**COVER PAGE** 

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

COVER PAGE - PART 2									
CALIF FC	ORNIA ORM	460							
Page _	2 0	f5_							

. Officeholder or Candidate Controlled Commi	ittee	6.	Primarily Formed Ballo	t Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			<del></del>	
Nancy D. Young							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	N	SUP	
Mayor (Tracy)				<u></u>			USE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP  CA 95376		Identify the controlling office	eholder, candid	ate, or state meas	ure proponent	է, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT	_	
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD	· · · · · · · · · · · · · · · · · · ·	DISTE	RICT NO. IF ANY	,
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cance officeholder(s) or candidate(s)	for which this o	committee is primar	rily formed.	nes of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT O	[	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT O		SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT O		SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT O		SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	(X)				<u> </u>		
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Atta	ch continuatio	n sheets if necess	ary	

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

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SOMME	WI FAGE
atement covers period	CALIFORNIA	160

CLIMMADY DACE

State	ement covers period 01/01/2019	CALIFORNIA 460
through .	01/31/2019	Page3 of5
		I.D. NUMBER 1405285

NAME OF FILER Nancy D. Young Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE General Elections 120.00 1. Monetary Contributions ...... Schedule A, Line 3 \$ \_\_\_\_\_ 1/1 through 6/30 7/1 to Date n O 20. Contributions 120.00 120.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 120.00 120.00 Made **Expenditures Made Expenditure Limit Summary for State** 463.34 463.34 **Candidates** 0 22. Cumulative Expenditures Made\* 463.34 463.34 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 0 (mm/dd/yy) 463.34 463.34 **Current Cash Statement** 343.34 To calculate Column B. 120.00 add amounts in Column A to the corresponding \*Amounts in this section may be different from amounts amounts from Column B reported in Column B. 463.34 of your last report. Some amounts in Column A may be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts 

Schedule	• <b>A</b>		nts may be rounded					SCHEDULE
Monetary Contributions Received		to	whole dollars.	Statement co	=	CALIFORNIA 460		
				from01/0	1/2019	FORM 400		400
SEE INSTRUCTIO	ONS ON REVERSE			through 01/	31/2019	Page	4	_ of5
NAME OF FILER				·	<del></del>	I.D. N	JMBER	
Nancy D.	Young					14052	285	
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	,	R ELECTION TO DATE REQUIRED)
01/18/2019	Meena Saiprasad Tracy, CA 95377	IND COM OTH PTY	Physical Therapist, Rawlinson Chiropractic	100.00	100	.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				-		
			SUBTOTAL \$	100.00			•	
Schedule /	A Summary				*Con	tributor C	odes	
	ceived this period – itemized monetary contributions.  I Schedule A subtotals.)	•••••	\$	100.00	IND-	- Individu – Recipi	ial ent Com	
2. Amount red	ceived this period – unitemized monetary contribution	s of less than	s \$100	20.00	отн	Other (	e.g., bus	or SCC) iness entity)
3. Total mone	etary contributions received this period.  1 and 2. Enter here and on the Summary Page, Colu		·	120.00	PTY- SCC	- Politica Small (	I Party Contribut	or Committee

Cahadula E	Amounts may	h						SCHEDULE
Schedule E	Amounts may be rounded to whole dollars.					ent covers period		ORNIA 460
Payments Made				fror	n	01/01/2019	FO	RM TOO
SEE INSTRUCTIONS ON REVERSE				thro	ough	01/31/2019	Page _	5 of 5
NAME OF FILER							I.D. NUM	
Nancy D. Young							140528	5
CODES: If one of the following codes accurately describe	s the payment, v	ou mav er	nter the code.	Otherwise.	descri	be the payment.		
CMP campaign paraphernalia/misc.	MBR member cor					airtime and production	costs	
CNS campaign consultants	MTG meetings an	d appearance	es			ed contributions		
CTB contribution (explain nonmonetary)*	OFC office expen			SAL	•	aign workers' salaries		
CVC civic donations FIL candidate filing/ballot fees	PET petition circu PHO phone bank	~		TEL		cable airtime and prod		
FND fundraising events	POL polling and		ch			late travel, lodging, an pouse travel, lodging, :		
ND independent expenditure supporting/opposing others (explain)*	POS postage, del			TSF		er between committees		e candidate/sponsor
EG legal defense	PRO professional		al, accounting)	VOT	voter r	egistration		•
.IT campaign literature and mailings	PRT print ads			WEB	inform	ation technology costs	s (internet, e	-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	N OF PA	YMENT		AMOUNT PAID
Nancy Young for Tracy Mayor 2020				·				
Ггасу, СА 95376		TSF						397.11
	·							
	· · · · · · · · · · · · · · · · · · ·							
Payments that are contributions or independent expenditures must also be	summarized on Scho	edule D.				SU	BTOTAL \$	397.11
Schedule E Summary			<del></del>					
. Itemized payments made this period. (Include all Schedule	E subtotals.)						\$	397.11
2. Unitemized payments made this period of under \$100				•••••	•••••		\$	66.23
. Total interest paid this period on loans. (Enter amount from	Schedule B, Par	t 1, Colum	n (e).)	***************************************		***************************************	\$	0

463.34

Recipient Committee				COVER PAGE
			Date Stamp	TEALIFORNIA 460
Campaign Statement		•		A FORM
Cover Page			RECEIVED	
	Statement covers period	Date of election if applicable:	CITY CLERK'S OFFI	
	1	(Month, Day, Year)	1	For Official Use Only
	from10/21/2018		2019 JAN -3 PM 12: 5	15 l
	40/04/0040			}
SEE INSTRUCTIONS ON REVERSE	through12/31/2018	November 6, 2018	CITY OF TRACY	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
☑ Officeholder, Candidate Controlled Committee ☐ I	Primarily Formed Ballot Measure	☐ Preelection Statement	☐ Quart	erly Statement
State Candidate Election Committee	Committee	Semi-annual Statemen	nt 🔲 Speci	al Odd-Year Report
	Controlled	☐ Termination Statement		
(Also Complete Part 5)	Sponsored (Also Complete Part 6)	(Also file a Form 410 T		
General Purpose Committee		Amendment (Explain b	pelow)	
C Oponicorou	Primarily Formed Candidate/	ļ		
Small Contributor Committee	Officeholder Committee Also Complete Part 7)		•	
O Political Party/Central Committee	,			
	D. NUMBER	Treasurer(s)	The second secon	
	1405285	• •		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Nancy Young for Tracy Mayor 2018		Nancy D. Young		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	
		Tracy	CA 95376	
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	ER, IF ANY	
Tracy CA 9537	7			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
Tracy CA 9537	6			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS	
				_
4. Verification				<del></del>
I have used all reasonable diligence in preparing and reviewi	ng this statement and to the best of my	knowledge the information contained	d herein and in the attached sch	edules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and	correct.		
01/03/2019				
Executed onDate	Ву	Bionature of Tileasurer or Assistant	t Treasurer	
01/03/2019				
Executed on	BySignature of Contr	rolling Officeholder, Candidate, State Measure Pr	roportent or Responsible Officer of Sponso	<del>,                                     </del>
<del></del>	•		7	
Executed on	Ву		,	
Date	Dy	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

COVER PAGE

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

COVER P	AGE - PART 2
E AUTONIA	480
EORNE.	
Page2	of 7

Officeholder or Candidate Control	lled Committee			6.	Primarily Formed Ballo	ot Measure (	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		*** ** ** *** ****			NAME OF BALLOT MEASURE		erren gegen i gilt et et erren gegen er et e den gegen. Er et et e et et et et et et e	
Nancy D. Young								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	N AND DISTRICT NUMBE	R IF APPLICABL	E)		BALLOT NO. OR LETTER	JURISDICTIC	DN	SUPPORT OPPOSE
Mayor (Tracy)								
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S		STATE			Identify the controlling offic	eholder, candi	date, or state measure	e proponent, if any.
	Tracy	CA	95376		NAME OF OFFICEHOLDER, CAN			<u> </u>
Related Committees Not Included not included in this statement that are control contributions or make expenditures on behavior	olled by you or are prim	t: List any con arily formed to	mmittees receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF ANY
COMMITTEE NAME	I.D. NU	MBER	<del></del>					
				7.	Primarily Formed Can	didate/Offic	eholder Committe	Be List names of
NAME OF TREASURER	CONTR	COLLED COMMIT			officeholder(s) or candidate(s	) for which this	committee is primarily	formed.
	Y	ES NO	)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	HELD
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O. BOX)				,, ,, ,, , , , , , , , , , , , , , , ,			SUPPO
CITY ST.	ATE ZIP CODE	AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	HELD SUPPO
COMMITTEE NAME	I.D. NU	MBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	HELD SUPPO
NAME OF TREASURER					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	HELD SUPPO
	ATE ZIP CODE	AREA CO	DE/PHONE		Att	ach continuati	on sheets if necessar	у

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

| SUMMARY PAGE | SUMM

SEE INSTRUCTIONS ON REVERSE						
NAME OF FILER						I.D. NUMBER
Nancy D. Young						1405285
Contributions Received		Column A TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)		COLUMNIT B CALENDAR YEAR TOTAL TO DATE	Running in Both th	mary for Candidates e State Primary and
Monetary Contributions Schedule A, Line 3	\$	4,400.00	\$	16,920.00	General Elections 1/1 th	rough 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		4,400.00		16,920.00	20. Contributions	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	1,013.88	Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3				<u> </u>	. 21. Expenditures Made \$	\$
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	4,400.00	\$	17,933.88	Made \$	φ
Expenditures Made					Expenditure Limit S	Summary for State
6. Payments Made Schedule E, Line 4	\$		\$	17,048.66	Candidates	
7. Loans Made Schedule H, Line 3		0.00		0.00	22 Cumulativ	∕e Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	5,019.79	\$	<u>17,048.66</u>	(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		0.00		1,013.88	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	5,019.79	\$	18,062.54		
Current Cash Statement					/	_ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	963.13	То	calculate Column B,		
13. Cash Receipts		4,400.00	ad	d amounts in Column		
14. Miscellaneous Increases to Cash		0.00		to the corresponding nounts from Column B	*Amounts in this section r reported in Column B.	nay be different from amounts
15. Cash Payments		5,019.79		your last report. Some nounts in Column A may		
16. ENDING CASH BALANCE	\$	343.34	be	negative figures that		
If this is a termination statement, Line 16 must be zero.			pro	ould be subtracted from evious period amounts. If		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file on	s is the first report being ed for this calendar year, ly carry over the amounts		
Cash Equivalents and Outstanding Debts		0.00		om Lines 2, 7, and 9 (if y).		
18. Cash Equivalents See instructions on reverse	\$					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			FPPC Advice: adv	FPPC Form 460 (Jan/2016 ice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

#### Schedule A

Amounts may be rounded to whole dollars.

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Sinter from	remi covida, profesio 10/21/2016 o	A Co		JA* 7/2	Idi	
through	12/31/2018	_ Page .	4_	of _	7	-
 		ונוע מו	<b>MRFR</b>			

1405285

SEE INSTRUCTIONS ON REVERSE

Monetary Contributions Received

NAME OF FILER

Nancy D. Young

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AM INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2018	Hardial S. Mann Tracy, CA 95391	ZIND COM OTH PTY SCC	Realtor, Berkshire Hathway	100.00	100.00	
10/22/2018	Eggman for Assembly 2018 Roseville, CA 95661	☐IND ☑COM ☐OTH ☐PTY ☐SCC		2,500.00	2,500.00	
10/25/2018	Joannie Townsend Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00	
11/6/2018	Sandra L. Hernandez Tracy, CA 95376	IND   COM   OTH   PTY   SCC	Retired	1,500.00	1,500.00	
		□IND □COM □OTH □PTY □SCC				

**SUBTOTAL\$** 

4,300.00

#### **Schedule A Summary**

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

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)

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

	2						SCHE	DULE B - PART 1
Schedule B - Part 1	Fill	nounts may be ro to whole dollar			Stateme <b>nt co</b> s		1. ソーニッチ・	
Loans Received					900 10/2	120 o		4:00
					(5	31/2018	Page 5	of7
SEE INSTRUCTIONS ON REVERSE					through		I.D. NUMBER	01
NAME OF FILER							I.D. NUMBER	
Nancy D. Young							1405285	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIR OR FORGIVE THIS PERIOL	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION: TO DATE
Nancy D. Young	Candidate			Z PAID				CALENDAR YEAR
				\$ 750.00	0.00	O%	s 750.00	<u>\$_1,250.00</u>
Tracy, CA 95377				FORGIVEN		RAIE		PER ELECTION*
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		s0.00	\$750.00	\$	DATE DUE	\$0.00	11/5/2018 DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	_ s	%	\$	\$
				FORGIVEN		RATE		PER ELECTION*
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				s	_	%	\$	\$
				FORGIVEN		KAIE		PER ELECTION*
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	s
		SUBTOTALS :	\$ 750.00	\$ 750.00	0.00	\$ 0.00		
Sahadula P Summany						(Enter (e) on Schedule E, Line 3)		
Schedule B Summary				¢	750.00			
Loans received this period  (Total Column (b) plus unitemized loa	ns of less than \$100 )			Ψ			No mandho (4 0 - 1)	
( Total Column (b) plus uniternized loa	110 01 1000 titali \$ 100.					1 T(	Contributor Codes	

1.	Loans received this period	.\$	750.00
	(Total Column (b) plus unitemized loans of less than \$100.)		
2.	Loans paid or forgiven this period(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	.\$	750.00_
3.	Net change this period. ( <b>Subtract</b> Line 2 from Line 1.)	\$	(May be a negative number)

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

Schedule I	
Payments	Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Almonate may be rounded to whole dollars.

		SCHEDULE I
Ī	Statement of evaluation	L AUTONIA VIRA
	90m10/25/118	
	through12/31/2018	Page6 of7
'		I.D. NUMBER
		1405285

Nancy D. Young CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. RFD returned contributions 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 PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tank Town Media PO Box 419 Tracy, CA 95378	PRT		2,494.50
Cumulus Media-Modesto 3656 Momentum Place Chicago, IL 60689-5336	RAD		1,050.00
Latino Times PO Box 691436 Stockton, CA 95269	PRT		300.01
* Payments that are contributions or independent expenditures must also be sur	mmarized on Schedule D.	SUBTOTA	<b>L\$</b> 3,844.51

FPPC Form 460 (Jan/2016)

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

SCHEDULE E	(CONT.)
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Amounts may be rounded to whole dollars.

		••••	()
3	Sintem <b>ent co</b> vers parkes	h Aledric	N/NA
From	7 <u>10/21119</u>		
thro	ugh12/31/2018	- Page	of
- Name - San	a garago no sporte destre de la respectación de la	I.D. NUMBER	
		1405285	

SEE INSTRUCTIONS ON REVERSE

Payments Made

(Continuation Sheet)

NAME OF FILER

Nancy D. Young

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
20/20 Vision Books and Design 1517 Arrigotti Lane Tracy, CA 95377	LIT		400.00
Chest of Hope 236 W. Beverly Place Tracy, CA 95376	cvc		100.00
Mail and More 2181 N. Tracy Blvd, Ste 1 Tracy, CA 95376		PO Box Rental	150.00
Political Marketing, Int'l, Inc -PMI 4415-C Constitution Lane #166 PO Box 698 Marianna, FL 32447		Automated Calls	208.47
Safeway Fuel 1804 W. 1th Street Tracy, CA 95376		Gas for vehicles for sign deliveries and pick ups	152.16
* Payments that are contributions or independent expenditures must also be summa	arized on Schedule D.	SUBTOTAL	\$ 1,010.63

COVER PAGE

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

CALI F	FORN DRM	IIA	460
Page _	2	_ of.	88

Officeholder or Candidate Controlled Comr	nittee	6.	Primarily Formed Ballo	t Measure (	Committee	<u> </u>
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Nancy D. Young				Luipiopiotio		г —
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	ON .	SUPPORT OPPOSE
Mayor (Tracy)				<u> </u>		
TEOLOGIA TIVILE BOOK TEOCHER (TOTAL TOTAL	racy CA 95376		Identify the controlling office			roponent, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	OPONENT	
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 car	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	O. IF ANY
COMMITTEE NAME	I.D. NUMBER					
		_			- L - L l - u C - u - u - itte e	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Cand officeholder(s) or candidate(s)	for which this	committee is primarily for	LIST names or med.
	☐ YES ☐ NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HEL	n T
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	Office Goodin Civile	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)					
	ADEA CODE/EUONE					
CITY STATE ZIP	CODE AREA CODE/PHONE		Atta	ch continuati	on sheets if necessary	

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

NAME OF FILER Nancy D. Young			1.D. NUMBER 1405285
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	370.88	\$ \frac{12,520.00}{0} \\ \$ \frac{12,520.00}{1013.88} \\ \$ \frac{13533.88}{0}	1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$ \$
Expenditures Made  6. Payments Made	\$ 4117.50 0 370.88	\$ 12028.87 0 \$ 12028.87 0 1013.88 \$ 13042.75	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)
Current Cash Statement  12. Beginning Cash Balance	\$ 0 \$ 0 \$ 0 4117.50 \$ 963.13	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.  FPPC Form 460 (Jan/2016)  FPPC Advice: advice@fppc.ca.gov (866/275-3772)

### Schedule A

Amounts may be rounded

SCHEDULE A

•	Contributions Received	to	whole dollars.	from	ers period 1/2018 20/2018	FORM 460  Page 4 of 8
SEE INSTRUCTION	ON REVERSE					I.D. NUMBER
Nancy D. Y	oung				1	405285
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 TO DATE
10/3/2018	Jan McDonnal Tracy, CA 95376	IND COM OTH PTY	Self Employed, Your Girl Friday, LLC	100.00	100.00	)
10/5/2018	Michael Repetto Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	President, Delta Disposal Waste Management	500.00	500.00	)
10/11/2018	Ameni and Olinga Alexander Tracy, CA 95376	IND COM OTH PTY	Both Retired	99	399.00	0
10/11/2018	Walter J. McInnis Tracy, CA 95376	IND COM OTH PTY	Retired	1000.00	1000.00	0
10/17/2018	Alyce Eversole Tracy, CA 95376	IND COM OTH PTY SCC	Retired	200.00	200.00	0
			SUBTOTAL \$	1899.00		<u> </u>
Amount red     (Include all	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)			2248.00 722.00	IND - II COM -	butor Codes Individual Recipient Committee (other than PTY or SCC)
2. Amount re	ceived this period – unitemized monetary contributio	ns of less tha	n \$100\$	122.00	PTY-I	Other (e.g., business entity) Political Party
3. Total mone (Add Lines	etary contributions received this period. a 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1	1.) <b>TOTAL</b> \$	2970.00	scc-	Small Contributor Committee

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

•				from09/23	/2018	FC	DRM	100
				through10/2	0/2018	Page _		8
NAME OF FILER						I.D. NU		
Nancy D. Yo	oung					14052	85 ————	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELEC TO DA (IF REQUI	TE
10/18/2018	Arlene Robbins Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	99.00	198.	00		
10/18/2018	Darrell Melion, Jr. Tracy, CA 95376	OTH SCC	Board Chair, Flavor Anywhere	250.00	250.	00	· 	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 349.00				

\*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 C			Amounts may be rounded				_		S	CHEDULE C
	etary Contributions Received		to whole dollars.		Sta from _	tement covers p 09/23/20			ORNIA RM	460
					throug	ah10/20/2	018	Page	6 of _	88
SEE INSTRUCT	IONS ON REVERSE							I.D. NUM		
Nancy D.	Young							140528	35	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION ( GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE	то	LECTION DATE QUIRED)
10/20/2018	20/20 Vision Books & Designs 1517 Arrigotti Lane Tracy, CA 95377	□IND □COM □OTH □PTY □SCC		Designs of Sig (3 sizes), Postcards (2)	gns	250.00		460.00		
-		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach add	litional information on appropriately labeled	continuation	sheets.	SUBTO	STAL \$	250.00				
	e C Summary received this period – itemized nonmonetar	v contribution	ıs.				IND	ntributor Co	ıl	
(Include	all Schedule C subtotals.)				\$	250.00	_	(other t	ent Commit han PTY or	·SCC)
2. Amount	received this period – unitemized nonmone	tary contribut	ions of less than \$100		\$	120.88	PTY	- Political	e.g., busine Party	
3. Total nor (Add Lin	nmonetary contributions received this period es 1 and 2. Enter here and on the Summar	d. y Page, Colui	mn A, Lines 4 and 10.)	тота	\L \$	370.88	_ scc	C – Small C	ontributor (	Committee

Schedule	E
<b>Payments</b>	Made

SCHEDULE E

Payments Made	to whole dollars.	Statement covers period from09/23/2018		CALIFORNIA FORM		460
SEE INSTRUCTIONS ON REVERSE		through	10/20/2018	Page.		f8
NAME OF FILER				I.D. NU	MBER	
Nancy D. Young				14052	85	
CODES: If one of the following codes according to the following co	ccurately describes the payment, you may enter the code. Other		cribe the payment.	costo		

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries contribution (explain nonmonetary)\* OFC office expenses PET petition circulating TEL t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks 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)\* VOT voter registration LEG legal defense PRO professional services (legal, accounting) WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTI	ON OF PAYMENT	AMOUNT PAID
Cal Sal Voter Guide 22410 Hawthorne Blvd, Suite 5 Torrance, CA 90505	LIT			495.00
20/20 Vision Books & Design 1517 Arrigotti Lane Tracy, CA 95377	LIT			740.00
20/20 Vision Books & Design 1517 Arrigotti Lane Tracy, CA 95377		Signs		2388.12
* Payments that are contributions or independent expenditures must also be summari.	zed on Schedule D.		SUBTOTAL \$	3623.12

**Schedule E Summary** 3723.12 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 394.38 2. Unitermized payments made this period of under \$100.....\$ – 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ 4117.50 

SCF	<b>IFDU</b>	LE E	(CONT.

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE	Amounts may be rounded to whole dollars.	Statement covers period from09/23/2018 through10/20/2018	SCHEDULE E (CONTINUE OF CALIFORNIA FORM 460
NAME OF FILER Nancy D. Young			1.D. NUMBER 1405285
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	s the payment, you may enter the code. Othe  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 RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, at the staff/spouse travel, lodging,	duction costs and meals and meals so of the same candidate/sponsor

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
South Side Community Organization 126 W 1st Street Tracy, CA 95376		Mexican Independence Day Booth	100.00
	_		
	}		

100.00

SUBTOTAL \$

# Recipient Committee Campaign Statement

Recipient Committee Campaign Statement Cover Page			Date Stamp C/TY CLE	c. <i>CENY</i> SAA'S (24	ALIFORNIA 460 FORM
	Statement covers period	Date of election if applicable: (Month, Day, Year)	2018 OCT 2 CITY OF TRACE	5 PM /2:	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through	November 6, 2018	TRAGO	MARY	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	<ul> <li>✓ Preelection Statement</li> <li>☐ Semi-annual Statement</li> <li>☐ Termination Statement</li> <li>(Also file a Form 410 Term</li> <li>✓ Amendment (Explain below</li> <li>One expense \$30.61 was</li> </ul>	v)	·	dd-Year Report
3 Committee intermation	D. NUMBER 1405285	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Nancy Young for Tracy Mayor 2018  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CO  Tracy CA 9537  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF TREASURER Ken Black MAILING ADDRESS  CITY Tracy NAME OF ASSISTANT TREASURER, IF Kuane Washington MAILING ADDRESS	STATE	ZIP CODE 95376	AREA CODE/PHONE
Tracy CA 9537	6	Tracy OPTIONAL: FAX / E-MAIL ADDRESS	CA	95376	
4. Verification  I have used all reasonable diligence in preparing and reviewi certify under penalty of perjury under the laws of the State of  Executed on	California that the foregoing is true and  By  By  Signature of Control  By  By	knowledge the information contained her correct.  Accident Treatment of Controlling Officeholder, Candidate, State Signature of Controlling Officeholder, Candidate, State Signature of Controlling Officeholder, Candidate, State	ent or Responsible Officer Measure Proponent		
Date  Executed on	Bv				FPPC Form 460 (Ja

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

CALIF FO	ORNIA RM	460
Page	2 0	f

Officeholder or Candidate Controlled Cor	mmittee			6.	Primarily Formed Ballo	t Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		-			NAME OF BALLOT MEASURE				
Nancy D. Young									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF A	PPLICABLE	)		BALLOT NO. OR LETTER	JURISDICTION	N		SUPPORT OPPOSE
Mayor (Tracy)									
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  Tracy CA 95376  Identify the controlling officeholder, candidate, or state measure in the controlling officeholder.					sure propo	nent, if any.			
	Tracy	_ CA	90010		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT		
Related Committees Not Included in this not included in this statement that are controlled by you contributions or make expenditures on behalf of your	ou or are primarily t	st any con formed to	nmittees receive		OFFICE SOUGHT OR HELD	_	DIST	TRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER		<del> </del>			<del></del>			
NAME OF TREASURER	CONTROLLE	D COMMIT		7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	eholder Comm committee is prima	arily formed	t names of
COMMITTEE ADDRESS STREET ADDRESS (NO P	O. BOX)		•		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
CITY STATE 2	ZIP CODE	AREA COD	DE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (	OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLE  YES				NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO F	·	AREA COL	DE/PHONE		Atta	ch continuatio	on sheets if neces	sary	

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMART FAGE
Statement covers period 07/01/2018		california 460
through _	09/22/2018	Page3 of7
		I.D. NUMBER
		1405005

CLIMANA DV DAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1405285 Nancy D. Young Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE **General Elections** 9550.00 6173.00 1. Monetary Contributions ...... Schedule A, Line 3 \$ \_ 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received ...... Schedule B, Line 3 20. Contributions 6173.00 9550.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 643.00 0.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 6173.00 10193.00 Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 4571.31 7911.37 **Candidates** 6. Payments Made...... Schedule E, Line 4 \$ \_\_\_\_\_ 0.00 0.00 7. Loans Made..... Schedule H. Line 3 22. Cumulative Expenditures Made\* 7911.37 4571.31 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ 0.00 0.00 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Date of Election Total to Date 643.00 (mm/dd/yy) 0.00 8554.37 4571.31 **Current Cash Statement** 508.94 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B, 6173.00 add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding \*Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. 4571.31 of your last report. Some 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 2110.63 be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 \$ should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 0.00 17 LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ \_\_\_\_ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 0.00 18. Cash Equivalents...... See instructions on reverse \$ \_\_\_\_\_ 0.00 FPPC Form 460 (Jan/2016) 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ \_\_\_\_ FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 460

Statement covers period

vionetary	Contributions Received			from07/01	/2018	FO	RM 400
EE INSTRUCTION	NS ON REVERSE			through09/2	22/2018	Page _	4 of 7
AME OF FILER  Nancy D. Y						I.D. NUM 140528	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
07/02/2018	Lance Waite Newport Beach, CA 92600	☑IND □COM □OTH □PTY □SCC	Principal, Integral Communities	1000.00	1000.	00	
07/02/2018	John Stanek 8 Newport Beach, CA 92600	☑IND □COM □OTH □PTY □SCC	Principal, Integral Communities	1000.00	1000.	00	
07/02/2018	C. Evan Knapp Newport Beach, CA 92600	IND COM OTH PTY	Principal, Integral Communities	1000.00	1000.	00	
07/02/2018	Craig Manchester  Newport Beach, CA 92600	IND COM OTH PTY	Managing Partner, Integral Communities	1000.00	1000.	00	
08/13/2018	Cynthia Gustafson Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Principal, Comfort Keepers (Livermore)	1500.00	2000.	00	
· · · · · · · · · · · · · · · · · · ·			SUBTOTAL	5500.00		<u> </u>	
I. Amount re (Include al 2. Amount re	A Summary  ceived this period – itemized monetary contributions.  Schedule A subtotals.)			5750.00 423.00	IND – COM OTH PTY -	other ti, Other (e Political -	nl ent Committee han PTY or SCC) e.g., business entity)
3. Iotal mone Add Lines)	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	1.) <b>TOTAL</b> \$	6173.00			

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA /

Statement covers period

NAME OF FILER   NAME, OP/22/2018   Page 5 of 7					from07/01	/2018	FC	ORM	
Nancy D. Young    1405285					through09/2	2/2018	_		7
DATE RECEIVED    FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE (FOR CODE * COLUMNITION AND BERNEVORE (FOR BUSINESS))    FAN INDIVIDUAL, ENTER ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * COLUMNITION AND BERNEVORE (FOR BUSINESS))    Brenda Malone	NAME OF FILER								
DATE RECEIVED  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * CODE * COLUMN AND EMPLOYER (IF COMMITTEE, ALSO ENTER LD. NUMBER)  Brenda Malone  O9/17/2018  Brenda Malone  Tracy, CA 95304  Retired  250.00  250.00  250.00  250.00  1 IND  COM OTH PTY SCC  IND COM OTH PTY SCC  IND COM OTH PTY SCC  SCC  IND COM OTH PTY SCC  SCC  SCC  SCC  SCC  SCC  SCC  SC	Nancy D. Y	oung					140528	35	
COM		FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR Y	'EAR	TO DA	TE
COM	09/17/2018		□ COM □ OTH □ PTY	Retired	250.00	250	.00		
COM			□COM □OTH □PTY						
□ IND □ COM □ OTH □ PTY □ SCC			□ COM □ OTH □ PTY						
			□ COM □ OTH □ PTY					·	
□ COM □ OTH □ PTY □ SCC			OTH PTY						
SUBTOTAL \$ 250.00				SUBTOTAL	\$ 250.00				

\*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
Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
Payments made		from07/01/2018	FORM

SEE INSTRUCTIONS ON REVERSE					22/2018	Page	6 of 7
Name of filer Nancy D. Young						140528	5
CNS campaign consultants MTG meetings CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  MTG meetings  office expetition of phone by phone by phone by polling a postage,	communications and appearance penses circulating anks nd survey resea delivery and me conal services (le	ees rch essenger services		radio airtime returned cont campaign wo t.v. or cable a candidate tra staff/spouse transfer betw voter registra	and production or cributions rkers' salaries cirtime and produ vel, lodging, and travel, lodging, al een committees	ction costs meals nd meals of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION	N OF PAYMENT			AMOUNT PAID
Mail and More 2181 N. Tracy Blvd. Tracy, CA 95376	POS						150.00
City of Tracy 333 Civic Center Drive Tracy, CA 95376	FIL						1200.00
Tank Town Media P.O. Box 419 Tracy, CA 95378	PRT						370.50
* Payments that are contributions or independent expenditures must also be summarized on	Schedule D.				SUE	STOTAL \$	1720.50
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E subtotals.)						\$	3662.62
2. Unitemized payments made this period of under \$100\$					908.69		
3. Total interest paid this period on loans. (Enter amount from Schedule B,	Part 1, Colur	mn (e).)		•••••		\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)					4571.31		

Schedule	E
(Continuat	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

1405285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nancy D. Young

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

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs meetings and appearances CTB contribution (explain nonmonetary)\*

MBR member communications RAD radio airtime and production costs meetings and appearances SAL campaign workers' salaries

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

OFC office expenses

PET petition circulating

PHO phone banks

PHO phone banks

POL polling and survey research

TRS candidate fravel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

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

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Winnco 2850 Pavilion Parkway Tracy, CA 95304	MTG		103.12
COPS Voter Guide 705-2 E. Bidwell Street #370 Folsom, CA 95630	LIT		1389.00
Latino Voter Guide 930 Colorado Blvd. Bldg 2 Los Angeles CA 90041	LIT		450.00

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

**SUBTOTAL \$** 

1942.12

**COVER PAGE** 

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

CALIF	ORNIA ORM		
Page _	2_	of7	

STATE ZIP CA 95376  any committees	<u>-</u>	ETTER JURISDICTIO	idate, or state measure pro	SUPPORT OPPOSE
STATE ZIP CA 95376 any committees	Identify the cont	rolling officeholder, cand	idate, or state measure pro	OPPOSE
STATE ZIP CA 95376 any committees	Identify the cont	rolling officeholder, cand	idate, or state measure pro	OPPOSE
CA 95376	<u>-</u>		idate, or state measure pro	<del>-</del>
CA 95376	<u>-</u>			
any committees	NAME OF OFFICE	HOLDER, CANDIDATE, OR PR		onent, if any.
any committees			ROPONENT	
med to receive	OFFICE SOUGHT	OR HELD	DISTRICT NO.	IF ANY
COMMITTEE?	7. Primarily For	med Candidate/Offic	ceholder Committee L	ist names of
	omicenolaer(s) ol	candidate(s) for which this	s commutee is primarily form	·
NO	NAME OF OFFICE	HOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR
REA CODE/PHONE	NAME OF OFFICE	HOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
	NAME OF OFFICE	HOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPOR
COMMITTEE?	NAME OF OFFICE	HOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR OPPOSE
-	COMMITTEE?	Officeholder(s) of  NAME OF OFFICE  NAME OF OFFICE  NAME OF OFFICE  NAME OF OFFICE  NAME OF OFFICE	Officeholder(s) or candidate(s) for which this  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Stat	ement covers period 07/01/2018	CALIFORNIA 460
through	09/22/2018	Page3 of7
<u> </u>		I.D. NUMBER 1405285

NAME OF FILER Nancy D. Young			1.D. NUMBER 1405285
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$ 0.00 6173.00 0.00	\$ \frac{9550.00}{0.00}\$ \$ \frac{9550.00}{643.00}\$ \$ \frac{10193.00}{0.00}\$	20. Contributions Received \$\$  21. Expenditures Made \$ \$ \$
Expenditures Made  6. Payments Made	\$ 0.00 \$ 4540.70 0.00 0.00	\$ 7880.76 0.00 \$ 7880.76 0.00 643.00 \$ 8523.76	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)
Current Cash Statement  12. Beginning Cash Balance	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	l	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement coverage of the statement coverage	ers period /2018	CALIFORNIA ALM	
SEE INSTRUCTION	NIC ON DEVERSE			through09/2	22/2018	Page .	4 of7
NAME OF FILER	45 ON REVERSE		<u> </u>			I.D. NU	
Nancy D. Y	oung oung					14052	85 
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
07/02/2018	Lance Waite Newport Beach, CA 92600	IND COM OTH PTY	Principal, Integral Communities	1000.00	1000.00		
07/02/2018	John Stanek Newport Beach, CA 92600	☑IND □COM □OTH □PTY □SCC	Principal, Integral Communities	1000.00	1000.	00	
07/02/2018	C. Evan Knapp Newport Beach, CA 92600	☑IND □COM □OTH □PTY □SCC	Principal, Integral Communities	1000.00	1000.	00	
07/02/2018	Craig Manchester  Newport Beach, CA 92600	☑IND □COM □OTH □PTY □SCC	Managing Partner, Integral Communities	1000.00	1000.	00	
08/13/2018	Cynthia Gustafson Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Principal, Comfort Keepers (Livermore)	1500.00	2000.	00	
			SUBTOTAL \$	5500.00			<u> </u>
Schedule /	A Summary				*Conf	tributor C	Codes
1. Amount re	ceived this period – itemized monetary contributions I Schedule A subtotals.)		\$	5750.00			ial ient Committee than PTY or SCC)
	ceived this period – unitemized monetary contributio			423.00			(e.g., business entity)
3. Total mone	etary contributions received this period.  s 1 and 2. Enter here and on the Summary Page, Co			6173.00			Contributor Committee

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received to who			dollars.	Statement covers period from07/01/2018		california 460	
				through09/2	2/2018		5 of 7
NAME OF FILER						I.D. NU	
Nancy D. Yo	oung					14052	85
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
09/17/2018	Brenda Malone Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	250	.00	
		□IND □COM □OTH □PTY □SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$ 250.00		<u></u>	<u> </u>

\*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

SCH		11 -	_
- 50 JH	ול ים ו	ᇨᆮ	

Schedule !	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 07/01/2018 from 09/22/2018 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1405285 Nancy D. Young

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries CTB 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 FIL candidate filing/ballot fees PHO phone banks staff/spouse travel, lodging, and meals POL polling and survey research 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 VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings LIT

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT		AMOUNT PAID
Mail and More 2181 N. Tracy Blvd. Tracy, CA 95376	POS	PO BOX Rental		150.00
City of Tracy 333 Civic Center Drive Tracy, CA 95376	FIL			1200.00
Tank Town Media PO Box 419 Tracy, CA 95378	PRT			370.50
* Payments that are contributions or independent expenditures must also be	summarized on Schedule D.		SUBTOTAL \$	1720.50

**Schedule E Summary** 3662.62 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 878.08 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).).....\$ 4540.70

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

Amounts may be rounded to whole dollars.

	00.125022 2 (00.11)
Statement covers period	CALIFORNIA 460
from07/01/2018	FORM 400
through09/22/2018	Page of
	I.D. NUMBER
	1405285

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

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

Nancy D. Young

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO	member communications meetings and appearances office expenses		RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the sam VOT voter registration WEB information technology costs (internet, e					
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	0	DR	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
Winnco 2850 Pavilion Parkway Tracy, CA 95304			MTG						103.12
COPS Voter Guide 705-2 E. Bidwell Street #370 Folsom, CA 95630			LIT						1389.00
Latino Voter Guide 930 Colorado Blvd. Bldg 2 Los Angeles CA 90041			LIT	_					450.00

1942.12

SUBTOTAL \$

Recipient Committee Campaign Statement Cover Page			-CEIVED	FORM 460
	Statement covers period from January 1, 2018	Date of election if applicable: (Month, Day, Year)	JUL 3 TERK	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	throughJune 30, 2018	November 6, 2018	CA	
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	28 2 9 9 V	
O State Candidate Election Committee O Recall (Also Complete Part 5)  General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Controlled Sponsored Iso Complete Part 6) rimarily Formed Candidate/ officeholder Committee Iso Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination ☐ Amendment (Explain below)	·	Statement Id-Year Report
	NUMBER 405285	Treasurer(s)  NAME OF TREASURER  Christian Bernard  MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
		Tracy	CA 95376	
CITY STATE ZIP COL  Tracy CA 95377  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		NAME OF ASSISTANT TREASURER, IF ANY Kuane Washington MAILING ADDRESS		
				AREA CORE/RUCNE
Tracy CA 95376		CITY Tracy	STATE ZIP CODE  CA 95376	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on	California that the foregoing is trye and	knowledge the information contained herein a correct.	and in the attached schedule	s is true and complete. I

07/31/2018

Date

Date

Date

Executed on .

Executed on -

Executed on \_

FPPC Form 460 (Jan/2016)

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2				
CALII FO	FORN DRM	IA Z	160	1
Page _	2	_ of _	10	

. Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	t Measure C	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Nancy D. Young						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT OPPOSE
Mayor (Tracy)						L OFFOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE ZIP		Identify the controlling office	eholder, candic	late, or state measure	proponent, if any.
Tra	acy CA 95376		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	OPONENT	· · · · · · · · · · · · · · · · · · ·
D. I. C. L. C. C. War Mad Included in this Cto	4amanti 1:4					
Related Committees Not Included in this Sta not included in this statement that are controlled by you or	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
contributions or make expenditures on behalf of your cand	idacy					
COMMITTEE NAME	I.D. NUMBER			·		
		7	. Primarily Formed Can	didata/Office	sholder Committe	A list names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	,	officeholder(s) or candidate(s	) for which this	committee is primarily i	formed.
	YES NO		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR H	ELD
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)					SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR H	ELD D OUDDON'T
						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR H	ELD Gausses
			WARE OF GITTOEFFEE			SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR H	ELD D QUEDORT
	☐ YES ☐ NO		THE OF STREET			SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		<u> </u>		<u> </u>	
CITY STATE ZIP C	ODE AREA CODE/PHONE		A 44-	ach continuativ	on sheets if necessary	
CITY STATE ZIP C	AND CODE! HONE		Alla	acii conunuau	m sheets ii nevessury	

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period January 1, 2018	CALIFORNIA 460
through June 30, 2018	Page3 of10
	I.D. NUMBER 1405285

Nancy D. Young					1405285
Contributions Received	(F	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	•	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$	3377.00 0.00 3377.00 643.00 4020.00	\$ \$	3377.00 0.00 3377.00 643.00 4020.00	20. Contributions Received \$ \$ \$ 21. Expenditures Made \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Expenditures Made  6. Payments Made	\$	0.00	\$	3340.06 0.00 3340.06 0.00 643.00 3983.06	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance	\$	3377.00 472.00 3340.06 508.94	A an of an be shown the fill	o calculate Column B, and amounts in Column to the corresponding mounts from Column B if your last report. Some mounts in Column A may be negative figures that hould be subtracted from revious period amounts. If his is the first report being ed for this calendar year, only carry over the amounts om Lines 2, 7, and 9 (if my).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

Schedule Monetary	Contributions Received		nts máy be rounded whole dollars.	from	ers period / 1, 2018 30, 2018		SCHEDULE FORNIA 460 ORM 10
NAME OF FILER Nancy D. Y						1.D. NU 14052	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
05/02/2018	Michael Maciel Tracy, CA 95376	IND   COM   OTH   PTY   SCC	Retired	1000.00	1000.	.00	
05/04/2018	Ameni and Olinga Alexander Tracy, CA 95376	ZIND COM OTH PTY SCC	Retired (Both)	300.00	300.	.00	
05/21/2018	Cynthia Gustafson Tracy, CA 95304	IND COM OTH PTY	Principal, Comfort Keepers (Livermore)	500.00	500.	.00	
05/29/2018	Christian Ckukwuma Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Financial Advisor, Securities America	100.00	100.	.00	
05/31/2018	Jali Enterprises 4256 Windsong Dr. Tracy, CA 95377	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150.00	150.	.00	
			SUBTOTAL	\$ 2050	Security (	n Million in Company	
1. Amount re	A Summary  ceived this period – itemized monetary contributions.  I Schedule A subtotals.)		\$	2550.00	IND -		

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

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

3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2016)

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

PTY - Political Party

OTH – Other (e.g., business entity)

SCC - Small Contributor Committee

827.00

3377.00

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole o	dollars.	Statement covers period fromJanuary 1, 2018		CALIFORNIA 460		
				through June	30, 2018	Page _		
NAME OF FILER						I.D. NUI		
Nancy D. Yo	oung					14052	35	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
06/07/2018	Becki Brown Tracy, CA 95304	IND COM OTH PTY	Retired	250.00	250.	.00		
6/12/2018	Bob Young Tracy, CA 95376	IND COM OTH PTY	Retired	250.00	250.	.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL	\$ 500.00				

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1 to whole dollars.  Loans Received				Statement coverage from January	ers period / 1, 2018	CALIFORN FORM	<sup>IA</sup> 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through June	30, 2018	Page 6	of10
Nancy D. Young							1405285	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Nancy D. Young	Candidate			PAID	0.00	0	500.00	calendar year \$ 500.00
Tracy, CA 95377				\$500.00	ss	O %	\$ 500.00	\$ 500.00 PER ELECTION**
<sup>†</sup> ☑ IND □ COM □ OTH □ PTY □ SCC		\$0.00	\$500.00	\$	DATE DUE	\$0.00	4/30/2018 DATE INCURRED	\$
				PAID  \$ FORGIVEN	s	RATE	\$	\$PER ELECTION **
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID  FORGIVEN	\$	% RATE	\$	\$PER ELECTION**
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		\$	s	\$ <u> </u>	DATE DUE	\$	DATE INCURRED	\$
	:	SUBTOTALS \$	500.00	\$ 500.00	0.00			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period  (Total Column (b) plus unitemized loan	s of less than \$100.)		•••••••••••	\$	500.00		Contributor Codes	
<ol> <li>Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that</li> </ol>	00 paid or forgiven.)			\$	500.00_	) C	TH – Òther (e.g., TY – Political Part	PTY or SCC) business entity) y
. Net change this period. (Subtract Line 2 from Line 1.)								

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

\*\* If required.

Schedule C		
Nonmonetary	Contributions	Received

Amounts may be rounded to whole dollars.

| Statement covers period | from | January 1, 2018 | | CALIFORNIA | 460 | | FORM | | Top | 1.D. NUMBER | 1405285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nancy D. Young

ivality D.	roung						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/27/2018	Kuane Washington Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Bus driver, VTA	Meeting Room, decorations for Kick Off Event	200.00	200.00	
05/25/2018	Olinga Alexander Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	Decorations for Kick Off Event	30.00	330.00	
05/26/2018	20/20 Vision Tracy, CA 95377	□IND □COM ☑OTH □PTY □SCC		Postcards, Business Card, Banner Designs and Printing Disc	210.00	210.00	
		□IND □COM □OTH □PTY □SCC					
Attach additional information on appropriately labeled continuation sheets.  SUBTOTAL \$ 440.00							

#### **Schedule C Summary**

1.	Amount received this period – itemized nonmonetary contributions.  (Include all Schedule C subtotals.)	\$	440.00
	(Include all Scriedule C Subiotals.)		
2	Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	203.00
7	Amount received this bender - uniterflized politionetally contributions of less than 4 100	Ψ ——	

\*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	Amounts may be rounded to whole dollars.	S
Payments Made		from

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from January 1, 2018	FORM 400
throughJune 30, 2018	Page 8 of 10
	I.D. NUMBER
	1405285

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Nancy D. Young

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

CMP campaign paraphernalia/misc. campaign consultants

CTB contribution (explain nonmonetary)\* CVC civic donations candidate filing/ballot fees

FND fundraising events

independent expenditure supporting/opposing others (explain)\*

legal defense

campaign literature and mailings

MBR member communications MTG meetings and appearances OFC office expenses 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 campaign workers' salaries SAL

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

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
Tank Town Media LLC dba Tracy Press P.O. Box 419 Tracy, CA 95378	PRT		475.00
Tracy Civic Center 333 Civic Center Tracy, CA 95376	FND		792.00
Event Helper East Main Insurance Services. Inc. Will Maddux P.O. Box 1298		Insurance for Event	99.95

SUBTOTAL \$ \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. 1366.95

### **Schedule E Summary**

2962.95 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 377.11 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).).....\$ 3340.06 

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Schedule E	
(Continuation Sheet)	)
Payments Made	

Amounts may be rounded to whole dollars.

MBR member communications

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

	SCHEDOLL L (SCHI.)
Statement covers period	CALIFORNIA 460
from January 1, 2018	FORM 400
through June 30, 2018	Page9 of10
	I.D. NUMBER
	1405285

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

NAME OF FILER

Nancy D. Young

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  OFC  PET  PHO  PHO  FND  Independent expenditure supporting/opposing others (explain)*  POS  LEG legal defense	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		ch ssenger services	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
20/20 Vision 1517 Arrigotti Lane Tracy, CA 95377			LIT and CMP		807.00	
Party Warehouse Rentals 7840 W. 11th Street Tracy, CA 95304			Table and Ta	blecloth Rentals for Event	227.90	
Tracy African American Assocition P.O. Box 62 Tracy, CA 95378		PRT			100.00	
Glow Universe 1719 Eldridge Road A1 Sugar Land, TX 77478		CMP			195.86	
Print Globe, Inc. 5812 Trade Center Drive, Suite 100 Austin, Texas 78744		СМР			265.24	
* Payments that are contributions or independent expenditures must also be summ	arized on Sche	edule D.		SUBTO	AL\$ 1596.00	

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded		SCHEDULE		
		to whole dollars.		covers period	CALIFORNIA 460	
			110111	ary 1, 2018	Page 10 of 10	
			through <u>Jur</u>	ne 30, 2018		
SEE INSTRUCTION NAME OF FILER	NS ON REVERSE	<u> </u>			I.D. NUMBER	
Nancy D. You	ung				1405285	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOUR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	ICE	DESCRIPTION OF RECE	:IPT	AMOUNT OF INCREASE TO CASH	
06/16/2018	Tracy Civic Center 333 Civic Center Tracy, CA 95376	Deposit	Refund from Event		472.00	
Attach addi	itional information on appropriately labeled continuation s	heets.		SUBTOTAL	472.00	
Schedule I	I Summary					
	ncreases to cash this period		\$.	472.00		
2. Unitemized increases to cash of under \$100 this period\$ ——				0.00		
3. Total of all	interest received this period on loans made to othe	rs. (Schedule H, Column (e).)	\$.	0.00		
4. Total misce	ellaneous increases to cash this period. (Add Lines Page, Line 14.)	1, 2, and 3. Enter here and on the	e <b>TOTAL</b> \$.	472.00		