 800.00			

\*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from.

07/01/2024

				through 09/21/	2024		of
IAME OF FILER						I.D. NUM	BER
otty Nygard	for City Council 2024					147163	7
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.	31)	PER ELECTION TO DATE (IF REQUIRED)
09/16/2024	Harry S Truman of San Joaquin County (ID# 1269373) 3247 W March Ln Ste 120 Stockton, CA 95219	□IND ☑COM □OTH □PTY □SCC		750.00		50.00	
09/18/2024	Democratic Club of Greater Tracy (ID# 1299762) PO Box 1146 Tracy, CA 95378	□IND ☑COM □OTH □PTY □SCC		500.00	51	00.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 1,250.00			

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Schedule C		
<b>Nonmonetary</b>	Contributions	Received

Amounts may be rounded to whole dollars.

				S	CHEDULE C
Staten	nent covers period	CALI	FOR	AIA	160
from	07/01/2024	CALII F(	400		
through_	09/21/2024	Page _	12	_ of_	15
		I.D. NUN	/BER		

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Dotty Nygard for City Council 2024

1471637

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)		
09/16/2024	Golden State Voter Participation Project (ID# 1345010) 455 Capitol Mall, Ste 600 Sacramento, CA 95814	□IND  ©COM □OTH □PTY □SCC		Slate Mailers	4,446.50	4,446.50			
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach ac	Attach additional information on appropriately labeled continuation sheets.  SUBTOTAL \$ 4,446.50								

### **Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. 4,446.50 (Include all Schedule C subtotals.) ......\$ 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ......\$ 0.00 \*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

3. Total nonmonetary contributions received this period. 4,446.50

Schedule	E
<b>Payments</b>	Made

legal defense

### Amounts may be rounded to whole dollars.

	JOHEDOLL L
Statement covers period	CALIFORNIA 460
from07/01/2024	FORM TOO
through09/21/2024	Page13 of15
	I.D. NUMBER
	1471637

COUEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dotty Nygard for City Council 2024

campaign literature and mailings

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

FIL candidate filling/ballot lees

FND fundraising events

FND independent expenditure supporting/opposing others (explain)\*

PRO professional services (legal, accounting)
PRT print ads

VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Tracy 333 Civic Center Plaza Tracy, CA 95376	FIL			1,500.00
PDI 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806	WEB			29.96
PDI 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806	WEB			26.58

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

\* SUBTOTAL\$

1,556.54

#### **Schedule E Summary**

Schedule E	
(Continuation	Sheet)
<b>Payments Mad</b>	-

#### Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 460
from	07/01/2024	FORM TOO
through_	09/21/2024	Page14 of15
		I.D. NUMBER
		1471637

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

IND

LEG legal defense

Dotty Nygard for City Council 2024

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

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

polling and survey research fundraising events independent expenditure supporting/opposing others (explain)\*

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

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WFB information technology costs (internet, e-mail)

LIT campaign literature and mailings	PRT print ads		WEB information technology costs	(internet, e-man)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PDI 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806	WEB			500.00
PDI 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806	WEB			13.11
Pacific Printing 1445 Monterey Road San Jose, CA 95110	LIT			1,298.88
Purgatory Whiskey Bar & Craft Beer 31 W 10th St Tracy, CA 95376	FND			590.92
Pacific Printing 1445 Monterey Road San Jose, CA 95110	LIT			142.31
				2 545 22

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

SUBTOTAL \$

2,545.22

Schedule (Continua	Sheet)
<b>Payments</b>	

#### Amounts may be rounded to whole dollars.

		<del></del>		
Statement covers period		CALIFORNIA 460		
from	07/01/2024	FORM TOO		
through_	09/21/2024	Page15 of15		
		I.D. NUMBER		
		1471637		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dotty Nygard for City Council 2024

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 contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals polling and survey research POL fundraising events

transfer between committees of the same candidate/sponsor TSF POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* IND VOT voter registration professional services (legal, accounting) LEG legal defense

PRT print ads campaign literature and mailings

WEB information technology costs (internet, e-mail)

AMOUNT PAID NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OR DESCRIPTION OF PAYMENT CODE 117.25 CMP Pacific Printing 1445 Monterey Road San Jose, CA 95110

**SUBTOTAL \$** 

117.25

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