COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER PA	AGE - PART 2
CALII FO	FORNIA DRM	460
Page _	<u>2</u> o	f8

NAME OF OFFICEHOLDER OR CANDIDATE	· · · · · · · · · · · · · · · · · · ·	NAME OF BALLOT MEASURE			
NAME OF OFFICEHOLDER OR CANDIDATE		Preserve Tracy - No or	n Measure M		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)	, BALLOT NO. OR LETTER	JURISDICTIO		SUPPORT
OFFICE SOUGHT ON TILLE (INCLUDE LOOM ION THE	DIO (140) 110 III 210	M	Tracy, C	A San Joaquin Cty	☑ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY STATE ZIP	Identify the controlling office	eholder, candi	date, or state measure pi	oponent, if any.
		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT	
Related Committees Not Included in the not included in this statement that are controlled be contributions or make expenditures on behalf of year.	y you or are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER			<u> </u>	·
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Car officeholder(s) or candidate(didate/Offic	eholder Committee	List names of
TO MALE OF THE IDEA.	CONTROLLED COMMITTEE?	officentialer(s) or candidate(s) tor wnich this	committee is primarily for	med.
	YES NO	NAME OF OFFICEHOLDER OR		OFFICE SOUGHT OR HEL	med.
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO				med.
	YES NO		CANDIDATE		D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	☐ YES ☐ NO IO P.O. BOX) ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NOTE TO STATE	YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM 10/21/18 from_ 12/31/18 Page __ through . I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1413550 Preserve Tracy

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ \frac{0}{1640.00}\$	\$ 6418.00 \$ 6418.00 \$ 6418.0 \$ 6418.0	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$
Expenditures Made 6. Payments Made	\$ 2729.00 0 0	\$ 6418.00 0 \$ 6418.00 0 0 \$ 6418.00	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 \$ 0.00	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. FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	to		from10/2	21/18	CALI F	FORNIA 460
				through12	/31/18	Page	4of8
SEE INSTRUCTION	ONS ON REVERSE					I.D. NL	
Preserve	Tracy					14135	
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)
10/29/18	Patrick Stevens Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Computer Scientist Lawrence Livermore Nat'l Laboratory	300.00	300	.00	
10/29/18	Zac Scortino Tracy, CA 95377	ZIND COM OTH PTY SCC	Student	40.00	40	.00	•
10/29/18	Ben & Dana Richards Tracy, CA 95304	ZIND COM OTH PTY	Retired	500.00	628	.83	
10/29/18	Gladys Kimberling-Jens Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	500:00	600	.00	,
10/29/18	Denise Stevens Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Hairdresser/self employe 6993 Dublin Blvd. Dublin, CA	300.00	300	.00	
 			SUBTOTAL \$	1640.00			
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	1640.00	IND	(other	ual ient Committee than PTY or SCC)
3. Total mone	eceived this period – unitemized monetary contribution etary contributions received this period.			1640.00	PTY	Politica	(e.g., business entity) al Party Contributor Committee
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	ı.) I∪IAL Ş				

Supportin	D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may b to whole do		Statement covers	CAL	SCHEDULE IFORNIA 460
SEE INSTRUCTION NAME OF FILER Preserve T	ons on reverse			through 12/3	I.D. N	5 of8 UMBER 3550
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	
10/29/2018	Measure M Tracy, CA San Joaquin County Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Tracy Press Ad	1632.00	1632.00)
10/24/18	Measure M Tracy, CA San Joaquin County	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	Election night flyers Voter Reg CD Election night costs Farmers Market Fees	529.00	529.00	
10/3/18	☐ Support ☑ Oppose Measure M Tracy, CA San Joaquin County ☐ Support ☑ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Reimburse for signs Voter Reg CD	140.00	140.00	
			SUBTOTAL	\$ 2301.00		
1. Itemized o	D Summary contributions and independent expenditures made					
2. Unitemize	d contributions and independent expenditures m	nade this period of u	nder \$100			
3. Total contr	ributions and independent expenditures made th	nis period. (Add Line	s 1 and 2. Do not enter on th	ne Summary Page.) TOTAL :	2729.00

Summarı Supporti	ation Sheet) y of Expenditures ing/Opposing Other tes, Measures and Committees	Amounts may to whole o		Statement covers period from 10/21/18 through 12/31/18		Statement covers period CALIFOR from 10/21/18 FORM			6 of 8
Preserve 7						413550			
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)		
12/31/18	Measure M Tracy, CA San Joaquin County	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Donation to Lammersville School Foundation to close out account.	231.00	231.	.00			
11/1/18	☐ Support ☑ Oppose Measure M Tracy, CA San Joaquin County ☐ Support ☑ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Returned contributions to Valdez Family	100.00	100.	.00			
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
			SUBTOTAL S	331.00					

•							SCHEDU	LΕ
Schedule E	Amounts may b				nent covers period	CALIF	ORNIA 46	
Payments Made	to whole do	viiais.		from	10/21/18	FO		U
CEE MICTRUCTIONS ON DEVEDOS				through_	12/31/18	Page	7 of 8	_
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		····-		<u> </u>		I.D. NUM	BER	_
Preserve Tracy						141355	0	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications d appearances es lating urvey researc very and mes	s n senger services	RAD radio RFD return SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	ribe the payment. airtime and production of the contributions of the contribution	uction costs I meals and meals of the same	e candidate/sponso	or
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DESC	RIPTION OF P	AYMENT		AMOUNT PAID)
Tracy Press Newspaper 95 W. 11th St., Suite 101 Tracy, CA 95376		PRT	Newspaper Ad				1632.0) 0
Wendy Tocchini Tracy, CA		СМР	Reimbursement for printing flyers for h				529.0	00
unitemiized payments under \$100.00		СМР	Reimburse for sig	ns, Voter II	Registration, supp	olies	140.0	00

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

SUBTOTAL \$ 2301.00

Schedule E Summary

1	Itemized payments made this period. (Include all Schedule E subtotals.)\$	2032.00
١.	Remized payments made this period. (include all concedure 2 dastotate.)	97.00
2.	Unitemized payments made this period of under \$100\$	
	• •	, (
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	'
,	Total payments made this period. (Add Lines 1, 2, and 3, Enter here and on the Summary Page, Column A, Line 6.)	2729.00
4.	Total payments made this behod. (Add Lines 1, 2, and 3, Line) here and on the oditionary rago, coldinary, Line of	

FPPC Form 460 (Jan/2016)

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

Schedule E (Continuation Sheet) Payments Made	Amounts may b to whole do			Statem	ent covers period 10/21/18	SCHEDULE E (CONCALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through_	12/31/18	Page	8	of8
NAME OF FILER Preserve Tracy					222	I.D. NUMI 1413550		
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	munications d appearances ses lating urvey researc very and mes	s h senger services	RAD radi RFD retu SAL cam TEL t.v. c TRC cam TRS staff TSF tran VOT vote	cribe the payment of airtime and production med contributions paign workers' salaries or cable airtime and producte travel, lodging, a sign between committeer registration technology cosmonity of airtime and production technology cosmonity.	on costs s oduction costs and meals g, and meals es of the sam	e candid	ate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	-	CODE (DR DES	CRIPTION OF	PAYMENT		АМО	UNT PAID
Lammersville School Foundation		cvc	donation to School	ol Foundat	ion to close out bo	ooks		231.00
Returned contributions to Valdez Family		RFD	Returned contribu	utions				100.00

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

SUBTOTAL \$

COVER PAGE

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	The state of the s		NAME OF BALLOT MEASURE			
			Preserve Tracy - No or	Measure M		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
			M	Tracy, C	A San Joaquin Cty	☑ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling offic	eholder, candi	date, or state measure p	proponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT	
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 candit	are primarily formed to receive		OFFICE SOUGHT OR HELD	 	DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER	7	. Primarily Formed Can	didate/Offic	eholder Committee	List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s	s) for which this	committee is primarily fo	ormed.
	☐ YES ☐ NO		NAME OF OFFICEHOLDER OR	OANDIDATE	OFFICE SOUGHT OR HE	ID I
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	OX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
	YES NO					OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	JX)		<u></u>		1	
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Att	ach continuati	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Stateme	ent covers period 9/23/18	CALIFORNIA 460
through	10/20/18	Page3 of6
		LD NUMBER

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Not Received Yet Preserve Tracv Calendar Year Summary for Candidates Column B Column A Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 4778.00 1/1 through 6/30 7/1 to Date 0 2. Loans Received...... Schedule B. Line 3 20. Contributions 4778.00 1367.00 3 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ -Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 4778.00 **Expenditures Made Expenditure Limit Summary for State** 3689.00 **Candidates** 7. Loans Made..... Schedule H. Line 3 22. Cumulative Expenditures Made* 3689.00 1994.00 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 1994.00 3689.00 **Current Cash Statement** 1716.00 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ____ To calculate Column B. 1367.00 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 1994.00 amounts in Column A may 1089.00 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, 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). 18. Cash Equivalents..... See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

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

Schedule A

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to	whole dollars.				FORM 460		
				through10	/20/18	Page	4 of6		
SEE INSTRUCTION	ONS ON REVERSE					I.D. NL	IMBER		
Preserve							eceived Yet		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
9/24/18	John Tocchini Tracy, CA	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	182.00	182.	00			
10/4/18	Chervi Valdez Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00	,		
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				·			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
			SUBTOTAL \$	282.00					
1. Amount re	A Summary eceived this period – itemized monetary contributions. III Schedule A subtotals.)		\$	282.00	IND - COM	(other	ial ient Committee than PTY or SCC)		
2. Amount re	eceived this period – unitemized monetary contribution	ns of less thar	n \$100\$	1085.00		– Other – Politica	(e.g., business entity)		
3. Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			1367.00		– Small	Contributor Committee		

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

Not Received Yet

SEE	INS	TRL	ICTIONS	S ON	REV	/ERSE

NAME OF FILER

_				_	
ы	res	er	٧e	Trac	:۱

1 1030140 1	iacy					
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/18	Measure M Tracy, CA San Joaquin County Support Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	Yard Signs	1050.00	2745.00	
10/9/18	Measure M Tracy, CA San Joaquin County	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Car Magnets	806.00	806.00	
10/3/18	Measure M Tracy, CA San Joaquin County	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Bank charges Secty/State Fee Farmer's Market fee	138.00	138.00	
			SUBTOTAL \$	1994.00		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$	1856.00
1. Itemized contributions and independent expenditures made this period. (include all Genedale 5 subtotale.)		
2. Unitemized contributions and independent expenditures made this period of under \$100	\$	138.00
		4004.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	۱L\$.	1994.00

FPPC Form 460 (Jan/2016)

Schedule E	Amounts may b			Stateme	ent covers period	CALIF	ORNIA 460	
Payments Made	10 11/10/10 20			from	9/23/18	FO	RM TOO	
				through	10/20/18	Page _	6 of 6	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		·				I.D. NUM		
Preserve Tracy						Not Re	ceived Yet	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and so POS postage, deliv PRO professional so	munications d appearance ses lating urvey researd very and mes	s ch senger services	RAD radio a RFD returne SAL campa TEL t.v. or o TRC candid TRS staff/s TSF transfe VOT voter r	airtime and production and contributions aign workers' salaries cable airtime and producte travel, lodging, and couse travel, lodging, and the travel of the	luction costs d meals and meals s of the sam	ne candidate/sponsor	
LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE NAME AND ADDRESS OF PAYEE	PRT print ads	CODE	OR DES	WEB inform	ation technology costs	s (internet, e	-mail) AMOUNT PAID	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	JR DEG	OIGH HONOL LA	IVIL.IX		741100117.17410	
Sign Depot (Yardsignwholesale.com) 1813 E. Colonial Dr. Orlando, FL 32803		СМР	Yard Signs				1050.00	
BuildASign.com 11525A Stonehollow Dr., Suite 100 Austin, TX 78758		CMP	Car magnets				806.00	
* Payments that are contributions or independent expenditures must also b	ne summarized on Sche	dule D.			SU	BTOTAL	3	
Schedule E Summary								
Itemized payments made this period. (Include all Schedu	le F subtotals)					\$	1856.00	
						•	138.00	
2. Unitemized payments made this period of under \$100						¥	0	
3 Total interest paid this period on loans. (Enter amount fro.)	m Schedule B. Part	t 1 Colum	n (e))			S		

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

				COVER PAGE
Recipient Committee Campaign Statement Cover Page		CITYCLE	EPVEU RK'S OFFICE	CALIFORNIA 460
	Statement covers period 7/1/18	Date of election if application (Month, Day, Year)	2 PM 1:45 DETRACY	Page 1 of 8 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through9/22/18	11/6/2018	jeviča	
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	✓ Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	☐ Spec	rterly Statement cial Odd-Year Report
3. Committee Information	D. NUMBER Not Yet Received	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	THOU PET NOCCIVE	NAME OF TREASURER		
Preserve Tracy		Dana Richards MAILING ADDRESS		
		MAILING ADDITEGO		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	
CITY STATE ZIP C	ODE AREA CODE/PHONE	Tracy NAME OF ASSISTANT TREASURER, IF ANY		
Tracy CA 9530	•	Libby Martinez		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
, and the second se		Tracy	CA 9530)4
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
. Verification			<u> </u>	
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of	ring this statement and to the best of my f California that the foregoi <mark>ng is tpaer</mark> and	knowledge the information contained herein a correct.	and in the attached sch	nedules is true and complete. I
Executed on 10/20/2019 2018	Ву	/		
Executed on	BySignature of Contr	rolling Officeholder, Candidate, State Measure Proponent or	Responsible Officer of Spons	or .
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Meas	ure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Meas	ure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

		AGE - PART 2
CALI F	FORNIA DRM	460
Page _		of <u>8</u>

Officeholder or Candidate Controlled Committee			Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	······································		NAME OF BALLOT MEASURE	-			
			Preserve Tracy - No on	Measure M	İ		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	TF	SUPPORT
			M	Tracy, C	A San Joaquin C	ty 💆	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	ITY STATE ZIP		Identify the controlling office	eholder, candi	date, or state meası	ıre prop	onent, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
Related Committees Not Included in this Stands included in this statement that are controlled by you o contributions or make expenditures on behalf of your cand	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTR	ICT NO. I	FANY
NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	lidate/Offic	eholder Commit	tee Lis	st names of
	YES. NO						
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	ox)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
CITY STATE ZIP C			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
CITY STATE ZIP C	·		Atta	ch continuati	on sheets if necessa	ary	.

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period 7/1/18	CALIFORNIA 460
through	9/22/18	Page3 of8
		I.D. NUMBER
		The exception of

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Not Yet Received Preserve Tracv 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 3411.00 1. Monetary Contributions...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date n 20. Contributions 3411.00 3411.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 3411.00 Made 3411.00 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 1695.00 **Candidates** 6. Payments Made...... Schedule E, Line 4 \$ _____ 7. Loans Made..... Schedule H. Line 3 22. Cumulative Expenditures Made* 1695.00 1695.00 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Total to Date Date of Election 0 (mm/dd/yy) 1695.00 1695.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ___ To calculate Column B. 3411.00 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 amounts from Column B reported in Column B. 1695.00 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 1716.00 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ _ only carry over the amounts from Lines 2. 7, and 9 (if **Cash Equivalents and Outstanding Debts** anv). 18. Cash Equivalents...... See instructions on reverse \$

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

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received					ers period 1/18	CALIFORNIA 460			
				through9/	22/18	Page	4of8		
SEE INSTRUCTION NAME OF FILER	INS ON REVERSE			-		I.D. NL	MBER		
Preserve 1	Ггасу					Not Y	et Received		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
8/20/18	Dana Richards Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00		100.00		
8/21/18	Gladys Jens Tracy, CA 95304	ZIND COM OTH PTY SCC	Retired	100.00	100.00		100.00		
8/22/18	Libby & Winford Martinez Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Self employed: Custom Interior Carpentry	500.00	500,100				
8/22/18	A.L. Wilcox Tracy, CA. 95304	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.	00			
8/22/18	Joseph/Cynthia Silveira Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Truck Driver/US Foods 300 Lawrence Drive Livermore, CA 94551	220.00	220.	00			
			SUBTOTAL \$	1120.00					
Schedule /	A Summary					tributor C	1		
	ceived this period – itemized monetary contributions. I Schedule A subtotals.)		¢	2950.00	1		ent Committee		
•	·			461.00		– Öther (than PTY or SCC) (e.g., business entity)		
3. Total mone	ceived this period – unitemized monetary contribution etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colo			3411.00	PTY		Party Contributor Committee		

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 coverage 7/1	-	california 460		
		through9/22/18		Page5 of8				
NAME OF FILER								
Preserve Tr	acy					Not Y	et Received	
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)	
9/12/18	Shannon Edwards Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Disabled/medically retired	100.00	100.0	00		
9/12/18	Mike Gowan Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Construction Gowan Construction 15 W 8th St, Tracy, CA	100.00	100.0	00		
9/12/18	Cheryl Rush Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Real Estate Agent Cheryl Rush Real Estate 332 W Eaton Ave, Tracy	105.00	105.0	00		
9/13/18	Chris Malcom Tracy, CA 95304	ØIND □COM □OTH □PTY □SCC	unemployed	200.00	200.00			
9/13/18	Lorraine Cole Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Teacher Lammersville School Dist Tracy, CA 95304	100.00	100.0	00		
			SUBTOTAL \$	605.00				

*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.

SCHEDULE A (CONT.)

Statement covers period

-				from7/1/18		F	ORM 400					
	•			through9/2	22/18	Page _						
NAME OF FILER						I.D. NL	MBER					
Preserve Tr	racy _	_										
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)					
9/13/18	Christine/Larry Lemons Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	retired	100.00	100.00		100.00		100.00			
9/17/18	Jagroop Khangura & Balbir Khangura Tracy, CA 95304	IND COM OTH PTY	Accountant Tracy, CA	175.00	175.	00						
9/19/18	Sandra Stokes Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Homemaker	850.00	850.	00						
9/19/18	Tony Koep Tracy, CA 95376	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Real Estate Broker Newark, CA	100.00	100.0	00						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC										
			SUBTOTAL	\$ 1225.00								

*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 D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may b to whole do		Statement covers period from 7/1/18 through 9/22/18		CALIFORNIA 460		
						Page7 of8		
NAME OF FILER	3					I.D. NUMBER Not Yet Received		
Preserve 7	Tracy			****	,	Not Ye	t Received	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)	
9/22/18	Measure M Tracy, CA San Joaquin County	Monetary Contribution Nonmonetary Contribution Independent	Yard Signs	1695.00	10	695.00		
	☐ Support ☑ Oppose	Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
		Monetary Contribution Nonmonetary Contribution						
	☐ Support ☐ Oppose	Expenditure		ļ	<u> </u>			
			SUBTOTAL S	1695.00				
1. Itemized	e D Summary contributions and independent expenditures mad						1695.00	

Schedule E Payments Made	Amounts may be rounded to whole dollars.			Statement covers period 7/1/18		CALIFORNIA 460 FORM Page 8 of 8 I.D. NUMBER Not Yet Received	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Preserve Tracy					/22/18		
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications i appearance ses lating urvey researd very and mes	es	RAD radio airtime RFD returned con SAL campaign wo TEL t.v. or cable a TRC candidate tra TRS staff/spouse	and production of tributions orkers' salaries airtime and produ evel, lodging, and travel, lodging, a een committees ation	action costs meals nd meals of the same ca	andidate/sponsor iil)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	-	CODE	OR DES	SCRIPTION OF PAYMENT			AMOUNT PAID
Sign Depot (YardSignWholesale.com) 1813 E. Colonial Dr. Orlando, FL 32803		СМР	Yard Signs				1695.00
	-						
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.			SUE	STOTAL \$	
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$	1695.00

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