Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		C!71	Date Stamp AECETYED CLERK'S OFFICE	CALIFORNIA 460 FORM
	Statement covers period	Date of election if applicable:		Page 1 of 8
	from10/21/2018	(Month, Day, Year) পুনু র	JAN 14 AM 9:52	
SEE INSTRUCTIONS ON REVERSE	through12/31/2018	0	ITY OF TRACY	
1. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
○ State Candidate Election Committee ○ Recall (Also Complete Pert 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	rimarily Formed Ballot Measure committee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te ☐ Amendment (Explain be	□ Sp □ Sc ermination) St	uarterly Statement pecial Odd-Year Report upplemental Preelection atement - Attach Form 495
3. Committee Information	. NUMBER 407530	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Dotty Nygard for Tracy City Council 2018		Shawnda Deane		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
		Sacramento	CA 9	5815
CITY STATE ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
Tracy CA 95376		Dotty Nygard		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	ox	MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
Sacramento CA 9581		Tracy		5376
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4. Verification		4		
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	this statement and to the best of my know that the foregoing is true and correct.	vledge the information contained her	rein and in the attached sche	edules is true and complete. I certify
Executed on 12/31/2018	Ву		α	
12/2/12018		Shoother of Treasurer or Assistant	Treasurer //	
Executed on 121010 Date	By Signature of Contr	rolling Officeholder, Candidate, State Mesure Pro	ponent of Responsible Officer of Spons	sor .
Executed on	By	Signature of Controlling Officeholder, Candidate, St		
Executed on	Ву	ngratu e or writtonin g officer lolder, cardidate, 31	ano maasura riopoliati	
LACORED OIL		Signature of Controlling Officeholder Candidate St	tate Meseure Proposent	

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COVER PAGE

NAME OF OFFICEHOLDER OR CANDIDATE	<u> </u>		NAM	E OF BALLOT MEASURE		 -		
Dotty Nygard					<u> </u>	<u> </u>		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICAB	BLE)	BALI	OT NO. OR LETTER	JURISDICTIO	N		SUPPORT
City Council Member: City of Tracy								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP	lder	ntify the controlling off	iceholder, can	didate, or sta	te measure p	proponent, if an
	Tracy CA	95376	NAM	E OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	OPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your	ou or are primarily formed		OFF	ICE SOUGHT OR HELD			DISTRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER	<u> </u>						
NAME OF TREASURED	CONTROLLED COMMIT	TTEE?	7. Pri	marily Formed Can	didate/Offic	eholder Cor	mmittee Lis	st names of
NAME OF TREASURER	CONTROLLED COMMIT		7. Pri	marily Formed Can ceholder(s) or candidate(s	didate/Offic	committee is	primarily form	st names of ed.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO		offic	marily Formed Can ceholder(s) or candidate(s E OF OFFICEHOLDER OR (s) for which this	eholder Cor committee is p	primarily form	st names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	YES NO		offic NAM	ceholder(s) or candidate(s	candidate	committee is	primarily form	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	YES NO	0	NAM NAM	eholder(s) or candidate(s	CANDIDATE	OFFICE SOUG	primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	P CODE AREA CO I.D. NUMBER CONTROLLED COMMIT	ODE/PHONE	NAM NAM	eholder(s) or candidate(s)	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	OR HELD THE OR HELD THE OR HELD	SUPPORT OPPOSE SUPPORT SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 460
from	10/21/2018	FORM TOO
through _	12/31/2018	Page3 of8
		LD NUMBER

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dotty Nygard for Tracy City Council 2018

through 12/31/2018 Page 3 of 8

I.D. NUMBER

1407530

Contributions Received		Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTALTO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	1,290.00	\$	21,170.44	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	1,290.00	\$	21,170.44	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	1,290.00	\$	21,170.44	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4		4,684.65	\$	21,170.44	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	4,684.65	\$	21,170.44	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	4,684.65	\$	21,170.44	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	3,394.65		calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		1,290.00		mounts in Column A to the presponding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	om Column B of your last	reported in Column B.
15. Cash Payments Column A, Line 8 above		4,684.65		port. Some amounts in olumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	0.00		gures that should be ubtracted from previous	
If this is a termination statement, Line 16 must be zero.			pe	eriod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo ca	r this calendar year, only arry over the amounts	
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and 9 (if ny).	
18. Cash Equivalents See instructions on reverse	\$	0.00		• •	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	9	0.00	ĺ		
-			I		FPPC Form 460 (Jan/2 FPPC Advice: advice@fppc.ca.gov (866/275-3

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Schedule A Monetary Contributions Received			s may be rounded whole dollars.	Statement covers period from10/21/2018		california 460	
				through	018	Page	4 of8
NAME OF FILER	ONS ON REVERSE					I.D. NUMI	BER
Dotty Nygar	d for Tracy City Council 2018		·			140753	0
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 E CALENDAR YEA (JAN. 1 - DEC. S	AR	PER ELECTION TO DATE (IF REQUIRED)
11/06/2018	DRIVE Committee 25 Louisiana Avenue NW Washington, DC 20001	□IND □COM 図OTH □PTY □SCC		1,000.00	1,00	00.00	
10/24/2018	Luci Riley Richmond, CA 94803	⊠IND □COM □OTH □PTY □SCC	Registered Nurse Sutter East Bay Hospitals	25.00	12	25.00	
11/24/2018	Luci Riley Richmond, CA 94803	⊠IND □COM □OTH □PTY □SCC	Registered Nurse Sutter East Bay Hospitals	25.00	1:	25.00	
11/02/2018	Martha Smith Chicago, IL 60642	⊠IND □COM □OTH □PTY □SCC	Midwest Lead National Nurses United	100.00	50	00.00	
12/02/2018	Martha Smith Chicago, IL 60642	⊠IND □COM □OTH □PTY □SCC	Midwest Lead National Nurses United	100.00	51	00.00	
			SUBTOTAL	1,250.00			
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	1,250.00	IND -I COM-	(other th	it Committee an PTY or SCC)
2. Amount re	eceived this period – unitemized monetary contributions	s of less than	\$100\$	40.00	PTY-	Political F	
3. Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			1,290.00	scc-	Small Co	ntributor Committee

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	SCHEDULE E
Statement covers period	CALIFORNIA 160
from10/21/2018	FORM 400
through12/31/2018	Page5 of8
	I.D. NUMBER
	1407530

Dotty Nygard for Tracy City Council 2018		1407530
CODES: If one of the following codes accurately described CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsory voter registration WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			527.33
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			324.69
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			75.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTAL\$	927.02
Schedule E Summary			
1. Itemized payments made this period. (Include all Schedule E subtotals.)		\$	4,684.65
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
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the			

NAME OF FILER

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from10/21/2018	FORM TOO
through12/31/2018	Page6 of8
	I.D. NUMBER

1407530

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dotty Nygard for Tracy City Council 2018

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. returned contributions RFD MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs TEL petition circulating PET 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 POL FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)* IND voter registration VOT professional services (legal, accounting) legal defense LEG information technology costs (internet, e-mail) WEB PRT print ads campaign literature and mailings ЦΤ

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Tracy, CA 95376		Field Expenses	500.00
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC		1.75
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC		1.03
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC		0.88
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC		3.20
* Payments that are contributions or independent expenditures must also be st	ummarized on Schedule D.	SUBTOTA	AL\$ 506.86

FPPC Form 460 (Jan/2016) FPPC Toli-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

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

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA 460
from10/21/2018	FORM TOO
through 12/31/2018	Page 7 of 8
	I.D. NUMBER

1407530

NAME OF FILER

Dotty Nygard for Tracy City Council 2018

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. 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 candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor TSF postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* POS voter registration VOT PRO professional services (legal, accounting) legal defense LEG information technology costs (internet, e-mail) WEB PRT print ads LIT campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC		1.03
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC		0.88
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC		3.20
Tank Town Media, LLC dba Tracy Press 95 W. 11th Street, Suite 101 Tracy, CA 95376		Online Ads	1,612.00
Carolyn Templeton Palo Alto, CA 94306		Robo Calls	277.96

SUBTOTAL \$ 1,895.07 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule	E
(Continuation)	tion Sheet)
Payments	Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDOLE E (CONT.)
Statement covers period	CALIFORNIA 460
from10/21/2018	FORM 400
through 12/31/2018	Page 8 of 8
<u> </u>	I.D. NUMBER
	1407530

Dotty Nygard for Tracy City Council 2018

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

NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 250.85 Online Ads Carolyn Templeton Palo Alto, CA 94306 1,000.00 CNS Carolyn Templeton Palo Alto, CA 94306 104.85 CVC Tracy Community Connections Center 125 W. 9th Street Tracy, CA 95376

SUBTOTAL \$ 1,355.70 * 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)		Date Stamp RECEIVED CITY CLERK'S OFFICE	CALIFORNIA 460 FORM
	Statement covers period from09/23/2018	Date of election if applicable: (Month, Day, Year) 2018 NOV 30 PH 4: L, I	Page1 of\O For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/20/2018	OTY OF TRACY	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Pridical Party/Central Committee	rimarily Formed Ballot Measure committee) Controlled) Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	☐ Semi-annual Statement ☐ Spe ☐ Termination Statement ☐ Sup	arterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495 H SCh - F
3 Committee Information	NUMBER 407530		CODE AREA CODE/PHONE
CITY STATE ZIP COL Tracy CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO CITY STATE ZIP COL Sacramento CA 9581: OPTIONAL: FAX / E-MAIL ADDRESS	DX DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY Dotty Nygard MAILING ADDRESS CITY STATE ZIP 0	CODE AREA CODE/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	this statement and to the best of my know that the foregoing is true and correct. By Signature of Correct By Signature	wivedge the information contained herein and in the attached sched	ules is true and complete. I certify

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Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460					
Page	2	of	10	\neg	

Officeholder or Candidate Controlled Con	nmittee		6.	Primarily Formed Ballo	t Measure Committe	e	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Dotty Nygard OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTORTY City Council Member: City of Tracy	TRICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZI	P 376	Identify the controlling offi		state measure p	roponent, if any.
Related Committees Not Included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primaril			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONENT	DISTRICT NO. IF	ANY
NAME OF TREASURER		D COMMITTEE?	7.	Primarily Formed Cand	didate/Officeholder C) for which this committee	Committee Lis	t names of d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	O. BOX)	□ NO	<u></u>	NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE SO	OUGHT OR HELD	SUPPORT OPPOSE
CITY STATE Z	IP CODE	AREA CODE/PHO	ONE	NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE SO	OUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE SO	OUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	☐ YES	D COMMITTEE?	_ 	NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE SO	OUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS (NO P. CITY STATE Z		AREA CODE/PHO	ONE	Attac	ch continuation sheets it	f necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

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Statement covers period		CALIFORNIA 460
from	09/23/2018	FORM 400
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1407530

SLIMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dotty Nygard for Tracy City Council 2018

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse

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

Contributions Received		Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
1. Monetary Contributions Schedule A, Line 3	\$	1,952.00	\$	19,880.44	001.0141		rough 6/30 7/1 to Date	
2. Loans Received Schedule B, Line 3				0.00				
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	1,952.00	\$	19,880.44	20. Contribution	ns \$	\$	
4. Nonmonetary Contributions Schedule C, Line 3				0.00	21. Expenditu	es		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4			\$	19,880.44	Made	\$	\$	
Expenditures Made						e Limit S	Summary for State	
6. Payments Made Schedule E, Line 4	\$	4,961.98	\$	16,485.79	Candidates			
7. Loans Made Schedule H, Line 3		0.00		0.00	22. (umulativ	e Expenditures Made*	
3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	4,961.98	\$	16,485.79			Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		-1,500.00		0.00	Date of E		Total to Date	
10. Nonmonetary Adjustment Schedule C, Line 3				0.00	(mm/do	/yy)		
11. TOTAL EXPENDITURES MADE	\$	3,461.98	\$	16,485.79			_ \$	
Current Cash Statement					1 /		_ \$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	6,404.63	То	calculate Column B, add				
3. Cash Receipts Column A, Line 3 above		1,952.00		nounts in Column A to the			the different from amounts	
4. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	rresponding amounts m Column B of your last	*Amounts in thi reported in Colu		lay be different from amounts	
15. Cash Payments Column A, Line 8 above		4,961.98		oort. Some amounts in Slumn A may be negative	'			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	3,394.65	fig	ures that should be				
If this is a termination statement, Line 16 must be zero.			ре	btracted from previous riod amounts. If this is a first report being filed				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only try over the amounts				

from Lines 2, 7, and 9 (if

any).

0.00

0.00

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Schedule /	Δ						sc	HEDULE A
	Contributions Received		ts may be rounded whole dollars.	Statement cover		CALIFORNIA 460		
EE INOTELIOTIO	NIC ON DEVEDSE			through10/20/20	018	Page	4 of .	10
AME OF FILER	NS ON REVERSE					I.D. NUMBE	R	
Dotty Nygard	for Tracy City Council 2018				<u></u>	1407530		
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	R 1)	PER ELE TO DA (IF REQU	ATE.
10/03/2018	Central Labor Council of San Joaquin and Calaveras Counties 3984 Cherokee Road Stockton, CA 95215	□IND □COM 図OTH □PTY □SCC		500.00		0.00		
10/18/2018	Amy Erb San Francisco, CA 94115	IND COM OTH PTY SCC	Registered Nurse California Pacific Medical Center	100.00	38	1.00		
10/03/2018	Allan Goetz Spring Valley, CA 91977	⊠IND □COM □OTH □PTY □SCC	Physicist Northrop Grumman	27.00	13	5.00		
10/03/2018	Harry S. Truman of Stockton (ID# 1269373) Stockton, CA 95207	□IND ☑COM □OTH □PTY □SCC		750.00		0.00		
10/20/2018	Jon Kurey Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Registered Nurse Sutter Tracy Hospital	50.00	10	0.00		
			SUBTOTAL	1,427.00				
1 Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	1,727.00	IND-Ir COM-	butor Code ndividual Recipient ((other thar	Committee	e SCC)

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

3. Total monetary contributions received this period.

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PTY - Political Party

225.00

1,952.00

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

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Manatany Contributions Passived

SCHEDULE A	(CONT.)
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Monetary Contributions Received		Amounts may to whole o	be rounded dollars.	Statement covers period from09/23/2018		california 460		
				through 10/20/	2018	Page	5 of10	
NAME OF FILER						I.D. NUM	BER	
Dotty Nygard	for Tracy City Council 2018			<u> </u>		140753	0	
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 31)	PER ELECTION TO DATE (IF REQUIRED)	
09/28/2018	Terry Lamb Tracy, CA 953/6	⊠IND □COM □OTH □PTY □SCC	Owner General Programming, Inc.	100.00		00.00		
10/02/2018	Martha Smith Chicago, IL 60642	⊠IND □COM □OTH □PTY □SCC	Midwest Lead National Nurses United	100.00	3	00.00		
10/14/2018	Leslie Swift Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Librarian Jefferson School District	50.00	1	00.00		
10/14/2018	Leslie Swift Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Librarian Jefferson School District	50.00	1	00.00		
		□IND □COM □OTH □PTY □SCC						
			SUBTOTALS	300.00				

*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

SCF		

Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

	<u> </u>
Statement covers period	CALIFORNIA 460
from09/23/2018	FORM TOO
through10/20/2018	Page6 of10
	I.D. NUMBER
	1407530

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dotty Nygard for Tracy City Council 2018

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

MBR member communications campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FIL fundraising events independent expenditure supporting/opposing others (explain)* legal defense LEG campaign literature and mailings

MTG meetings and appearances office expenses petition circulating

PHO phone banks polling and survey research

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

print ads PRT

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

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
Carol J. Adamski M.A. Santa Clara, CA 95051	CNS				1,500.00
Creative Vision Printing 2232 Stewart Street Stockton, CA 95205		Walk Piece			177.79
Creative Vision Printing 2232 Stewart Street Stockton, CA 95205	CMP				1,293.00
* Payments that are contributions or independent expenditures must also	be summarized on	Schedule D.		SUBTOTAL\$	2,970.79

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) 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 4,961.98

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SCHEDULE	E (CONT.)

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		OOHEDDEE E (OOK)
Statement covers period		CALIFORNIA 460
fr	om09/23/2018	FORM TOO
th	nrough <u>10/20/2018</u>	Page of
		I.D. NUMBER
		1407530

Dotty Nygard for Tracy City Council 2018

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

CMP campaign paraphernalia/misc.

CMS campaign consultants

COTE contribution (explain nonmonetary)*

COTE civic donations

MBR member communications

meetings and appearances

MTG meetings and appearances

MTG office expenses

OFC office expenses

COTE civic donations

MBR member communications

meetings and appearances

OFC office expenses

SAL campaign workers' salaries

t.v. or cable airtime and production costs

petition circulating

TEL v. or cable airtime and production costs

candidate travel, lodging, and meals

CVC civic donations

| Candidate filing/ballot fees | PHO | polling and survey research | TRS | staff/spouse travel, lodging, and meals | TRS | TRS | staff/spouse travel, lodging, and meals | TRS |

IND independent expenditure supporting/opposing others (explain)*

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

PRO professional services (legal, accounting)

PRO professional services (legal, accounting)

WEB information technology costs (internet, e-mail)

PRT print ads campaign literature and mailings AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 1,357.65 LIT Creative Vision Printing 2232 Stewart Street Stockton, CA 95205 610.42 PRO Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815 1.03 OFC Stripe, Inc. 3180 18th Street San Francisco, CA 94110 0.59 OFC Stripe, Inc. 3180 18th Street San Francisco, CA 94110 3.20 OFC Stripe, Inc. 3180 18th Street San Francisco, CA 94110

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

SUBTOTAL \$

1,972.89

Schedule	èΕ	
(Continu	ation	Sheet)
Payment	s Mad	de

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	COLIFBER
Statement covers period	CALIFORNIA 460
from09/23/2018	FORM TOO
through 10/20/2018	Page8 of10
	I.D. NUMBER
	1407530

Dotty Nygard for Tracy City Council 2018

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)* CTB 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 staff/spouse travel, lodging, and meals POL polling and survey research TRS fundraising events FND TSF transfer between committees of the same candidate/sponsor

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

VOT voter registration

WFR information technology costs (internet, e-mail)

LIT campaign literature and mailings	PRT print ads	WEB information technology cost	s (Internet, e-mail)
NAME AND ADDRESS OF PAY (IF COMMITTEE, ALSO ENTER I.D. NUM	TEE CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC		1.91
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC		4.23
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC		1.96
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC		1.75
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC		5.25
	turns must also be summarized on Schedule D	SI	JBTOTAL \$ 15.10

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

Schedule	E
(Continuat	tion Sheet)
Payments	Made

Amounts may be rounded

SCHED	ULE	E	(CON	١.,

CALIFORNIA ACO

Statement covers period

Payments Made	to whole dollars.	from09/23/2018	FORM	400
SEE INSTRUCTIONS ON REVERSE		through10/20/2018	Page9	_ of10
NAME OF FILER			I.D. NUMBER	
Dotty Nygard for Tracy City Council 2018			1407530	
CODES: If one of the following codes accurate	ely describes the payment, you may enter the code. Other	erwise, describe the payment	.•	

CODES: If one of the following codes accurately describes the paym	nent, you may enter the code. Otherwise,	describe the payment.
ON Campaign paraphornanomics		radio airtime and production costs
CNS campaign consultants MTG meetil	ungo una appoaramoso	returned contributions
	e expenses SAL	campaign workers' salaries
CVC civic donations PET petitio		t.v. or cable airtime and production costs
		candidate travel, lodging, and meals
FND fundraising events POL polling	ng and survey research TRS	staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)* POS posta		transfer between committees of the same candidate/sponsor
LEG legal defense PRO profes	essional services (legal, accounting) VOT	voter registration
LIT campaign literature and mailings PRT print a	14.55	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
Stripe, Inc. 3180 18th Street	OFC		3.20
San Francisco, CA 94110			

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

SUBTOTAL \$

Schedule	₽ F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

SEE INICADI	ICTIONS	ON	DEVEDOE
SEE INSTRI	うしいいいろ	UN	KEVEKSE

NAME OF FILER

14055

1407530

Dotty Nygard for Tracy City Council 2018

CODES: If one of the following codes accurately described 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 communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and PRO professional services (PRT print ads	ns nces earch messenger services	Otherwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Carol J. Adamski M.A. Santa Clara, CA 95051	CNS	1,500.00	0.00	1,500.00	0.00	

					<u></u>
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	1,500.00\$	0.00\$	1,500.00\$	0.00

Schedule F Summary

0.00	INCURRED TOTALS \$. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	1.
1,500.00	PAID TOTALS \$. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments of accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.	2.
-1,500.00	NET \$. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	3 .

							COVER PAGE
Recipient Committee				Γ	Date Stamp	C	ALIFORNIA 460
Campaign Statement				 	CEIVED		FORM TO
Cover Page (Government Code Sections 84200-84216.5)					ERK'S OFF!	nF _	
GOVERNMENT CODE GEORGIA 04200-04210.0)	•	S	atement covers period	Date of election if applicable:		L'	ge <u>1</u> of <u>9</u>
		from	09/23/2018	(Month, Day, Year) or n 1917	-8 PM 2:0	12	For Official Use Only
				. [-	FOR Official OSE Office
SEE INSTRUCTIONS ON REVERSE		throu	gh <u>10/20/2018</u>	11/06/2018	OF TRACY		
1. Type of Recipient Committee: All	Committees –	Complete P	arts 1, 2, 3, and 4.	2. Type of Statement:	Article 13 Chara		
(X) Officeholder, Candidate Controlled Comm	ittee 🔲		Formed Ballot Measure	X Preelection Statement	[Quarterly	Slatement
O State Candidate Election Committee		Committe Contro		Semi-annual Statement			dd-Year Report
Recall (Also Complete Part 5)		O Spon		Termination Statement (Also file a Form 410 Term			ntal Preelection - Attach Form 495
, , ,		(Also Comple		X Amendment (Explain below	-	Statement	- Attach Form 455
General Purpose Committee Sponsored	П	Primarily	Formed Candidate/		•••,		
Small Contributor Committee			der Committee	Update Cover Page			
O Political Party/Central Committee		(Also Compli	ele Part 7)				
O Committee Information	T	I.D. NUMB	R .	Treasurer(s)	······································		
3. Committee Information		140753)			<u></u>	
COMMITTEE NAME (OR CANDIDATE'S NAME IF		≣)		NAME OF TREASURER			
Dotty Nygard for Tracy City Counc	11 2016			Shawnda Deane			
				MAILING ADDRESS			
eroser apontoo (No po pov)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX)				CITY Sacramento	CA	95815	AREA CODE/FIIONE
CITY	TATE ZIP	CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER			
-		376		Dotty Nygard			
MAILING ADDRESS (IF DIFFERENT) NO. AND ST				MAILING ADDRESS			
CITY	TATE ZIP	CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA 95	815		Tracy	CA	95376	
ORTIONAL: FAX / F-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDRES	S		
			·				
4. Verification							
I have used all reasonable diligence in preparir	ng and review	ng this sta	tement and to the best of my kr	owledge he information contained herein	and in the attached	d schedules is	true and complete. I certify
under penalty of perjury under the laws of the S	state of Califor	nia that the	foregoing is true apercorrect.				
Executed on10/29/2018			(2				
Date				int Trea	SUPER		
Executed on			SichalurdofC	ontrollog (Miceholder, Cardildate, State Measure Propone	ent or Responsible Officer	of Sponsor	
Dale	•		()	Site of the State	ort of thousand officer	 	
Executed on			Ву	Signature of Controlling Officeholder, Candidate, State	Measure Proponent		
Everylad an			Rv				
Executed on			Ву	Signature of Controlling Officeholder, Candidate, State	Measure Proponent		EDBC Form 460 (lan/2016)

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

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Dotty Nygard OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
City Council Member: City of Tracy							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	ET) CITY STATE	ZIP	Identify the controlling off	iceholder, ca	ndidate, or state	e measure pi	roponent, if ar
	Tracy CA	95376	NAME OF OFFICEHOLDER, CAN				
Related Committees Not Included in t not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed to I	nittees receive	OFFICE SOUGHT OR HELD		DIS	ISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
COMMITTEE NAME					_		_
	CONTROLLED COMMITTEE	7 .	. Primarily Formed Can officeholder(s) or candidate(s	didate/Offic s) for which th	ceholder Com	nmittee Lis rimarily forme	t names of ed.
NAME OF TREASURER	CONTROLLED COMMITTEE	7	Primarily Formed Can officeholder(s) or candidate(s	s) for which th	ceholder Com is committee is pr		
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (I	CONTROLLED COMMITTEE	=? 	officeholder(s) or candidate(s	candidate	is committee is pr	IT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (I	CONTROLLED COMMITTEE	=? 	officeholder(s) or candidate(s	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (I	CONTROLLED COMMITTEE TYES NO NO P.O. BOX) ZIP CODE AREA CODE/	=? PHONE	NAME OF OFFICEHOLDER OR O	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Stateme	ent covers period	CALIFORNIA	460
from	09/23/2018	FORM	
through	10/20/2018	Page3	of

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1407530 Dotty Nygard for Tracy City Council 2018 Calendar Year Summary for Candidates Column A Column B Running in Both the State Primary and CALENDAR YEAR TOTALTHIS PERIOD Contributions Received (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 19,880.44 7/1 to Date 1/1 through 6/30 0.00 0.00 2. Loans Received Schedule B, Line 3 20. Contributions 19,880.44 1,952.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 19,880.44 **Expenditure Limit Summary for State Expenditures Made** Candidates 0.00 0.00 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) \$ __ 16,485.79 Total to Date Date of Election (mm/dd/yy) 0.00 16,485.79 **Current Cash Statement** To calculate Column B, add amounts in Column A to the 1,952.00 13. Cash Receipts Column A, Line 3 above *Amounts in this section may be different from amounts corresponding amounts 0.00 from Column B of your last 14. Miscellaneous Increases to Cash Schedule I, Line 4 reported in Column B. report. Some amounts in 4,961.98 15. Cash Payments Column A, Line 8 above Column A may be negative figures that should be 3,394.65 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ _____ subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). ______ \$ See instructions on reverse \$ _____ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)

FPPC Form 460 (3alii2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from09/23/2018	FORM TOO
through _10/20/2018	Page4 of9
	I.D. NUMBER
	1407530

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

_					14073	30
Dotty Nygaro	l for Tracy City Council 2018	1				PER ELECTION
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
10/03/2018	Central Labor Council of San Joaquin and Calaveras Counties 3984 Cherokee Road Stockton, CA 95215	□IND □COM 図OTH □PTY □SCC		500.00	500.00	
10/18/2018	Amy Erb San Francisco, CA 94115	⊠IND □COM □OTH □PTY □SCC	Registered Murse California Pacific Medical Center			
10/03/2018	Allan Goetz Spring Valley, CA 919//	⊠IND □COM □OTH □PTY □SCC	Physicist Northrop Grumman	27.00	135.00	
10/03/2018	Harry S. Truman of Stockton (ID# 1269373) Stockton, CA 95207	□IND □COM □OTH □PTY □SCC		750.00	,	
10/20/2018	Jon Kurey Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Registered Nurse Sutter Tracy Hospital	50.00	. 100.00	
			SUBTOTALS	1,427.00		- Art Burn

Sc	he	edu	le	Α	Sum	mary
----	----	-----	----	---	-----	------

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

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

SCC - Small Contributor Committee

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

Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may be rounded to whole dollars.		from09/23/2018		FORM 460	
				through 10/20/	/2018	Page	5 of9
NAME OF FILER							
Dotty Nygard	for Tracy City Council 2018			T		1407530	
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 31)	PER ELECTION TO DATE (IF REQUIRED)
09/28/2018	Terry Lamb Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Owner General Programming, Inc.	100.00		0.00	
10/02/2018	Martha Smith Chicago, IL 60642	☑IND □COM □OTH □PTY □SCC	Midwest Lead National Nurses United	100.00	:	0.00	
10/14/2018	Leslie Swift Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Librarian Jefferson School District	50.00	10	00.00	
10/14/2018	Leslie Swift Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Librarian Jefferson School District	50.00	10	00.00	
		□IND □COM □OTH □PTY □SCC			:		
		<u></u>	SUBTOTAL	\$ 300.00		1.00	

*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 legal defense

campaign literature and mailings

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from09/23/2018	FORM TOO
through10/20/2018	Page6 of9
	I.D. NUMBER
	1407510

WEB information technology costs (internet, e-mail)

NAME OF FILER			1.5. 1152
			1407530
Dotty Nygard for Tracy City Council 2018	the neumant you may onter the code Otherwise	describe the payment.	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MBR member communications RAMTG meetings and appearances RF	returned contributions L campaign workers' salaries L t.v. or cable airtime and prod C candidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees	luction costs d meals

PRO professional services (legal, accounting)

PRT

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

print ads

AMOUNT PAID NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 1,500.00 CNS Carol J. Adamski M.A. Santa Clara, CA 95051 177.79 Walk Piece Creative Vision Printing 2232 Stewart Street Stockton, CA 95205 1,293.00 Creative Vision Printing 2232 Stewart Street Stockton, CA 95205

Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 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

> FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

SUBTOTAL\$

2,970.79

Schedule E	
(Continuation Sheet	t)
Payments Made	

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from09/23/2018	FORM TOO
through 10/20/2018	Page of
	I.D. NUMBER

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	01	R DESCRIPTION OF PAYMENT	MOUN	
	LIT				1,357.65
Creative Vision Printing 2232 Stewart Street Stockton, CA 95205					
					610.42
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO				
					1.03
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC				
Sail Flancisco, Gi Fill)				
	OFC				0.59
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	orc				
	OFC				3.20
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	:				
* Payments that are contributions or independent expenditures must also be summarized or	Schedule		SUBTOTA	L\$	1,972.89

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

 Statement covers period
 CALIFORNIA 460

 from ____09/23/2018
 FORM

 through ___10/20/2018
 Page ___8 __ of __9__

 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1407530 Dotty Nygard for Tracy City Council 2018 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 RAD member communications CMP campaign paraphernalia/misc. returned contributions meetings and appearances MTG campaign consultants CNS campaign workers' salaries office expenses OFC CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs TEL petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals TRS polling and survey research fundraising events transfer between committees of the same candidate/sponsor FND **TSF** postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* IND voter registration professional services (legal, accounting) PRO legal defense LEG WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings Ш AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR 1.91 OFC Stripe, Inc. 3180 18th Street San Francisco, CA 94110 4.23 OFC Stripe, Inc. 3180 18th Street San Francisco, CA 94110 1.96 OFC Stripe, Inc. 3180 18th Street San Francisco, CA 94110 1.75 OFC Stripe, Inc. 3180 18th Street San Francisco, CA 94110 5.25 OFC

Stripe, Inc.
3180 18th Street
San Francisco, CA 94110

SUBTOTAL \$

15.10

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

Schedule	E
(Continuat	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

	OOLIEDOEE E (OOM
Statement covers period	CALIFORNIA 460
from09/23/2018	FORM TOO
through 10/20/2018	Page9 of9
	I.D. NUMBER
	1407530

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1407530 Dotty Nygard for Tracy City Council 2018

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 POL FND fundraising events transfer between committees of the same candidate/sponsor TSF postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* POS 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 NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF PAYMENT CODE OR 3.20 OFC Stripe, Inc. 3180 18th Street

San Francisco, CA 94110

SUBTOTAL \$ 3.20 * 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	CITY CIERM'S OFFICE COVERPAGE COVERPAGE CALIFORNIA 460 COVERPAGE CALIFORNIA 460 FORM CALIFORNIA 460 FORM Page 1 of 9 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	from 09/23/2018	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/20/2018	11/00/2020
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:
State Candidate Election Committee Recall (Also Camplate Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Controlled Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	☑ Preelection Statement ☐ Quarterly Statement ☐ Semi-annual Statement ☐ Special Odd-Year Report ☐ Termination Statement ☐ Supplemental Preelection (Also file a Form 410 Termination) Statement - Attach Form 495 ☐ Amendment (Explain below)
3. Committee Information	NUMBER	Treasurer(s)
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Dotty Nygard for Tracy City Council 2018 STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER Shawnda Deane MAILING ADDRESS
THEET ADDRESS (NO P.O. BOX)		STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95815
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY
Tracy CA 9537		Dotty Nygard
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	ox	MAILING ADDRESS
CITY STATE ZIP CO	05	
Sacramento CA 9581:		CITY STATE ZIP CODE AREA CODE/PHONE Tracy CA 95376
OPTIONAL: FAX / E-MAIL ADDRESS		Tracy CA 95376 OPTIONAL: FAX / E-MAIL ADDRESS
4. Verification		
	this statement and to the best of my know that the foregoing is true and correct.	wledge the information contained herein and in the attached schedules is true and complete. I certify
Executed on	Ву	
Executed on	By	oning onicenciaes, candoans, agreniessand Properienton asponsible Oniceror Sponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Ву	Name of Cartellian Office Little Country of Cartellian Country of
Date	: • • • • • • • • • • • • • • • • • • •	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

www.netfile.com

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALIF	CALIFORNIA 460						
Page _	2	of _	9				

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE					
Dotty Nygard OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC City Council Member: City of Tracy	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Tracy CA 95376			Identify the controlling officeholder, candidate, or state measure proponent, NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
Related Committees Not Included in this State not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	r are primarily formed to re		OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY		
COMMITTEE NAME	I.D. NUMBER CONTROLLED COMMITTEE?		. Primarily Formed Cand	didate/Officeholder C	ommittee List names of	F	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO	<u> </u>	officeholder(s) or candidate(s,		JGHT OR HELD SUPP	PORT	
					OPPO	OSE	
CITY STATE ZIP CO	ODE AREA CODE/P	HONE	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SOL	JGHT OR HELD ☐ SUPP		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SOL	JGHT OR HELD SUPF		
NAME OF TREASURER	CONTROLLED COMMITTEE?	?	NAME OF OFFICEHOLDER OR C	:ANDIDATE OFFICE SOL	JGHT OR HELD SUPF		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	PHONE	Attac	ch continuation sheets if	necessary			

Campaign Disclosure Statement Summary Page

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

Amounts may be rounded to whole dollars.

 Statement covers period
 CALIFORNIA FORM
 460

 through
 10/20/2018
 Page
 3
 of
 9

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1407530 Dotty Nygard for Tracy City Council 2018 Calendar Year Summary for Candidates Column B Column A **Contributions Received** CALENDAR YEAR Running in Both the State Primary and TOTAL THIS PERIOD TOTAL TO DATE (FROMATTACHED SCHEDULES) General Elections 19,880.44 1/1 through 6/30 7/1 to Date 0.00 2. Loans Received Schedule B, Line 3 20. Contributions 19,880.44 Received 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made \$ ____ 19,880.44 **Expenditure Limit Summary for State Expenditures Made Candidates** 7. Loans Made Schedule H, Line 3 0.00 0.00 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) \$ ____ 16,485.79 0.00 Total to Date 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 0.00 Date of Election (mm/dd/yy) 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 16,485.79 Current Cash Statement To calculate Column B, add amounts in Column A to the 1,952.00 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 4,961.98 15. Cash Payments Column A, Line 8 above Column A may be negative 3,394.65 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ ______ subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 0.00 17 I OAN 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

0.00

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

Schedule	٨			SCHE				CHEDULE .
	Contributions Received		ts may be rounded whole dollars.	Statement cove	ers period	CALIFO		460
•				from09/23/2	018	FORM TO U		
OFF INCTRUCTIO	ONIC ON DEL/EDGE			through <u>10/20/2</u>	018	Page	of	9
NAME OF FILER	DNS ON REVERSE			<u> </u>		I.D. NUMB	BER	
	1 Communication Committee 2010			•		1407530		
Dotty Nygaro	d for Tracy City Council 2018			AMOUNT	CUMULATIVE TO	DATE	PER EL	ECTION
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)	RECEIVED THIS PERIOD	CALENDAR Y	EAR . 31)	(IF REC	ATE
10/03/2018	Central Labor Council of San Joaquin and Calaveras Counties 3984 Cherokee Road Stockton, CA 95215	☐IND ☐COM ※OTH ☐PTY ☐SCC		500.00		500.00		
10/18/2018	Amy Erb San Francisco, CA 94115		Registered Nurse California Pacific Medical Center	100.00		381.00		
10/03/2018	Allan Goetz Spring Valley, CA 91977	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Physicist Northrop Grumman	27.00	-	135.00		
10/03/2018	Harry S. Truman of Stockton (ID# 1269373) Stockton, CA 95207	□IND IND IND IND IND IND IND IND		750.00		750.00		
10/20/2018	Jon Kurey Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Registered Nurse Sutter Tracy Hospital	50.00		100.00		
			SUBTOTAL	1,427.00				
 Amount re (Include a Amount re 	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)			1,727.00 225.00	IND- COM OTH PTY	tributor. Cod - Individual I – Recipient (other tha – Other (e.e.) – Political Pa – Small Con	Committe an PTY or g., busine arty	SCC) ess entity)
3. Total mone (Add Line	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.) TOTAL \$	1,952.00	350			

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from.

09/23/2018

NAME OF FILER		through10/20/2018		Page5 of9 I.D. NUMBER 1407530					
DATE RECEIVED	for Tracy City Council 2018 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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)		
09/28/2018	Terry Lamb Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Owner General Programming, Inc.	100.00		00.00			
10/02/2018	Martha Smith Chicago, IL 60642	⊠IND □COM □OTH □PTY □SCC	Midwest Lead National Nurses United	100.00		300.00			
10/14/2018	Leslie Swift Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Librarian Jefferson School District	50.00	1	00.00			
10/14/2018	Leslie Swift Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Librarian Jefferson School District	50.00		100.00			
		□IND □COM □OTH □PTY □SCC							
	SUBTOTAL\$ 300.00								

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule E	Ξ
Payments	Made

Amounts may be rounded to whole dollars.

				SCHEDULE E
	Stateme	ent covers period	CALIFORNIA 460	
	from	09/23/2018	FORM	700
	through _	10/20/2018	Page6 o	f
_			I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1407530 Dotty Nygard for Tracy City Council 2018

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 CNS SAL campaign workers' salaries contribution (explain nonmonetary)* OFC office expenses 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 POL fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* POS voter registration professional services (legal, accounting) legal defense 1 FG WEB information technology costs (internet, e-mail) print ads PRT campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 1,500.00 CNS Carol J. Adamski M.A. Santa Clara, CA 95051 177.79 Walk Piece Creative Vision Printing 2232 Stewart Street Stockton, CA 95205 1,293.00 Creative Vision Printing 2232 Stewart Street Stockton, CA 95205 2,970.79 SUBTOTAL\$ Payments that are contributions or independent expenditures must also be summarized on Schedule D. **Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) 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

Schedule	E
(Continua	tion Sheet)
Payments	-

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers period	CALIFORNIA 460
from09/23/2018	FORM TOO
through 10/20/2018	Page7 of9
	I.D. NUMBER
	1407530

NAME OF FILER

Dotty Nygard for Tracy City Council 2018

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. returned contributions RFD MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries office expenses OFC 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 phone banks PHO FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals TRS POL polling and survey research fundraising events FND transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF POS 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 NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF PAYMENT CODE OR 1,357.65 LIT Creative Vision Printing 2232 Stewart Street Stockton, CA 95205 610.42 PRO Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815 1.03 OFC Stripe, Inc. 3180 18th Street San Francisco, CA 94110 0.59 OFC Stripe, Inc. 3180 18th Street San Francisco, CA 94110 3.20 OFC Stripe, Inc. 3180 18th Street San Francisco, CA 94110

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

SUBTOTAL \$

1,972.89

Schedule E	
(Continuation Sh	eet)
Payments Made	•

Amounts may be rounded to whole dollars.

		SCHEDULE E (COM	
Statement covers period		CALIFORNIA 460	
	from09/23/2018	FORM TOO	
	through 10/20/2018	Page 8 of 9	
	-	I.D. NUMBER	
		1407530	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

ЦŢ

Dotty Nygard for Tracy City Council 2018

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

print ads

MBR member communications CMP campaign paraphernalia/misc. MTG meetings and appearances CNS campaign consultants OFC office expenses CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FIL fundraising events FND independent expenditure supporting/opposing others (explain)* IND LEG legal defense PRT

petition circulating PET PHO phone banks polling and survey research POL POS postage, delivery and messenger services professional services (legal, accounting) PRO

SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor TSF

VOT voter registration

RFD returned contributions

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	АМО	UNT PAID
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC				1.91
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC				4.23
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC				1.96
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC				1.75
Stripe, Inc. 3180 18th Street San Francisco, CA 94110	OFC		· · · · · · · · · · · · · · · · · · ·		5.25
				URTOTAL \$	15.10

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

SUBTOTAL \$

15.10

SEE INSTRUCTIONS ON REVERSE

FIL

FND

Amounts may be rounded to whole dollars.

		SCHEDULE E (CONT.
Statement covers period	CALIFORNIA 460	
	from09/23/2018	FORM TOO
	through10/20/2018	Page9 of9
_		I.D. NUMBER
		1407530

NAME OF FILER

Dotty Nygard for Tracy City Council 2018

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

candidate filing/ballot fees fundraising events

independent expenditure supporting/opposing others (explain)* ND legal defense LEG campaign literature and mailings ЦΤ

RAD radio airtime and production costs MBR member communications RFD returned contributions MTG meetings and appearances SAL campaign workers' salaries OFC office expenses TEL t.v. or cable airtime and production costs petition circulating PET

PHO phone banks polling and survey research POL postage, delivery and messenger services POS professional services (legal, accounting) PRO PRT print ads

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor TSF VOT voter registration 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 3.20 OFC Stripe, Inc. 3180 18th Street San Francisco, CA 94110

SUBTOTAL \$

^{*} 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)		Date Stamp DECENTED CITY CLERK'S UFFICE	CALIFORNIA 460 FORM
	Statement covers period from 11118	Date of election if applicable: (Month, Day, Year) 2010 NOV 30 PM 4: 1.1	Page1of
SEE INSTRUCTIONS ON REVERSE	through _9 22118	11/06/2018 CITY OF TRACY TRACY, CA	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
O State Candidate Election Committee O Recall (Also Complete Part 5) ☐ General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Semi-annual Statement ☐ Spec ☐ Termination Statement ☐ Supplement	rterly Statement cial Odd-Year Report clemental Preelection ement - Attach Form 495
3. Committee Information	D. NUMBER	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Dotty Nygard for Tracy City Council 2018 STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER Shawnda Deane MAILING ADDRESS CITY STATE ZIP C	
CITY STATE ZIP CO	DDE AREA CODE/PHONE	Sacramento CA 958 NAME OF ASSISTANT TREASURER, IF ANY	15
Tracy CA 953		Dotty Nygard	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E		MAILING ADDRESS	
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY STATE ZIP C	ODE AREA CODE/PHONE
Sacramento CA 9583	.5	Tracy CA 953	76
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
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	g this statement and to the best of my kno a that the foregoing is true and correct	istant Treasurer Jire Proponent or Responsible Officer of Sponsor	iles is true and complete. I certify
Executed on	Ву		
Dale		Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2									
CALIF FC	ORNIA ORM	4	160						
Page _	2	of _	20						

Officeholder or Candidate Controlled Comm	nittee	6.	Primarily Formed Balle	ot Measure Commit	tee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Dotty Nygard OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE	E)	BALLOT NO. OR LETTER	JURISDICTION	To	
City Council Member: City of Tracy						OPPOSE
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CITY STATE	ZIP	Identify the controlling off	ficeholder, candidate, o	r state measure	proponent, if any.
T	racy CA	95376	NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PROPONENT		
Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to		OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTI	7.	. Primarily Formed Can officeholder(s) or candidate(s	didate/Officeholder s) for which this committe	Committee I	List names of med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	<u> </u>	 	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE S	SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA COD	E/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE S	SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE S	SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTI	EE?	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE S	SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS (NO P.O. E	CODE AREA COD	E/PHONE	Atta	ch continuation sheets	if necessary	<u> </u>

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 01/01/2018 from ____ Page ___3 ___ of ___20___ 09/22/2018 through _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1407530 Dotty Nygard for Tracy City Council 2018 for Condidates

Monetary Contributions	e 3				General Elections
Loans Received	e 3		\$	17,928.44	1/1 through 6/30 7/1 to Date
	+2	0.00		0.00	
Nonmonetary Contributions Schedule C, Lin	•	17,928.44	\$	17,928.44	20. Contributions Received \$ \$
	e 3	0.00		0.00	21. Expenditures
TOTAL CONTRIBUTIONS RECEIVED Add Lines 3	+ 4	17,928.44	\$	17,928.44	Made \$\$
xpenditures Made					Expenditure Limit Summary for State
Payments Made Schedule E, Lin	e 4	11,523.81	\$	11,523.81	Candidates
Loans Made Schedule H, Lin	e 3	0.00		0.00	22. Cumulative Expenditures Made*
SUBTOTAL CASH PAYMENTS Add Lines 6				11,523.81	(If Subject to Voluntary Expenditure Limit)
Accrued Expenses (Unpaid Bills)Schedule F, Lin				1,500.00	Date of Election Total to Date
). Nonmonetary Adjustment	e 3	0.00		0.00	(mm/dd/yy)
I . TOTAL EXPENDITURES MADE	10	13,023.81	\$	13,023.81	\$
current Cash Statement					\$
2. Beginning Cash Balance Previous Summary Page, Line	16	0.00	T	o calculate Column B, add	
3. Cash Receipts Column A, Line 3 abo	ove	17,928.44		mounts in Column A to the orresponding amounts	*Amounts in this section may be different from amounts
4. Miscellaneous Increases to Cash Schedule I, Lin	e 4	0.00	"	om Column B of your last	reported in Column B.
5. Cash Payments Column A, Line 8 abo	ove	11,523.81	C	eport. Some amounts in Column A may be negative	
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line	15	6,404.63		gures that should be ubtracted from previous	
If this is a termination statement, Line 16 must be zero.			р	eriod amounts. If this is ne first report being filed	
7. LOAN GUARANTEES RECEIVED Schedule B, Pa	rt 2	0.00	fo C	or this calendar year, only arry over the amounts	
ash Equivalents and Outstanding Debts			а	om Lines 2, 7, and 9 (if ny).	
8. Cash Equivalents See instructions on reve	erse	\$0.00			
9. Outstanding Debts Add Line 2 + Line 9 in Column B ab	ove	\$1,500.00			
			1		FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377

016) 772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement coverage from01/01/2	•	CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE			through	018	Page _	4 of20	
NAME OF FILER						I.D. NU	MBER	
Dotty Nygaro	d for Tracy City Council 2018					14075	30	
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	ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
08/06/2018	Susan Arnett Stockton, CA 95207	⊠IND □COM □OTH □PTY □SCC	Retired n/a	300.00		300.00		
02/21/2018	Vinnie Bacon Fremont, CA 94536	⊠IND □COM □OTH □PTY □SCC	City Council Member City of Fremont	270.00 Received through inter Dotty Nygard for Congr 1787 Tribute Road, Sui Sacramento, CA 95815	mediary: ess	270.00		
02/13/2018	Alexander Barbe San Jose, CA 95126	⊠IND □COM □OTH □PTY □SCC	Property Manager/Coder/Landlord Alexander Barbe	27.00 Received through inter Dotty Nygard for Congr 1787 Tribute Road, Sui Sacramento, CA 95815	mediary:	527.00		
02/15/2018	Alexander Barbe San Jose, CA 95126	⊠IND □COM □OTH □PTY □SCC	Property Manager/Coder/Landlord Alexander Barbe	300.00 Received through inter Dotty Nygard for Congr 1787 Tribute Road, Sui Sacramento, CA 95815	mediary: ess	527.00		
02/17/2018	Alexander Barbe San Jose, CA 95126	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Property Manager/Coder/Landlord Alexander Barbe	Received through inter Dotty Nygard for Congr 1787 Tribute Road, Sui Sacramento, CA 95815	mediary: ess	527.00		
			SUBTOTAL	\$ 1,097.00		-		
Amount re (Include al	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)			14,396.92	COV	(other t		
2. Amount re	eceived this period – unitemized monetary contributions	s of less than	\$100\$	3,531.52	PTY	- Political	Party	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.) TOTAL \$	17,928.44	sco	S – Small C	ontributor Committee	

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

www.fppc.ca.gov

SCHEDULE A (C	ONT.
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Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from01/01/2018		CALIFORNIA 460		
				through 09/22/	2018		5 of20	
NAME OF FILER						I.D. NUM	IREK	
Ootty Nygard	for Tracy City Council 2018					140753	0	
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 31)	PER ELECTION TO DATE (IF REQUIRED)	
02/28/2018	Carolyn Bowden Oakland, CA 94611	IND COM OTH PTY SCC	Community Organizer California Nurses Association	270.00 Received through interpotty Nygard for Congril 1787 Tribute Road, Sur Sacramento, CA 95815	mediary: ress .te K	70.00		
09/03/2018	Teresa Brown Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Trustee San Joaquin Delta College	150.00	15	50.00		
08/24/2018	California Nurses Association PAC Small Contributor Committee (ID# 780657) 555 Capitol Mall, Suite 400 Sacramento, CA 95814	□IND □COM □OTH □PTY ☑SCC		2,500.00	3,5(00.00	·	
09/19/2018	California Nurses Association PAC Small Contributor Committee (ID# 780657) 555 Capitol Mall, Suite 400 Sacramento, CA 95814	□IND □COM □OTH □PTY ☑SCC		1,000.00	3,50	00.00		
08/30/2018	Michael Cauich Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Retired n/a	100.00	10	00.00		
			SUBTOTAL	\$ 4,020.00				

*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 A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o		Statement cove		schedule a (CON CALIFORNIA FORM		
				through09/22/	2018 Pa	age6 of20		
NAME OF FILER	for Tracy City Council 2018					D. NUMBER 407530		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE		
09/03/2018	Paykar Chamani Manteca, CA 95337	⊠IND □COM □OTH □PTY □SCC	Engineer Paykar Chamani	100.00	100.	00		
08/31/2018	John Cloutman Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Electrical Engineer Peloton Technology	100.00	100.	00		
02/04/2018	Henry Cole Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	1,439.92 Received through inte. Dotty Nygard for Cong. 1787 Tribute Road, Su Sacramento, CA 95815	ress	92		
02/05/2018	Robin Cole Tracy, CA 953//	⊠IND □COM □OTH □PTY □SCC	Software Consultant MIPRO Consulting	250.00 Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	ress	.00		
03/05/2018	Robin Cole Tracy, CA 95377	XIND □COM	Software Consultant MIPRO Consulting	250.00 Received through inte	500.	00		

SUBTOTAL\$

□отн □ PTY □ SCC

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

Tracy, CA 95377

PTY - Political Party

SCC - Small Contributor Committee

Received through intermediary: Dotty Nygard for Congress 1787 Tribute Road, Suite K Sacramento, CA 95815

2,139.92

SCHEDULE A (CONT.)

Monetary Contributions Received			Amounts may be rounded to whole dollars.		ers period 2018	california 460			
				through09/22/	2018	_	7 of <u>20</u>		
NAME OF FILER						I.D. NUME	BER		
Dotty Nygard	for Tracy City Council 2018					140753)		
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)		
09/14/2018	Democratic Club of Greater Tracy 902 N. Central Avenue Tracy, CA 95376	□IND □COM 図OTH □PTY □SCC		1,000.00		00.00			
03/02/2018	Maureen Dugan San Francisco, CA 94122		Registered Nurse University of California, San Francisco Medical Center	27.00 Received through interpotty Nygard for Conga 1787 Tribute Road, Sur Sacramento, CA 95815	mediary: ess te K	.04.00			
03/02/2018	Maureen Dugan San Francisco, CA 94122	⊠IND □COM □OTH □PTY □SCC	Registered Nurse University of California, San Francisco Medical Center	27.00 Received through interpotty Nygard for Conga 1787 Tribute Road, Su. Sacramento, CA 95815		.04.00			
09/06/2018	Maureen Dugan San Francisco, CA 94122	⊠IND □COM □OTH □PTY □SCC	Registered Nurse University of California, San Francisco Medical Center	50.00	1	.04.00			
02/05/2018	Amy Erb San Francisco, CA 94115	⊠IND □COM □OTH □PTY □SCC	Registered Nurse California Pacific Medical Center	27.00 Received through inter Dotty Nygard for Congs 1787 Tribute Road, Su Sacramento, CA 95815	mediary:	281.00			
			SUBTOTALS	1,131.00					

*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)
Monetary Contributions Received

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole o		Statement cove	ers period	california 460		
				through09/22/	2018	- ugc	8 of 20	
IAME OF FILER			·		1	I.D. NUMB	ER	
otty Nygard	for Tracy City Council 2018					1407530		
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	CUMULATIVETO I CALENDAR YE (JAN. 1 - DEC. :	AR 31)	PER ELECTION TO DATE (IF REQUIRED)	
02/16/2018	Amy Erb San Francisco, CA 94115		Registered Nurse California Pacific Medical Center	27.00 Received through interpotty Nygard for Congritors 1787 Tribute Road, Sur Sacramento, CA 95815	mediary: ress .te K	1.00		
03/05/2018	Amy Erb San Francisco, CA 94115	⊠IND □COM □OTH □PTY □SCC	Registered Nurse California Pacific Medical Center	27.00 Received through interpotty Nygard for Congi 1787 Tribute Road, Su: Sacramento, CA 95815	mediary: ress	1.00		
07/28/2018	Amy Erb San Francisco, CA 94115	⊠IND □COM □OTH □PTY □SCC	Registered Nurse California Pacific Medical Center	100.00	28	1.00		
07/28/2018	Amy Erb San Francisco, CA 94115	☑IND □COM □OTH □PTY □SCC	Registered Nurse California Pacific Medical Center	100.00		1.00		
02/09/2018	Alyce Eversole Tracy, CA 95376	⊠IND □ COM □ OTH □ PTY □ SCC	Not Employed n/a	Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	mediary: ress te K	0.00		
· · · · · · · · · · · · · · · · · · ·			SUBTOTALS	354.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCHEDULE A (C	10	ŲΤ.
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Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from01/01/2018		FORM 460	
				through09/22/	2018		9 of 20
NAME OF FILER						I.D. NUMB	ER
Dotty Nygard	for Tracy City Council 2018					1407530	
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)
02/11/2018	Alyce Eversole Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	Received through inter Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	mediary:	00.00	
03/09/2018	Alyce Eversole Tracy, CA 95376	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Not Employed n/a	Received through inter Dotty Nygard for Cong 1787 Tribute Road, Su: Sacramento, CA 95815	mediary:	00.00	
08/06/2018	Alyce Eversole Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	500.00	1,2	00.00	
02/15/2018	Allan Goetz Spring Valley, CA 91977	⊠IND □COM □OTH □PTY □SCC	Physicist Northrop Grumman	27.00 Received through interporty Nygard for Congil 1787 Tribute Road, Susacramento, CA 95815	mediary: ress	08.00	
02/28/2018	Allan Goetz Spring Valley, CA 91977	☑IND □COM □OTH □PTY □SCC	Physicist Northrop Grumman	27.00 Received through interpotty Nygard for Cong. 1787 Tribute Road, Su. Sacramento, CA 95815	rmediary: ress ite K	.08.00	
			SUBTOTAL	\$ 1,154.00			

*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 to whole o		Statement covers period from01/01/2018		FORM 460	
				through09/22/	2018	Page	10 of20
NAME OF FILER						I.D. NUM	BEK
Dotty Nygard	for Tracy City Council 2018			· · · · · · · · · · · · · · · · · · ·		140753	0
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	HIS CALENDAR YEAR TO E		PER ELECTION TO DATE (IF REQUIRED)
07/27/2018	Allan Goetz Spring Valley, CA 91977	⊠IND □COM □OTH □PTY □SCC	Physicist Northrop Grumman	27.00		.08.00	
09/04/2018	Allan Goetz Spring Valley, CA 91977	⊠IND □COM □OTH □PTY □SCC	Physicist Northrop Grumman	27.00	1	.00.80.	
02/08/2018	Patricia Gonzalez Vallejo, CA 94592	⊠IND □COM □OTH □PTY □SCC	Registered Nurse Kaiser Permanente	27.00 Received through interpotty Nygard for Congil 1787 Tribute Road, Surarmento, CA 95815	mediary:	.08.00	
03/03/2018	Patricia Gonzalez Vallejo, CA 94592	⊠IND □COM □OTH □PTY □SCC	Registered Nurse Kaiser Permanente	27.00 Received through interpotty Nygard for Congritor Tribute Road, Su: Sacramento, CA 95815	mediary: ress	.08.00	
03/06/2018	Patricia Gonzalez Vallejo, CA 94592	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Registered Nurse Kaiser Permanente	27.00 Received through inter Dotty Nygard for Cong: 1787 Tribute Road, Su. Sacramento, CA 95815	mediary: ress Lte K	108.00	
			SUBTOTAL	135.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedule	A (Continuation	on Sheet)
Monetary	Contributions	Received

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole o				FORM 460		
				through 09/22/	2018	Page	11 of 20	
NAME OF FILER						I.D. NUMI	BER	
Dotty Nygard	for Tracy City Council 2018					140753	0	
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)	
03/08/2018	Patricia Gonzalez Vallejo, CA 94592	IND COM OTH PTY SCC	Registered Nurse Kaiser Permanente	Received through inter Dotty Nygard for Congr 1787 Tribute Road, Su Sacramento, CA 95815	rmediary: tess .te K	08.00		
02/28/2018	Mike Hansen Deerfield, IL 60015	⊠IND □COM □OTH □PTY □SCC	Freelance Consultant Mike Hansen Received through intermediary: Dotty Nygard for Congress 1787 Tribute Road, Sulte K Sacramento, CA 95815		rmediary: ress	00.00		
02/06/2018	Jennifer Holm Aptos, CA 95003	⊠IND □COM □OTH □PTY □SCC	Registered Nurse Watsonville Community Hospital	27.00 Received through interpotty Nygard for Cong. 1787 Tribute Road, Su. Sacramento, CA 95815	mediary: ress te K	04.00		
03/06/2018	Jennifer Holm Aptos, CA 95003	⊠IND □COM □OTH □PTY □SCC	Registered Nurse Watsonville Community Hospital	27.00 Received through interpotty Nygard for Cong. 1787 Tribute Road, Su. Sacramento, CA 95815	mediary: ress ite K	04.00		
08/03/2018	Jennifer Holm Aptos, CA 95003	⊠IND □COM □OTH □PTY □SCC	Registered Nurse Watsonville Community Hospital	50.00	1	04.00		
· · · · · · · · · · · · · · · · · · ·			SUBTOTAL	\$ 231.00				

*Contributor Codes

IND-Individual

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

Schedule A (Continuation Sheet)

Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2018

CALIFORNIA FORM
FORM

Page 12 of 20

NAME OF FILER

Dotty Nygard for Tracy City Council 2018

LEAN INDIVIDIAL ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/24/2018	Patricia Howell Tracy, CA 95376		Retired n/a	75.00	125.00	
09/14/2018	Patricia Howell Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Retired n/a	50.00	125.00	
03/03/2018	Ann MacKenzie Crockett, CA 94525	IND COM OTH PTY SCC	Not Employed n/a	Received through inter Dotty Nygard for Cong 1787 Tribute Road, Sui Sacramento, CA 95815	ress te K	
09/14/2018	Kathleen McCafrey Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Retired n/a	100.00	100.00	
02/28/2018	Charlotte Montemayor Tracy, CA 95377	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Business Development Manager Cisco Systems	Received through inter Dotty Nygard for Cong: 1787 Tribute Road, Su: Sacramento, CA 95815	ress	
			SUBTOTALS	\$ 525.00		30 S

*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) SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. FORM 01/01/2018 from 09/22/2018 Page _____13__ of ___20 through I.D. NUMBER NAME OF FILER 1407530 Dotty Nygard for Tracy City Council 2018 **AMOUNT** CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR TO DATE RECEIVED THIS CALENDAR YEAR DATE OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * PERIOD (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME (JAN. 1 - DEC. 31) RECEIVED OF BUSINESS) 100.00 100.00 Registered Nurse 08/06/2018 Jill Neifer X IND Sutter Health ПСОМ Modesto, CA 95358 ПОТН **□**PTY □scc 1,000.00 1,150.00 Retired 02/15/2018 Nancy D. Pratt XIND n/a ПСОМ Concord, CA 94518 Received through intermediary: □ OTH Dotty Nygard for Congress 1787 Tribute Road, Suite K □ PTY Sacramento, CA 95815 □SCC 1,150.00 Retired 100.00 02/20/2018 Nancy D. Pratt XIND n/a ПСОМ Concord, CA 94518 Received through intermediary: □ OTH Dotty Nygard for Congress 1787 Tribute Road, Suite K □ PTY Sacramento, CA 95815 □scc 1,150.00 50.00 Retired 02/28/2018 Nancy D. Pratt X IND n/a ☐ COM Received through intermediary: Concora, CA 94518 **□**OTH Dotty Nygard for Congress 1787 Tribute Road, Suite K **□PTY** Sacramento, CA 95815

Silly Goose Productions

SUBTOTAL\$

□scc

X IND

ПСОМ

□OTH □PTY

□scc

*Contributor Codes

IND - Individual

02/26/2018

COM - Recipient Committee

(other than PTY or SCC)

Susan Sarandon

Lancaster, PA 17601

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

250.00

250.00

Received through intermediary:

1,500.00

Dotty Nygard for Congress 1787 Tribute Road, Suite K

Sacramento, CA 95815

Schedule	A (Continuation	on Sheet)
Monetary	Contributions	Received

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole dollars.		from01/01/	-	FORM 460	
				through09/22/	2018		14 of20
IAME OF FILER						I.D. NUM	1BER
otty Nygard	for Tracy City Council 2018		·			140753	30
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.	31)	PER ELECTION TO DATE (IF REQUIRED)
02/15/2018	John Schmit Salida, CA 95368	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	97.00 Received through inter Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	mediary: ress .te K	57.00	
07/27/2018	John Schmit Sallua, CA 95566	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	270.00	31	57.00	
08/02/2018	Martha Smith Chicago, 1L 60642		Midwest Lead National Nurses United	100.00	21	00.00	
09/02/2018	Martha Smith Chicago, IL 60642	IND □COM □OTH □PTY □SCC	Midwest Lead National Nurses United	100.00	21	00.00	
07/30/2018	Rachel Tolmachoff Pleasant Hill, CA 94523	⊠IND □COM □OTH □PTY □SCC	Retired n/a	500.00		00.00	
			SUBTOTAL	\$ 1,067.00			place of the second

*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) SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **FORM** 01/01/2018 from 09/22/2018 15 of 20 through I.D. NUMBER NAME OF FILER 1407530 Dotty Nygard for Tracy City Council 2018 PER ELECTION AMOUNT CUMULATIVE TO DATE IF AN INDIVIDUAL. ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR TO DATE RECEIVED THIS CALENDAR YEAR DATE OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) CODE * (JAN. 1 - DEC. 31) PERIOD RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) 100.00 200.00 Not Employed 02/11/2018 Mary VanDerostyne X IND n/a ПСОМ Ripon, CA 95366 Received through intermediary: Dotty Nygard for Congress **□OTH** 1787 Tribute Road, Suite K **□PTY** Sacramento, CA 95815 □scc 200.00 100.00 Not Employed 03/11/2018 Mary VanDerostyne XIND n/a **□**СОМ Ripon, CA 95366 Received through intermediary: □oтн Dotty Nygard for Congress 1787 Tribute Road, Suite K □ PTY Sacramento, CA 95815 □scc 27.00 592.00 Not Employed 02/22/2018 Juan Vazquez X IND n/a **□СОМ** Ceres, CA 95307 Received through intermediary: Потн Dotty Nygard for Congress 1787 Tribute Road, Suite K □ PTY Sacramento, CA 95815 □scc 592.00 270.00 Not Employed Juan Vazquez 02/22/2018 XIND n/a

Not Employed

n/a

ПСОМ

ПОТН

□ PTY

□scc

X IND

ПСОМ

□ OTH

□ PTY

□scc

*Co	ntri	bu	tor	Cod	60

IND - Individual

03/06/2018

COM - Recipient Committee

(other than PTY or SCC)

Ceres, CA 95307

Ceres, CA 95307

Juan Vazquez

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

PTY - Political Party

SCC - Small Contributor Committee

592.00

Received through intermediary:

270.00

767.00

Received through intermediary:

Dotty Nygard for Congress 1787 Tribute Road, Suite K

Sacramento, CA 95815

SUBTOTAL\$

Dotty Nygard for Congress 1787 Tribute Road, Suite K

Sacramento, CA 95815

Schedule A (Continuation Sheet) SCHEDULE A (CONT.) Amounts may be rounded **Monetary Contributions Received** Statement covers period **CALIFORNIA** to whole dollars. **FORM** 01/01/2018 09/22/2018 Page _____16__ of ___20__ through_ I.D. NUMBER NAME OF FILER 1407530 Dotty Nygard for Tracy City Council 2018 PER ELECTION AMOUNT CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR TO DATE RECEIVED THIS CALENDAR YEAR DATE OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME **PERIOD** (JAN. 1 - DEC. 31) RECEIVED OF BUSINESS) 592.00 25.00 Not Employed 07/23/2018 Juan Vazquez XIND n/a ПСОМ Ceres, CA 95307 □отн ☐ PTY □scc 100.00 127.00 Retired 02/23/2018 Denece Vincent XIND n/a ПСОМ Tracy, CA 95376 Received through intermediary: □ OTH Dotty Nygard for Congress 1787 Tribute Road, Suite K □ PTY Sacramento, CA 95815 □scc 27.00 127.00 Retired 08/28/2018 Denece Vincent X IND ln/a ПСОМ Tracy, CA 95376 ПОТН **□PTY** □scc 124.00 99.00 Retired 08/06/2018 Chuck Walker, Sr. XIND n/a ПСОМ Lodi, CA 95240 □ OTH

Retired

n/a

□PTY □SCC

XIND

COM

□OTH □PTY □SCC

*Contributor Codes

IND - Individual

08/24/2018

COM – Recipient Committee (other than PTY or SCC)

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

Chuck Walker, Sr

Lodi, CA 95240

PTY - Political Party

SCC - Small Contributor Committee

124.00

25.00

276.00

SUBTOTAL\$

								SCHEDULE E
Schedule E	Amounts may be rounded				Statem	ent covers		IFORNIA 460
Payments Made	to whole d	ollars.			from	01/01/2	018	ORM TOO
					through _	09/22/2	018 Page	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							1 -	NUMBER
Dotty Nygard for Tracy City Council 2018							140	7530
CODES: If one of the following codes accurately describe	s the payment vo	u mav e	nter the code.	Otherwise	e. descri	be the pa	vment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FiL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munication: d appearan ses lating survey rese very and n	s ces	F F S T T T S	RAD radio RFD return RAL camp TEL t.v. or RC candi RS staff/ TSF trans VOT voter	airtime and ned contribution worker cable airtindate travel, spouse traver fer between registration	production costs utions rs' salaries ne and production of lodging, and meals el, lodging, and mea committees of the	ils same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRI	PTION OF PA	YMENT		AMOUNT PAID
Carol J. Adamski M.A.		CNS						1,500.00
Santa Clara, CA 95051								
Carol J. Adamski M.A. Santa Clara, CA 95051		CNS						1,500.00
City of Tracy 333 Civic Center Plaza Tracy, CA 95376		FÏL						1,200.00
* Payments that are contributions or independent expenditures i	must also be summ	arized on	Schedule D.				SUBTOTA	L\$ 4,200.0
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule	E subtotals.)						\$	11,395.69
2. Unitemized payments made this period of under \$100							\$	128.12
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Columi	າ (e).)				\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. E	inter here and on t	ne Summ	ary Page, Colu	ımn A, Lin	ne 6.)		TOTAL \$	11,523.81

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

Amounts may be rounded to whole dollars.

PRT

print ads

		SCHEDULE E (OUNT)
State	ment covers period	CALIFORNIA 460
from	01/01/2018	FORM TOO
through	09/22/2018	Page18 of20
		I.D. NUMBER
		1407530

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Ш

Dotty Nygard for Tracy City Council 2018

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 PET CVC civic donations TRC candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals polling and survey research POL FND fundraising events transfer between committees of the same candidate/sponsor TSF independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services IND VOT voter registration professional services (legal, accounting) legal defense LEG WEB information technology costs (internet, e-mail)

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
LIT		263.99
LIT		263.99
CMP		1,683.59
LIT		668.05
PRO		557.60
	LIT	LIT CMP

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

SUBTOTAL \$

3,437.22

Schedule	E
(Continua	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

PRT

	SCHEDOLL E (COIVI.)
Statement covers period	CALIFORNIA 460
from01/01/2018	FORM TOO
through09/22/2018	Page19 of20
	I.D. NUMBER
	1407520

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Dotty Nygard for Tracy City Council 2018

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. returned contributions RFD MTG meetings and appearances campaign consultants SAL campaign workers' salaries OFC office expenses contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees staff/spouse travel, lodging, and meals TRS polling and survey research POL FND fundraising events transfer between committees of the same candidate/sponsor TSF POS postage, delivery and messenger services

independent expenditure supporting/opposing others (explain)* IND

LEG legal defense

campaign literature and mailings

VOT voter registration professional services (legal, accounting) information technology costs (internet, e-mail) print ads

LIT campaign literature and mailings	PRI 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	AN	OUNT PAID	
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815		PRO				732.79	
Eric Luna Manteca, CA 95336		CNS				1,500.00	
Eric Luna Manteca, CA 95336		CNS				750.00	
Pacific Printing 1445 Monterey Highway San Jose, CA 95110		LIT				387.84	
Pacific Printing 1445 Monterey Highway San Jose, CA 95110		LIT				387.84	
* Payments that are contributions or independent expenditures mu	ıst also be summarized on S	chedule	 D.		SUBTOTAL \$	3,758.47	

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

Accrued Expenses (Unpaid Bills)	from01/01/2	50	FORM 460		
		,	through09/22/	2018 Page -	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		<u> </u>		I.D. NUM	BER
NAME OF FILER					
Dotty Nygard for Tracy City Council 2018	·			14075	30
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating	ns	RAD radio airtime ar RFD returned contri SAL campaign work	nd production costs butions	6
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	PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	messenger services	TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registration	el, lodging, and meals avel, lodging, and meals en committees of the sar	ne candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
Carol J. Adamski M.A. Santa Clara, CA 95051	CNS	0.00	1,500.00	0.00	1,500.0
					· .
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00\$	1,500.00	0.00\$	1,500.0
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized 	Schedule F, Column (b) su accrued expenses under	ubtotals for \$100.)	INCU	RRED TOTALS \$ _	1,500.00
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	nedule F, Column (c) subto payments on accrued exp	otals for payments on benses under \$100.)		PAID TOTALS \$ _	0.00
3. Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	nter the difference here an	d 		NET \$	1,500.00 lay be a negative number

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from07/01/2018 through09/22/2018	Date of election if applicable: (Month, Day, Year) 11/06/2018	ERPSOFFICE T-I AMIO: 00 Y OF TRACY RACY, DA	CALIFORNIA 460 Page 1 of 19 For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Implete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Controlled Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Statement) Amendment (Explain below	Spec Supp	terly Statement lal Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Dotty Nygard for Tracy City Council 2018 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO Tracy CA 9537 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	76	Treasurer(s) NAME OF TREASURER Shawnda Deane MAILING ADDRESS CITY Sacramento NAME OF ASSISTANT TREASURE Dotty Nygard MAILING ADDRESS	STATE ZIP CO CA 958 ER, IF ANY	
CITY STATE ZIP CO Sacramento CA 9583 OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification	.5	Tracy OPTIONAL: FAX / E-MAIL ADDRE		76
I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californi Executed on 09/26/2018 Date Executed on Date Date	By	rolling Officeholder, Candidate, State Measurd Proposition of Controlling Officeholder, Candidate, State Signature of Controlling Officeholder, Candidate,	frient or Reskonstold officer of Sponsor Measure Proponent	
Date		экупаште от солятония отностолост, сайтосте, зак		FPPC Form 460 (Jan/2016) dvice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

	COVERP	AGE-PART2
CALIF FC	ORNIA DRM	460
Page _		of

. Officeholder or Candidate Controlled Comn	nittee		6.	Primarily Formed Ballo	t Measure Co	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE		-		
Dotty Nygard OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABI	LE)		BALLOT NO. OR LETTER	JURISDICTION	· · · · · · · · · · · · · · · · · · ·		SUPPORT OPPOSE
City Council Member: City of Tracy					l			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP		Identify the controlling office	ceholder, candi	date, or state	e measure p	proponent, if any.
T	racy CA	95376		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROF	ONENT		
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed			OFFICE SOUGHT OR HELD	_	DI	ISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMIT		7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this o	ommittee is pr	rimarily form	st names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	BOX)			NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMIT			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I		DE/PHONE		Attac	h continuation	sheets if ned	cessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)

0.00

0.00

0.00

0.00

0.00

6,404.63

11,523.81

17,928.44

Statement covers period **CALIFORNIA FORM** 01/01/2018 Page ___3 ___ of ___19 09/22/2018 through

SEE INSTRUCTIONS ON REVERSE

Contributions Received

Expenditures Made

NAME OF FILER

Dotty Nygard for Tracy City Council 2018

Calendar Year Summary for Candidates Running in Both the State Primary and **General Elections**

1/1 through 6/30

I.D. NUMBER

1407530

20. Contributions Received

21. Expenditures Made

Expenditure Limit Summary for State

Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/vv)

Total to Date

7/1 to Date

SUMMARY PAGE

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 0.00
		17 020 44
13. Cash Receipts	Column A, Line 3 above	17,920.44
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	11,523.81

16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$

1. Monetary Contributions Schedule A, Line 3 \$ ____

2. Loans Received Schedule B, Line 3

4. Nonmonetary Contributions Schedule C, Line 3

7. Loans Made Schedule H, Line 3

9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3

10. Nonmonetary Adjustment Schedule C, Line 3

8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$

3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$

If this is a termination statement, Line 16 must be zero.

0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ _____ 0.00 - 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____

To calculate Column B. add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Column B

CALENDAR YEAR

TOTAL TO DATE

\$ 11,523.81

\$ 11,523.81

17,928.44

17,928.44

17,928.44

0.00

0.00

0.00

*Amounts in this section may be different from amounts reported in Column B.

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

www.fppc.ca.gov

Schedule A Monetary Contributions Received			s may be rounded whole dollars.	Statement cove	-	CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE			through	018	Page4 of	19	
NAME OF FILER					ľ			
Dotty Nygaro	d for Tracy City Council 2018		 			1407530		
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 DEC. CALENDAR YE.	AR TO DA 31) (IF REQI	ATÉ	
08/06/2018	Susan Arnett Stockton, CA 95207	⊠IND □COM □OTH □PTY □SCC	Retired n/a	300.00		00.00		
02/21/2018	Vinnie Bacon	⊠IND □COM □OTH □PTY □SCC	City Council Member City of Fremont	270.00 Received through inter Dotty Nygard for Congr 1787 Tribute Road, Sui Sacramento, CA 95815	mediary: ess	70.00		
02/13/2018	Alexander Barbe	⊠IND □COM □OTH □PTY □SCC	Property Manager/Coder/Landlord Alexander Barbe	Received through inter Dotty Nygard for Congr 1787 Tribute Road, Sui Sacramento, CA 95815	mediary:	27.00		
02/15/2018	Alexander Barbe San Jose, CA 95126	⊠IND □COM □OTH □PTY □SCC	Property Manager/Coder/Landlord Alexander Barbe	300.00 Received through inter Dotty Nygard for Conga 1787 Tribute Road, Sui Sacramento, CA 95815	mediary: ess	27.00	<u>.</u>	
02/17/2018	Alexander Barbe	⊠IND □COM □OTH □PTY □SCC	Property Manager/Coder/Landlord Alexander Barbe	200.00 Received through inter Dotty Nygard for Congr 1787 Tribute Road, Sui Sacramento, CA 95815	mediary:	27.00		
		<u> </u>	SUBTOTAL	.\$ 1,097.00			Ž.	
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Ill Schedule A subtotals.)eceived this period – unitemized monetary contribution				IND – COM-	ributor Codes Individual – Recipient Committe (other than PTY or – Other (e.g., busine - Political Party	r SCC)	

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

17,928.44

3. Total monetary contributions received this period.

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded

Statement covers period

CALIFORNIA 160

Wionetary Contributions Received		to whole d	dollars.	from01/01/	2018	FORM 460		
				through09/22/	l .	age5 of19 D.NUMBER		
NAME OF FILER					1.	D. NUIVIDER		
Dotty Nygard	for Tracy City Council 2018				1	407530		
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 DA CALENDAR YEAF (JAN. 1 - DEC. 31	R TODATE		
02/28/2018	Carolyn Bowden Oakland, CA 94611	⊠IND □COM □OTH □PTY □SCC	Community Organizer California Nurses Association	270.00 Received through inter Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	tess te K			
09/03/2018	Teresa Brown Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Trustee San Joaquin Delta College	150.00	150			
08/24/2018	California Nurses Association PAC Small Contributor Committee (ID# 780657) 555 Capitol Mall, Suite 400 Sacramento, CA 95814	□IND □COM □OTH □PTY ☑SCC		2,500.00	3,500			
09/19/2018	California Nurses Association PAC Small Contributor Committee (ID# 780657) 555 Capitol Mall, Suite 400 Sacramento, CA 95814	□IND □COM □OTH □PTY ☑SCC		1,000.00	3,500			
08/30/2018	Michael Cauich Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired n/a	100.00	100	0.00		
			SUBTOTAL	\$ 4,020.00				

*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) Monetary Contributions Received

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole o		from01/01/		FORM 460		
				through 09/22/	2018	Page	6 of 19	
NAME OF FILER						I.D. NÚM	BER	
Dotty Nygard	for Tracy City Council 2018					140753	0	
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 (IFSELF-EMPLOYED, ENTER NAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR . 31)	PER ELECTION TO DATE (IF REQUIRED)	
09/03/2018	Paykar Chamani Manteca, CA 95337	IND □COM □OTH □PTY □SCC	Engineer Paykar Chamani	100.00		00.00		
08/31/2018	John Cloutman Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Electrical Engineer Peloton Technology	100.00		00.00		
02/04/2018	Henry Cole Tracy, CA 95377	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed n/a	1,439.92 Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	mediary: :ess :te K	39.92		
02/05/2018	Robin Cole Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Software Consultant MIPRO Consulting	250.00 Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	mediary: ress ite K	00.00		
03/05/2018	Robin Cole Tracy, CA 953//	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Software Consultant MIPRO Consulting	Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	rmediary: less ite K	00.00		
			SUBTOTAL	.\$ 2,139.92				

*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 l to whole d		Statement cove	•	FORM 460			
				through09/22/	2018		7 of	<u> 19</u>	
NAME OF FILER						1.D. NUM			
Dotty Nygard	for Tracy City Council 2018					140753			
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 ELEC TO DA (IF REQU	ATÉ	
09/14/2018	Democratic Club of Greater Tracy 902 N. Central Avenue Tracy, CA 95376	□IND □COM 図OTH □PTY □SCC		1,000.00		000.00			
03/02/2018	Maureen Dugan San Francisco, CA 94122	⊠IND □COM □OTH □PTY □SCC	Registered Nurse University of California, San Francisco Medical Center	Received through inter Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	rmediary: ress ite K	104.00			
03/02/2018	Maureen Dugan San Francisco, CA 94122	EUND	Registered Nurse University of California, San Francisco Medical Center	27.00 Received through inte: Dotty Nygard for Cong: 1787 Tribute Road, Su: Sacramento, CA 95815	mediary: ress te K	104.00			
09/06/2018	Maureen Dugan San Francisco, CA 94122	☑IND □COM □OTH □PTY □SCC	Registered Nurse University of California, San Francisco Medical Center	50.00		104.00			
02/05/2018	Amy Erb San Francisco, CA 94115	☑IND □COM □OTH □PTY □SCC	Registered Nurse California Pacific Medica Center	Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	rmediary: ress ite K	281.00	200 200 200 200 200 200 200 200 200 200	opposite the second	
			SUBTOTAL	\$ 1,131.00					

*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 to whole o		Statement cove	•	FORM 460		
				through09/22/	2018		8 of <u>19</u>	
NAME OF FILER						I.D. NUM	BEK	
Dotty Nygard	for Tracy City Council 2018	· · · · · · · · · · · · · · · · · · ·	, · · · · · · · · · · · · · · · · · · ·			140753	0	
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 . 31)	PER ELECTION TO DATE (IF REQUIRED)	
02/16/2018	Amy Erb	⊠IND □COM □OTH □PTY □SCC	Registered Murse California Pacific Medical Center	27.00 Received through interpotty Nygard for Congrigory Tribute Road, Sur Sacramento, CA 95815	mediary: ress	81.00		
03/05/2018	Amy Erb San Francisco, CA 94115	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Registered Nurse California Pacific Medical Center	27.00 Received through inter Dotty Nygard for Congrigation Tribute Road, Surarmento, CA 95815	mediarv:	81.00		
07/28/2018	Amy Erb San Francisco, CA 94115	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Registered Nurse California Pacific Medical Center	100.00	2	81.00		
07/28/2018	Amy Erb	⊠IND □COM □OTH □PTY □SCC	Registered Nurse California Pacific Medical Center	100.00		81.00		
02/09/2018	Alvce Eversole Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	mediary: ess te K	00.00		
			SUBTOTAL	\$ 354.00				

*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 to whole o		Statement covers period from01/01/2018		FORM 460		
				through09/22/	2018	Page	9 of 19	
NAME OF FILER								
Dotty Nygard	for Tracy City Council 2018	-				140753	30	
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 5, 31)	PER ELECTION TO DATE (IF REQUIRED)	
02/11/2018	Alvae Eversole	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	S00.00 Received through interporty Nygard for Conglitation 1787 Tribute Road, Sur Sacramento, CA 95815	mediary:	00.00		
03/09/2018	Alyce Eversole Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	Received through inter Dotty Nygard for Congi 1787 Tribute Road, Su Sacramento, CA 95815	mediary:	200.00		
08/06/2018	Alyce Eversole Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	500.00	1,2	200.00		
02/15/2018	Allan Goetz Spring Valley, CA 91977	⊠IND □COM □OTH □PTY □SCC	Physicist Northrop Grumman	27.00 Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	mediary: ress	108.00		
02/28/2018	Allan Goetz Spring valley, CA 91977	☑IND □COM □OTH □PTY □SCC	Physicist Northrop Grumman	27.00 Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	rmediary: ress te K	108.00		
			SUBTOTAL	\$ 1,154.00				

*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) Monetary Contributions Received

SCHEDULE A (CONT.)

Monetary	Ionetary Contributions Received Amounts may be rounded to whole dollars.			from01/01/2018		FORM 460		
				through 09/22/	/2018		10 of 19	
NAME OF FILER						I.D. NUM		
Dotty Nygard	for Tracy City Council 2018	,			<u> </u>	140753	10	
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)	
07/27/2018	Allan Goetz Spring Valley, CA 91977	☑IND □COM □OTH □PTY □SCC	Physicist Northrop Grumman	27.00		08.00		
09/04/2018	Allan Goetz Spring Valley, CA 91977	⊠IND □COM □OTH □PTY □SCC	Physicist Northrop Grumman	27.00	1	.08.00		
02/08/2018	Patricia Gonzalez Vallejo, CA 94592	⊠IND □COM □OTH □PTY □SCC	Registered Nurse Kaiser Permanente	27.00 Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	rmediary: ress ite K	08.00		
03/03/2018	Patricia Gonzalez Vallejo, CA 94592	IND □COM □OTH □PTY □SCC	Registered Nurse Kaiser Permanente	27.00 Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	rmediary: ress te K	L08.00		
03/06/2018	Patricia Gonzalez Vallejo, CA 94592	⊠IND □COM □OTH □PTY □SCC	Registered Nurse Kaiser Permanente	Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	rmediary: ress ite K	108.00		
			SUBTOTAL	.\$ 135.00				

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole o		Statement cove	·	CALIF FO	ORNIA 460
				through 09/22/	2018		11 of19
NAME OF FILER						I.D. NUM	BER
Dotty Nygard	for Tracy City Council 2018					140753	0
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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR . 31)	PER ELECTION TO DATE (IF REQUIRED)
03/08/2018	Patricia Gonzalez Vallejo, CA 94592	☑IND □COM □OTH □PTY □SCC	Registered Nurse Kaiser Permanente	27.00 Received through interporty Nygard for Cong. 1787 Tribute Road, Su. Sacramento, CA 95815	mediary: tess te K	08.00	
02/28/2018	Mike Hansen Deerrieid, IL 60015	⊠IND □COM □OTH □PTY □SCC	Freelance Consultant Mike Hansen	Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	mediary: ess te K	00.00	
02/06/2018	Jennifer Holm Aptos, CA 95003	IND COM OTH PTY	Registered Nurse Watsonville Community Hospital	27.00 Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	rmediary: ress ite K	04.00	
03/06/2018	Jennifer Holm Aptos, CA 95003	IND □ COM □ OTH □ PTY □ SCC	Registered Nurse Watsonville Community Hospital	27.00 Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	rmediary: ress te K	04.00	
08/03/2018	Jennifer Holm Apros, CA 95003	⊠IND □COM □OTH □PTY □SCC	Registered Nurse Watsonville Community Hospital	50.00	1	.04.00	
			SUBTOTAL	.\$ 231.00			

*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) Monetary Contributions Received

SCHEDULE A	(CONT.
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Monetary Contributions Received		Amounts may to whole o		Statement covers period from01/01/2018		CALIFORNIA 460	
				through 09/22/	2018		12 of19
NAME OF FILER						I.D. NUMI	BER
Dotty Nygard	for Tracy City Council 2018					140753	0
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 OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR . 31)	PER ELECTION TO DATE (IF REQUIRED)
08/24/2018	Patricia Howell Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Retired n/a	75.00		25.00	
09/14/2018	Patricia Howell Tracy, CA 95376	IND COM OTH PTY SCC	Retired n/a	50.00	1	25.00	
03/03/2018	Ann MacKenzie Crockett, CA 94525	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Not Employed n/a	200.00 Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	mediarv:	00.00	
09/14/2018	Kathleen McCafrey Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Retired n/a	100.00	1	00.00	
02/28/2018	Charlotte Montemayor Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Business Development Manager Cisco Systems	Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	mediary: ess te K	00.00	
			SUBTOTAL	\$ 525.00	1145		

*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 covers period from01/01/2018		california 460	
				through09/22/	2018		13_ of19
NAME OF FILER						I.D. NUN	NBEK
Dotty Nygard	for Tracy City Council 2018					140753	30
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)
08/06/2018	Jill Neifer Modesto, CA 95358	⊠IND □COM □OTH □PTY □SCC	Registered Nurse Sutter Health	100.00		100.00	
02/15/2018	Nancy D. Pratt Concord, CA 94518	⊠IND □COM □OTH □PTY □SCC	Retired n/a	1,000.00 Received through intel Dotty Nygard for Congi 1787 Tribute Road, Su Sacramento, CA 95815	mediary:	150.00	
02/20/2018	Nancy D. Pratt Concord, CA 94518	⊠IND □COM □OTH □PTY □SCC	Retired n/a	Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	mediary: ress	150.00	
02/28/2018	Nancy D. Pratt Concord, CA 94518	⊠IND □COM □OTH □PTY □SCC	Retired n/a	50.00 Received through interporty Nygard for Conging Trabute Road, Su Sacramento, CA 95815	mediary:	150.00	
02/26/2018	Susan Sarandon Lancaster, PA 17601	☑IND □COM □OTH □PTY □SCC	Actor Silly Goose Productions	250.00 Received through inte Dotty Nygard for Con 1787 Tribute Road, Su Sacramento, CA 95815	mediary: ess te K	250.00	
			SUBTOTAL	\$ 1,500.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

SCC - Small Contributor Committee

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

SCHEDULE A (CONT.)

Monetary	etary Contributions Received Amounts may be rounded to whole dollars.		Statement covers period from01/01/2018		FORM 460		
				through09/22/	2018		14_ of19
NAME OF FILER						I.D. NUMBEI	R
Dotty Nygard	for Tracy City Council 2018					1407530	
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 . 31)	PER ELECTION TO DATE (IF REQUIRED)
02/15/2018	John Schmit Salida, CA 95368	☑IND □COM □OTH □PTY □SCC	Not Employed n/a	97.00 Received through inter Dotty Nygard for Congi 1787 Tribute Road, Su: Sacramento, CA 95815	mediary:	67.00	
07/27/2018	John Schmit Salida, CA 95368	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	270.00	3	67.00	
08/02/2018	Martha Smith Chicago, IL 60642	☑IND □COM □OTH □PTY □SCC	Midwest Lead National Nurses United	100.00	2	00.00	
09/02/2018	Martha Smith Chicago, IL 60642	⊠IND □COM □OTH □PTY □SCC	Midwest Lead National Nurses United	100.00	2	00.00	
07/30/2018	Rachel Tolmachoff Pleasant Hill, CA 94523	⊠IND □COM □OTH □PTY □SCC	Retired n/a	500.00	5	00.00	
			SUBTOTAL	\$ 1,067.00			

*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 covers period from01/01/2018		california 460	
				through09/22/	2018		15 of 19
NAME OF FILER						I.D. NUN	NRFK
Dotty Nygard	for Tracy City Council 2018					140753	30
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)
02/11/2018	Mary VanDerostvne Ripon, CA 95366	☑IND □COM □OTH □PTY □SCC	Not Employed n/a	Received through interporty Nygard for Cong. 1787 Tribute Road, Su. Sacramento, CA 95815	rmediary: ress te K	00.00	
03/11/2018	Mary VanDerostyne Ripon, CA 95366	☑IND □COM □OTH □PTY □SCC	Not Employed n/a	Received through inte Dotty Nygard for Cong. 1787 Tribute Road, Su Sacramento, CA 95815	mediary: ess te K	00.00	
02/22/2018	Juan Vazquez Ceres, CA 95307	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	27.00 Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	rmediary: ress tte K	592.00	
02/22/2018	Juan Vazquez Ceres, CA 95307	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	270.00 Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	mediary: ress te K	592.00	
03/06/2018	Juan Vazquez	☑IND □COM □OTH □PTY □SCC	Not Employed n/a	270.00 Received through inte Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	rmediary: ress te K	592.00	
			SUBTOTAL	.\$ 767.00			

*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 covers period from01/01/2018		california 460		
				through 09/22/	2018		16 of19	
NAME OF FILER		· · · · · ·				I.D. NUM	IBER	
Dotty Nygard	for Tracy City Council 2018			1		140753	30	
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 . 31)	PER ELECTION TO DATE (IF REQUIRED)	
07/23/2018	Juan Vazquez Ceres, CA 95307	IND COM OTH PTY SCC	Not Employed n/a	25.00		92.00		
02/23/2018	Denece Vincent Tracy, CA 953/6	⊠IND □COM □OTH □PTY □SCC	Retired n/a	Received through inter Dotty Nygard for Cong 1787 Tribute Road, Su Sacramento, CA 95815	mediary:	27.00		
08/28/2018	Denece Vincent	⊠IND □COM □OTH □PTY □SCC	Retired n/a	27.00	1	27.00		
08/06/2018	Chuck Walker, Sr.	☑IND □COM □OTH □PTY □SCC	Retired n/a	99.00	1	24.00		
08/24/2018	Chuck Walker, Sr. Lodi, CA 95240	⊠IND □COM □OTH □PTY □SCC	Retired n/a	25.00	1	.24.00		
			SUBTOTAL	\$ 276.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

	SCHEDOLE C
Statement covers period	CALIFORNIA 460
from01/01/2018	FORM TOO
through09/22/2018	Page17 of19
	I.D. NUMBER
	1407530

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Dotty Nygard for Tracy City Council 2018 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 campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants SAL campaign workers' salaries OFC office expenses 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 candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals TRS polling and survey research fundraising events transfer between committees of the same candidate/sponsor TSF postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* IND voter registration VOT professional services (legal, accounting) PRO LEG legal defense WEB information technology costs (internet, e-mail) print ads PRT campaign literature and mailings AMOUNT PAID NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 1,500.00 CNS Carol J. Adamski M.A. Santa Clara, CA 95051 1,500.00 CNS Carol J. Adamski M.A. Santa Clara, CA 9505 1,200.00 FIL City of Tracy 333 Civic Center Plaza Tracy, CA 95376 4,200.00 SUBTOTAL\$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 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).)......\$

FPPC Form 460 (Jan/2016)

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

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 01/01/2018 from Page __ 18 __ of __ 19 I.D. NUMBER

through ___09/22/2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1407530 Dotty Nygard for Tracy City Council 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications returned contributions meetings and appearances campaign consultants CNS SAL campaign workers' salaries OFC office expenses contribution (explain nonmonetary)* CTB t.v. or cable airtime and production costs TEL PET petition circulating CVC civic donations candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees staff/spouse travel, lodging, and meals TRS polling and survey research POL FND fundraising events transfer between committees of the same candidate/sponsor TSF postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* IND voter registration professional services (legal, accounting) VOT LEG legal defense WEB information technology costs (internet, e-mail) print ads campaign literature and mailings AMOUNT PAID NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 263.99 TITT Creative Vision Printing 2232 Stewart Street Stockton, CA 95205 263.99 LIT Creative Vision Printing 2232 Stewart Street Stockton, CA 95205 1,683.59 CMP Creative Vision Printing 2232 Stewart Street Stockton, CA 95205 668.05 LIT Creative Vision Printing 2232 Stewart Street

557.60 PRO Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815

SUBTOTAL \$

3,437,22

Stockton, CA 95205

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

Schedule	E
(Continuat	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dotty Nygard for Tracy City Council 2018

1.D. NUMBER

1407530

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 meetings and appearances MTG campaign consultants CNS SAL campaign workers' salaries office expenses OFC contribution (explain nonmonetary)* CTB t.v. or cable airtime and production costs PET petition circulating CVC civic donations candidate travel, lodging, and meals TRC phone banks PHO candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals TRS polling and survey research fundraising events FND transfer between committees of the same candidate/sponsor TSF postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* POS IND voter registration VOT professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings ЦT AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE OR CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 732.79 PRO Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815 1,500.00 CNS Eric Luna 750.00 CNS Eric Luna Manteca, CA 95336 387.84 LIT Pacific Printing 1445 Monterey Highway San Jose, CA 95110 387.84 LIT Pacific Printing 1445 Monterey Highway San Jose, CA 95110 SUBTOTAL \$ 3,758.47

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

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov