certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/1/21		
	Date	
Executed on 2/1/21	Date	
Executed on	Date	
Executed on	Date	V V

Ву	Signature of Treasurer or Assistant Treasurer
у_	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
у —	Signature of Controlling Officeholder, Candidate, State Measure Proponent
у —	Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVE	R PAGE - PART 2
CALIFOR	NIA 460
FORM	
Page 2	of <u>14</u>

. Officeholder or Candidate Controlled Commit	tee		6.	Primarily Formed Ballot	Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Jaime A. Medina								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPL	ICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Tracy City Council, Tracy CA								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STAT			Identify the controlling officer	older, candid	ate, or state	measure prop	onent, if any.
	iucy 011			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PE	ROPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candid	are primarily formed	committees to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER							
MedinaforTracy2020	1427198							
NAME OF TREASURER	CONTROLLED COM	MITTEE?	7.	Primarily Formed Candiofficeholder(s) or candidate(s) if	idate/Office	holder Co	mmittee List primarily forme	st names of d.
Xochitl Paderes	☐ YES 🗹	NO						
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)			NAME OF OFFICEHOLDER OR C	CANDIDATE		IGHT OR HELD	✓ SUPPORT
				Jaime Medina		City Coun	cil	OPPOSE
CITY STATE ZIP CO Tracy CA 9537		CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	IGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B		MMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary								

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers peri from 10/18/2020	california 460
through <u>12/31/2020</u>	Page of
	I.D. NUMBER
	1427198

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Medina For Tracy City Council

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	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	\$\frac{1100.00}{0.00}\$ \$\frac{1100.00}{0.00}\$ \$\frac{1100.00}{1100.00}\$	\$\frac{13,735.00}{0.00}\$ \$\frac{13,735.00}{7352.00}\$ \$\frac{21087.00}{0.00}\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$\frac{(6681.00)}{0.00}\$ \$\frac{(6681.00)}{0.00}\$ \$\frac{0.00}{(6681.00)}\$	\$\frac{(10,205.00)}{0.00}\$ \$\frac{(10,205.00)}{0.00}\$ \$\frac{0.00}{(10,205.00)}\$	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	1100.00 0.00 (10,205.00) \$ 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	0.00		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A Monetary Contributions Received			its may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through 12/31/20	20	Page .		
NAME OF FILER Medina for T	Tracy City Council					1.D. NUI 1427198		
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)	
10/24/2020	Janet Blinco Lodi, Ca 95240	☑IND □COM □OTH □PTY □SCC	Retired farmer	1100.00	2600.00			
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 1100				
Amount re (Include a)	A Summary eceived this period – itemized monetary contribution II Schedule A subtotals.)		\$ 11 n \$100\$ 0.	00.00	IND- COM OTH PTY	(other (– Other (– Politica	al ent Committee than PTY or SCC) e.g., business entity)	

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 4

Statement covers period

Monotary				from 10/18/20		FO	_{RM} 400
				through <u>12/31/20</u>		Page 5	
NAME OF FILER Medina for Tr	racy City Council					1427198	
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 T CALENDAR N (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$			

*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 Loans Received	Am	Statement coverage from $\frac{10/18/20}{10/18/20}$	ers period	california 460				
OFF WORTH CATIONS ON DEVERSE					through 12/31/20		Page <u>6</u>	of <u>14</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I			I.D. NUMBER	
Medina for Tracy City Council							1427198	
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 PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
				PAID \$. \$	% RATE	\$	\$
		\$	\$	FORGIVEN \$	DATE DUE	s	DATE INCURRED	PER ELECTION
[†] □ IND □ COM □ OTH □ PTY □ SCC				☐ PAID	DATE DUE		DATE MODIFICES	CALENDAR YEAR
				\$. \$	% RATE	\$	\$PER ELECTION
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEA
				\$. \$	% RATE	\$	\$PER ELECTION
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
		SUBTOTALS	\$	\$	\$	\$		
Schedule B Summary				0		(Enter (e) on Sche	dule E, Line 3)	
 Loans received this period	ns of less than \$100.)00 paid or forgiven.) at are also itemized on Sche	 edule A.)		\$ <u>0</u>			OTH - Other (e.g.,	Committee PTY or SCC) business entity)
Enter the net here and on the Summa	ry Page, Column A, Line 2.						PTY - Political Par SCC - Small Contr	

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

FPPC Form 460 (Jan/2016))
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www.fppc.ca.gov

(May be a negative number)

Schedule B – Part 2 Loan Guarantors

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460					
from 10/13/20 through 12/31/20	Page 7	of				
	I.D. NUMBER 1427198					

NAME OF FILER Medina for Tracy City Council 2020					1427198	
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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER		CALENDAR YEAR	
	□COM □OTH □PTY □SCC	□ COM □ OTH □ PTY	DATE		PER ELECTION (IF REQUIRED)	
	□IND		LENDER		CALENDAR YEAR	
	□COM □OTH □PTY		DATE		PER ELECTION (IF REQUIRED)	
	□scc				\$	
	□IND		LENDER		CALENDAR YEAR	
	□COM □OTH □PTY		DATE		PER ELECTION (IF REQUIRED)	
	□scc				\$	
	□IND		LENDER		CALENDAR YEAR	
	□сом □отн		DATE		PER ELECTION (IF REQUIRED)	
	□PTY □scc				\$	
			SUBTOTAL	\$ 0.00	Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers period from $\frac{10/18/20}{}$			california 460		
					thro	ough <u>12/31/20</u>		Page 8	of <u>14</u>	
NAME OF FILER	ONS ON REVERSE				1			I.D. NUMI		
Medina for Tr	acy City Council									
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 SER		AMOUNT/ FAIR MARKET VALUE	CALENDA CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						ance a second of the second of		
		□IND □COM □OTH □PTY □SCC						- 14		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		□IND □COM □OTH □PTY □SCC			- 1-201 VIII-14			441		
Attach additi	onal information on appropriately labeled	l continuation	sheets.	SUBT	OTAL	\$ ₀				
Amount re (Include al	C Summary ceived this period – itemized nonmoneta I Schedule C subtotals.) ceived this period – unitemized nonmone		***************************************				IND COI OTH	other the d - Other (e e Political	I nt Committee nan PTY or SCC) .g., business entity)	

3. Total nonmonetary contributions received this period.

FPPC Form 460 (Jan/2016))

SCC - Small Contributor Committee

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

Schedule D Summary of Expenditures Supporting/Opposing Other		Amounts may be ro to whole dollar	Statement cover from $\frac{10/18/20}{}$	s period	california 460		
	es, Measures and Committees			through <u>12/31/20</u>	Page	of 14	
NAME OF FILER	ONS ON REVERSE	1,000,000				I.D. NUMB	ER
Medina for Tr	racy City Council					1427198	
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	CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				
		Nonmonetary Contribution					
!	☐ Support ☐ Oppose	Independent Expenditure					*100
		Monetary Contribution					
		Nonmonetary Contribution					
		Independent					
	Support Oppose	Expenditure Monetary Contribution					
		Nonmonetary Contribution					
		Independent					
	Support Dppose	Expenditure				<u></u>	
			SUBTOTAL	\$ 0.00			
	D Summary						

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....\$

Schedule	E
Payments	Made

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Medina for Tracy City Council

campaign literature and mailings

Amounts may be rounded to whole dollars.

PRT print ads

Statement covers period from $\frac{10/18/20}{}$	california 460
through <u>12/31/20</u>	Page of
	I.D. NUMBER
	1427198

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) legal defense 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
Xochitl Paderes Stockton, Ca 95207	CMP PRO			3625.00
Janet Blinco Lodi, Ca 95240	RFD			1100.00
Tracy Press	PRT			1560.00

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

SUBTOTAL \$ 6285.00

(6285.00)

Schedule E Summary

2. Unitemized payments made this period of under \$100......\$

FPPC Form 460 (Jan/2016))

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

•				SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers		ORM 460
		through <u>12/31/202</u>	0 Page	of
SEE INSTRUCTIONS ON REVERSE			I.D. NU	MBER
NAME OF FILER			14271	98
Medina for City Council 2020				
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	s the payment, you may enter the code. Other 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 ratio aritime and RFD returned contributions SAL campaign worke TEL t.v. or cable airtime TRC candidate travel, TRS staff/spouse trav transfer between VOT voter registration	production costs urions rs' salaries me and production costs lodging, and meals rel, lodging, and meals committees of the sam	ne candidate/sponsor
			(c)	(d)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Xochitl Paderes Stockton, Ca 95207	PRO/ CMP	3000.00	625.00	3625.00	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 3000.00	\$ 625.00	\$ 3625.00	\$ 0.00

Schedule F Summary

Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	RED TOTALS \$
 Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) 	ED TOTALS \$

May be a negative number

FPPC Form 460 (Jan/2016))

CMP campaign paraphernalia/misc. MTG meetings and appearances CNS campaign consultants campaign workers' salaries SAL OFC office expenses CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs petition circulating TEL PET CVC civic donations candidate travel, lodging, and meals TRC PHO phone banks FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research TRS FND fundraising events transfer between committees of the same candidate/sponsor TSF 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) print ads PRT campaign literature and mailings

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*			ay be rounded le dollars.		Statement cover from		CALIFORN FORM	SCHEDULE H
				AL	through	20	Page <u>13</u>	of <u>14</u>
SEE INSTRUCTIONS ON REVERSE							I.D. NUMBER	
MAME OF FILER Medina for Tracy City Council 2020							1427198	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID \$	\$	% RATE	\$	\$PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID \$ FORGIVEN	\$	% RATE	\$	\$ PER ELECTION**
		\$	\$	s	DATE DUE	\$	DATE INCURRED	s
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must en must also be	SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					0.00)	_	
Loans made this period (Total Column (b) plus unitemized loan Payments received on loans	s of less than \$100.)				_ 0.00			**If Required
(Total Column (c) plus unitemized payr 3. Net change this period. (Subtract Line	nents of less than \$100.) 2 from Line 1.)				0.00)	-	

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

Schedule I		ounts may be rounded		SCHEDU		
	Increases to Cash	to whole dollars.	Stateme	nt covers period	CALIFORNIA 460	
Miscenaricous			from 10/18	/2020	FORM TOO	
			through 12		Page 14 of 14	
SEE INSTRUCTIONS ON F	REVERSE				I.D. NUMBER	
NAME OF FILER	G				1427198	
Medina for Tracy City	y Council 2020	<u> </u>				
DATE	FULL NAME AND ADDRESS OF SOURCE		DESCRIPTION OF R	ECEIPT	AMOUNT OF INCREASE TO CASH	
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)				provide to orion	
				SUBTOTA	1 \$ 0.00	
Attach additional ii	nformation on appropriately labeled continuation sheets.			300101A	L 4 0.00	
Schedule I Sum	nmary			.\$		
1. Itemized increase	es to cash this period	••••••				
2 Unitemized incre	ases to cash of under \$100 this period	*************************************		.\$		
Z. Officernized incre	ases to easily of under whose une period.					
Total of all interes	st received this period on loans made to others. (Schedule	e H, Column (e).)		.Φ Φ.		
4 Total miscellaneo	ous increases to cash this period. (Add Lines 1, 2, and 3,	Enter here and on the		0.00		
Summary Page,	Line 14.)	***************************************	TOTAL	\$	FPPC Form 460 (Jan/2016))	
				FPPC Advice: ad	lvice@fppc.ca.gov (866/275-3772)	

			1	COVER PAGI
Recipient Committee Campaign Statement Cover Page			Date Stamp REC	california 460
	Statement covers period from $\frac{9/20/2020}{10/17/2020}$	Date of election if applicable: (Month, Day, Year) 11/3/2020	2020 OCT 22	70
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Off	marily Formed Ballot Measure mmittee Controlled	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminal Amendment (Explain below)	Qua	rterly Statement cial Odd-Year Report
	NUMBER 27198	Treasurer(s) NAME OF TREASURER Xochitl Paderes MAILING ADDRESS		
CITY STATE ZIP CODE Tracy CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	E AREA CODE/PHONE	Stockton NAME OF ASSISTANT TREASURER, IF	STATE ZIP CI CA 9520 ANY	
CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS	E AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CO	DDE AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Canada Executed on 10-18-2020 Executed on 10-18-2020 Date	By	newledge the information contained herein		

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on .

Executed on _

Date

FPPC Form 496 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM	460
Page A	f_6_

5.	Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballot M	Measure C	ommittee	7	100 HO
	NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE				<u></u>
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER J	JURISDICTIO	N		SUPPORT OPPOSE
	TRACY CITY CONVICE TORY CA RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP TRACY CA 98376		Identify the controlling officehol				
•	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD	DATE, OR PE	DISTRIC	T NO. IF	ANY
	COMMITTEE NAME I.D. NUMBER		***************************************				
	MEDINA FOR 1 Muf CITY COUNTY DIS 19178 NAME OF TREASURER CONTROLLED COMMITTEE? CONTROLLED COMMITTEE?	7.	Primarily Formed Candidate (s) for candidate(s) for	ate/Office	ommittee is primarily i	formed.	names of
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CAN	NDIDATE	OFFICE SOUGHT OR I	HELD	SUPPORT OPPOSE
	Than a 15776		NAME OF OFFICEHOLDER OR CAN	NDIDATE	OFFICE SOUGHT OR I	HELD	SUPPORT OPPOSE
	COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR CAN	NDIDATE	OFFICE SOUGHT OR I	HELD	SUPPORT OPPOSE
	NAME OF TREASURER CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CAN	NDIDATE	OFFICE SOUGHT OR I	HELD	SUPPORT OPPOSE
	CITY STATE ZIP CODE AREA CODE/PHONE		Attach (continuatio	n sheets if necessary		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Column B CALENDAR YEAR TOTAL TO DATE \$ 12635.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
\$\frac{12635.00}{7352.00}\$ \$\frac{19987.00}{19987.00}\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ 21. Expenditures Made \$ \$
\$\frac{3524.21}{0}\$ \$\frac{3524.21}{3000.00}\$ \$\frac{0}{3000.00}\$	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) /
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 496 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772)
	\$\frac{12635.00}{7352.00}\$ \$\frac{19987.00}{19987.00}\$ \$\frac{3524.21}{0}\$ \$\frac{3524.21}{3000.00}\$ \$\frac{0}{3000.00}\$ \$\frac{3000.00}{0}\$ \$\frac{3000.00}{10}\$ \$\frac{3000.00}{10}\$ \$\frac{1}{3000.00}\$ \$\frac{1}{1000.00}\$ \$\frac{1}{3000.00}\$ \$\frac{1}{1000.00}\$ \$\frac{1}{3000.00}\$ \$\frac{1}{3000.00}\$ \$\frac{1}{3000.00}\$ \$\frac{1}{3000.00}\$ \$\frac{1}{3000.00}\$ \$\frac{1}{3000.00}\$ \$\frac{1}{3000.00}\$ \$\frac{1}{3000.00}\$ \$\frac{1}{3000.00}\$ \$\f

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement coverage from 09/20/2020	ers period	CALIFORNIA 460		
SEE INSTRUCTIONS	S ON DEVERSE			through 10/17/202	20	Page 4	of	
NAME OF FILER	cy City Council 2020					I.D. NUME 1427198	BER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 0.00				
Schedule A	Summary sived this period – itemized monetary contribution	ns.	n	00	IND	ntributor Co – Individual M – Recipie		

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

 COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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www.fppc.ca.gov

Schedu Nonmoi	le C netary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers p	eriod	CALIF FO	SCHEDULE ORNIA 460 RM
					thro	ough		Page 5	of <u>6</u>
NAME OF FILE	Tracy City Council 2020							I.D. NUM 1427198	BER
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 SER		AMOUNT/ FAIR MARKET VALUE	D/ CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/202 0	Xochitl Paderes Stockton, CA	□IND ☑ COM □ OTH □ PTY □ SCC	Contractor	Signs		1300.00	2300.00		2300.00
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$ 1300.00			
Schedul 1. Amount	e C Summary received this period – itemized nonmonetar	y contributior	ns.		\$ _	1300.00	INE	ntributor Co – Individua M – Recipie (other tl	

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

3. Total nonmonetary contributions received this period.

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PTY - Political Party

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

SCC - Small Contributor Committee

						SCHEDOLL
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement coverage from 09/20/2020			ORNIA 460	
			through 10/17/20)20	Page_	6 of 6
SEE INSTRUCTIONS ON REVERSE					I.D. NUM	
NAME OF FILER					142719	
Medina for Tracy City Council 2020					142/12	, G
CODES: If one of the following codes accurately describ 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	es the payment, you may MBR member communicatio MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (nns nces earch messenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production of butions kers' salaries time and produce el, lodging, and a lavel, lodging, an en committees o	ction costs meals d meals of the same	e candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD (ALSO REPORT O		IOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Xochitl Paderes	PRO / CMP	1750.00	1250.00	0.00		3000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 1750.00	\$ 1250.00	\$ 0.00	\$	3000.00
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized 2. Total accrued expenses paid this period. (Include all Schacerued expenses of \$100 or more, plus total unitemized	accrued expenses under	tals for payments on			ALS \$	250.00

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

Executed on _

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Recipient Committee Campaign Statement Cover Page — Part 2

CALIFOR	NIA 460
FORM	- 400
Page _2	of <u>7</u>

. Officeholder or Candidate Controlled Comm	ittee		6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		<u>.</u>		NAME OF BALLOT MEASURE				
Medina for Tracy City Council 2020								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTI	RICT NUMBER IF APPLIC	CABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Tracy City Council								OPPOSE
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ity state Tracy CA	95376		Identify the controlling office	holder, candi	date, or state m	easure propo	onent, if any.
	Tracy CA	33370		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in this Stanot included in this statement that are controlled by you of contributions or make expenditures on behalf of your cand	are primarily formed to			OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER					****		
			7	Primarily Formed Cand	lidata/Offic	obolder Com	mittee Lie	t names of
NAME OF TREASURER	CONTROLLED COMM	ITTEE?	1.	officeholder(s) or candidate(s)	for which this	committee is pr	imarily formed	t names or i.
	☐ YES ☐ NO	<u> </u>		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)			Jaime Medina	DANDIDATE	City Counci		SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CO	DDE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMM			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C		DDE/PHONE		Atta	ch continuati	on sheets if nec	cessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2020 CALIFORNIA 460

... 09/19/2020 Page 3 of 7

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE		through _		. 232
NAME OF FILER				I.D. NUMBER
Medina for Tracy City Council				1427198
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both the General Elections	mary for Candidates State Primary and
1. Monetary Contributions	\$\frac{9000.00}{0}\$ \$\frac{11.725.00}{5427.00}\$ \$\frac{17,152.00}{17,152.00}\$	\$\frac{9000.00}{0}\$ \$\frac{11.725.00}{5427.00}\$ \$\frac{17.152.00}{0}\$	20. Contributions Received \$ 0 21. Expenditures Made \$ 0	\$\frac{15.225.00}{\$}\$
Expenditures Made 6. Payments Made	\$\frac{3524.21}{0}\$ \$\frac{3524.21}{1750.00}\$ \$\frac{0}{5.274.21}\$	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2	summary for State re Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	11.725.00 0 3524.21 8200.79	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	*Amounts in this section n reported in Column B.	ay be different from amounts
18. Cash Equivalents	\$ 0 \$ 1750.00	any).		FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772)

Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	10	whole donars.	Statement covers period from 07/01/2020		FORM 46U		
SEE INSTRUCTI	ONS ON REVERSE			through <u>09/19/20</u>	20	Page	4 of 7	
NAME OF FILER		A CONTRACTOR OF THE PROPERTY O				I.D. NU		
Medina for T	Fracy City Council 2020					142719	8	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
09/13/2020	Tracy Firefighter Association PAC 1127 11th Street, Suite 210 Sacramento, CA 95814	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		5000.00	5000.00			
09/14/2020	Karamjit Kaur Sacramento, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Self-Employed - Farmer	2500.00	2500.00			
08/28/2020	Janet Blincoe Lodi, CA 95240 - 6421	IND COM OTH PTY SCC	Self-Employed - Construction	1500.00	1500.00			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL S	9000.00				
Amount re (Include al	A Summary eceived this period – itemized monetary contribution Il Schedule A subtotals.)		\$ <u>90</u> 1 \$100\$ <u>27</u>	00.00 25.00	OT PT	other) H – Other Y – Politica	ral ient Committee than PTY or SCC) (e.g., business entity)	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1	.)TOTAL \$ ¹¹	.725.00	'DDC Advisor ad		C Form 460 (Jan/2016	

Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period from $\frac{07/01/2020}{}$	CALIFORNIA 460
through <u>09/19/2020</u>	Page 5 of 7
	I.D. NUMBER
	1427198

SEE INSTRIC	TIONS ON REVERSE				throu	gh <u>09/19/2020</u>		Page 5	of 7
NAME OF FILE	ER		A A A A A A A A A A A A A A A A A A A					I.D. NUME	
Medina for	Tracy City Council 2020							1427198	•
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 -	re R year	PER ELECTION TO DATE (IF REQUIRED)
08/19/20	Smart Logic	☐IND ② COM ☐ OTH ☐ PTY ☐ SCC		Website Development		2500.00	2500.00		
08/02/20	Xochitl Paderes	□IND COM □OTH □PTY □SCC		Print Material		1000.00	1000.00		
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	STAL \$	3500.00			
1. Amount (Include	received this period – itemized nonmonetar all Schedule C subtotals.)received this period – unitemized nonmone				······Ψ	927.00	IND COM OTH	(other th – Other (e. – Political F	at Committee an PTY or SCC) g., business entity)
3. Total not (Add Lin	nmonetary contributions received this period les 1 and 2. Enter here and on the Summan	l. / Page, Colur	mn A, Lines 4 and 10.)	ТОТА	AL \$	127.00	_		

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

Schedule E Payments Made	Amounts may to whole d			Statement covers period from $\frac{07/01/2020}{\text{through}} \frac{09/19/2020}{\text{through}}$	CALIF FO	FORNIA 460
NAME OF FILER Medina for Tracy City Council 2020	4 11/10/11/11				I.D. NU	MBER
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member 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	nmunications d appearance ses lating urvey researd very and mes	s h senger services	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 Staff/spouse travel, lodging, TSF transfer between committee voter registration WEB information technology cost	duction cost and meals and meals so of the san	s ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
Xochitl Paderes		CMP / WEB/ OFC				3120.97
* Payments that are contributions or independent expenditures must also	be summarized on Sche	edule D.		SL	JBTOTAL	\$ 3120.97
Schedule E Summary		ole (3120.97
 Itemized payments made this period. (Include all Schede) Unitemized payments made this period of under \$100 	ule E subtotals.)				\$ _	
 Total interest paid this period on loans. (Enter amount free. Total payments made this period. (Add Lines 1, 2, and 3) 	om Schedule B, Pai	rt 1, Columi	າ (e).)		\$	

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.		Statement covers period from $\frac{07/01/2020}{\text{through}} \frac{09/19/2020}{\text{through}}$		CALIFORNIA 460 FORM Page 7 of 7		
SEE INSTRUCTIONS ON REVERSE							
NAME OF FILER Medina for Tracy City Council 2020					1.D. NU		
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (PRT print ads	ons nces earch messenger services	rwise, describe the payment. RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PA THIS PERIO (ALSO REPORT O	סכ	(d) OUTSTANDING BALANCE AT CLOSI OF THIS PERIOD	
Xochitl Paderes Stockton, CA 95207	PRO	1750.00	1750.00	0.00		1750.00	

\$ 1750.00 * Payments that are contributions or independent expenditures must also be **SUBTOTALS \$ 1750.00** \$ 1750.00 \$ 0.00 summarized on Schedule D.

Schedule F Summary

1.	. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	1750.00
2.	. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$	

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....

1750.00

May be a negative number FPPC Form 460 (Jan/2016))

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