Recipient Committee Campaign Statement Cover Page		CITYCL	Date Stamp	CALIFORNIA 460 FORM Page 1 of 11
	Statement covers period from $\frac{10/18/2020}{}$	Date of election if applicable: (Month, Day, Year) 2121 FEB	1-1 PM 5:51	
SEE INSTRUCTIONS ON REVERSE	through 12/31/2020	November 3, 2020	OF TRACY	
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		ei,
State Candidate Election Committee Recall (Also Camplate Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Committee Committee Complete Complete Part 6) Complete Part 6) 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
S L'Ammittee Intarmation	D. NUMBER 418900	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	410900	NAME OF TREASURER		
Nancy Young for Tracy Mayor 2020		Joannie Townsend		
3 0 3		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	ODE AREA CODE/PHONE
		Tracy	CA 9537	76
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
Tracy CA 95370		Meena Saiprasad		
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	DDE AREA CODE/PHONE
SITE ZIF SO	ALEX GODE! HOLE	200	CA 9537	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	CA 9337	0
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 2/1/2021 Date	California that the foregoing is true and combined by	Signature of Treasurer or Assistant Treasurer	esponsible Officer of Spons	
Date Date	Sig	nature of Controlling Officeholder, Candidate, State Measur	e Proponent	FDDC F 450 (1 (2015))

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 — Part 2

COVE	R PAGE - PART 2
CALIFOR FORM	NIA 460
Page 2	of

. Officeholder or Candidate Controlled Commit	ttee			6.	Primarily Formed Ballot	Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Nancy D. Young									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	ICT NUMBER II	F APPLICA	BLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Mayor of Tracy									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	TY	STATE	ZIP		Identify the controlling officeh	older condic	lata ar stata	mazeura Dro	poppert if any
Т	racy	CA	95376		NAME OF OFFICEHOLDER, CAN			measure pro	ponent, it any.
Related Committees Not Included in this Stat not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candi	are primarily fo	t any comi ormed to re	mittees receive		OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
NAME OF TREASURER	CONTROLLE	D COMMIT	TEE?	7.	Primarily Formed Candi officeholder(s) or candidate(s) is	date/Office or which this	eholder Co committee is p	ommittee i	List names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)	□ NO			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HEL	D □ SUPPORT □ OPPOSE
CITY STATE ZIP CO		AREA CODI	E/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		_		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLE	D COMMIT	TEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT OPPOSE
CITY STATE ZIP CO		AREA CODI	E/PHONE		Attac	h continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA 460 Statement covers period from 10/18/2020 FORM ___ of ___11 Page 3 through 12/31/2020 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1418900 Nancy D. Young

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	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	(12,000.00)	\$\frac{70,307.57}{0.00}\$ \$\frac{70,307.57}{823.01}\$	20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$\frac{19,932.28}{0.00}\$ \$\frac{19,932.28}{0.00}\$ \$\frac{0.00}{823.01}\$ \$\$\frac{20,755.29}{0.00}\$	70 000 10	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	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/201 FPPC Advice: advice@fppc.ca.gov (866/275-37 www.fppc.ca.

Schedule	Α	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

Monetary Contributions Received		to	whole dollars.	Statement covers period from 10/18/2020		CALIFORNIA 460	
SEE INSTRUCTI	ONS ON REVERSE			through <u>12/31/20</u>	120	Page	
NAME OF FILER Nancy D. Yo						1.D. NU 141890	имвек 1 0
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/19/2020	James Osborne Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Attorney Law Offices of James Osborne	100.00	100.00		
10/19/2020	Rhodesia Ransom Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Execuive Director Sow a Seed Community Foundation	100.00	100.00		
10/20/2020	Elias V. Lopez Tracy, CA 95377	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	4,000.00	4,000.00		
10/21/2020	Singh Farms Inc. 1751 S. Main Street Manteca, CA 95337	☐IND ☐COM ☑OTH ☐PTY ☐SCC		3,500.00	3,500.00		
10/21/2020	Miri Piri Inc. 1751 S. Main Street Manteca, CA 95337	☐IND ☐COM ☑OTH ☐PTY ☐SCC		4,000.00	4,000.00		
			SUBTOTAL	11,700.00			
Amount re (Include al	A Summary ceived this period – itemized monetary contribution Schedule A subtotals.)		\$	400.00 96.00	IND- COM OTH PTY	other Other Politica	ual 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 \$ ²⁹	996.00	PPC Advice: advi		PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772)

Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Schedule A (Continuation Sheet)		Amounts may		SOILEBOLE X (SOXI.)					
Monetary Contributions Received		to whole o	dollars.	Statement coverage from 10/18/2020	ers period	CALIFORNIA 460			
NAME OF FILER Nancy D. Yo	ung			through 12/31/202	20	Page I.D. NU 141890	5 of		
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)		
10/28/2020	Veronica Peterson Goodyear, AZ 85338	☑IND □COM □OTH □PTY □SCC	Retired	100.00	378.00				
10/29/2020	Spring Up Inspirations 2181 N. Tracy BLvd., #287 Tracy, CA 95376	☐IND ☐COM ②OTH ☐PTY ☐SCC		600.00	1,550.00				
12/31/2020	Nancy D. Young Tracy, CA 95376	IND COM OTH PTY SCC	Self Employed Spring Up Inspirations (Loan Forgiven)	12,000.00					
		□IND □COM							

□отн PTY □scc □сом □отн ☐ PTY □scc

*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

See INSTRUCTIONS ON REVERSE 10.1 N. N. N. M. ME 12/31/2020 12/31/2020 14/890		A		undad				SCHE	DULE B - PART
SEE INSTRUCTIONS ON REVERSE STRUCTIONS ON REVERSE SEE INSTRUCTIONS OF REVERSE SEE INSTRU	Schedule B - Part 1	Alli	Γ	Statement cov	ers period	CALIFORNIA ACO			
SEE INSTRUCTIONS ON REVERSE STATUCTIONS ON							FORM 40		
SEE INTROCTIONS INTROCEDED I.D. NUMBER									
SEE INTROCTIONS NERVERSE I.D. NUMBER I.						through 12/31/20	020	Page 6	of 11
Nancy D. Young FAN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER OF LENDER									
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER OF LEND									
CCCUPATION AND EMPLOYER CONTRIBUTION CONTRIBU	Nancy D. Young							1416900	
CCUPATION AND EMPLOYER CONTRIBUTION CONTRIBUT	THE WANT OFFIT APPRICA AND 7/D CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d) D OUTSTANDING	(e) INTEREST		(g) CUMULATIVE
Nancy D. Young			BALANCE	RECEIVED THIS	OR FORGIVE	N BALANCE AT			CONTRIBUTION
Nancy D, Young	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			PERIOD			PERIOD	LOAN	
Spring Up Inspirations (Self Employed) Spring Up Inspirations (Self Employ	Nancy D. Young	Candidate			PAID	0.00	0	12 000 00	ł
Tracy, CA 95376 (Self Employed) \$\frac{12,000.00}{\\$ DATE DUE Sec DATE DUE Sec DATE DUE Sec DATE INCURRED Sec DATE INCURRED Sec DATE DUE Sec	Trainer Services			ļ	\$	s 0.00	70	\$	\$ 12,000.00
\$ 12,000.00 \$ 0.00 \$ 12,000.00 \$ 0.00 \$ 12,000.00 \$ \$ 0.00 \$ 0.00 \$ 0.00 \$ \$ 0.00 \$	Tracy, CA 95376				☑ FORGIVEN				PER ELECTION
PAID COM OTH PTY SCC PAID S S S S S PER ELECTION S PAID PAID S PAID S PAID PAID S PAID S PAID PAID S PAID PAID S PAID S PAID S PAID S PAID PAID S PAID S PAID PAID S	222 , 22222		12,000.00	0.00	, 12,000.00		s	10/5/2020	s
PAID S S S S S S S S S	[†] ☑ IND □ COM □ OTH □ PTY □ SCC		<u> </u>			DATE DUE		DATE INCURRED	
FORGIVEN S					PAID				CALENDAR YEAR
FORGIVEN S					s	s	%	s	s
PAID SCC PAID S S CALENDAR YEAR S					FORGIVEN		RATE		PER ELECTION
PAID SCC PAID S S CALENDAR YEAR S									
PAID S S S S S S S S S	TO BUD FLOOM FLOTH FLOTY FLOOR		\$	s	5	DATE DUE	3	DATE INCURRED	3
SUBTOTALS \$ 0.00 \$ 12,000.00 \$ 0.00 \$ 0.00 FORGIVEN S	- IND COM COM CON CON				PAID				CALENDAR YEA
SUBTOTALS \$ 0.00 \$ 12,000.00 \$ 0.00 \$ 0.00 FORGIVEN S					s	_ s	%	s	s
SUBTOTALS \$ 0.00 \$ 12,000.00 \$ 0.00 \$ 0.00 Subtotals \$ 0.00 \$ 12,000.00 \$ 0.00 \$ 0.00 Schedule B Summary					□ EORGIVEN		RATE		DED ELECTION
SUBTOTALS \$ 0.00 \$ 12,000.00 \$ 0.00 \$ 0.00 Subtotal					LITOKOWEK				PERELECTION
SUBTOTALS \$ 0.00 \$ 12,000.00 \$ 0.00 \$ 0.00 Subtotal			\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
Schedule B Summary (Enter (e) on Schedule E, Line 3)	IND COM OTH PTY SCC							D/1/21110011112	
Schedule B Summary		5	SUBTOTALS :	\$ 0.00	\$ 12,000.00	\$ 0.00	\$ 0.00		
0.00							(Enter (e) on Scho	edule E, Line 3)	
	_				0.	00			
1. Loans received this period\$					—				
(Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period					s 12	2,000.00			s
2. Loans paid or forgiven this period					Ψ	,	1		Committee

(May be a negative number)

(12,000.00)

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

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

(other than PTY or SCC)

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

SCC - Small Contributor Committee

PTY - Political Party

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Schedu Nonmo	le C netary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers p	period	CALIF FOI	SCHEDULE DRNIA 460 RM
	CTIONS ON REVERSE				thro	ough <u>12/31/2020</u>		Page 7	
Name of file Nancy D. Y								1.D. NUME 1418900	
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	DA CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/01/20	LaVerne Grant Jackson Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	FaceBook Boos Ads	st	823.01	823.01		
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$ 823.01			
1. Amount (Include	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.) received this period – unitemized nonmone					823.01 0.00	— IND COI	other th I – Other (e I – Political	I nt Committee nan PTY or SCC) .g., business entity)

3. Total nonmonetary contributions received this period.

						SCHEDULE E
Schedule E	Amounts may b			Statement covers period		ORNIA 460
Payments Made				from <u>10/18/2020</u>	FO	RM TOO
SEE INSTRUCTIONS ON REVERSE				through <u>12/31/2020</u>	Page_	8 of <u>11</u>
NAME OF FILER					I.D. NUN	MBER
Nancy D. Young					14189	00
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 circul PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	nmunications d appearances ses lating urvey research very and messen	ger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production candidate travel, lodging, and staff/spouse travel, lodging, TSF transfer between committees voter registration WEB	duction costs and meals and meals s of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DE	SCRIPTION OF PAYMENT		AMOUNT PAID
FaceBook 1 Hacker Way Menlo Park, CA 94025		PRT				3,428.59
Five Star Print and Sign 2830 Auto Plaza Way #140 Tracy, CA 95304		СМР				1,039.20
Walmart Super Center 3010 W Grant Line Rd. Tracy, CA 95304		OFC				173.23
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	edule D.		SU	JBTOTAL	\$ 4,641.02
Schedule E Summary						10.500.00
Itemized payments made this period. (Include all Schedul	e E subtotals.)				\$_	19,593.09
Itemized payments made this period. (Include all Schedule E subtotals.) Unitemized payments made this period of under \$100						339.19
Total interest paid this period on loans. (Enter amount from	m Schedule B. Par	t 1. Column (e	:).)		\$_	0.00
o. Total interest paid and period of round. (Enter amount not		, = = (-	, ,			10 022 20

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Staples

2471 N. Naglee Road Tracy, CA 95304 Amounts may be rounded to whole dollars.

	00,122022 - (+ -, 1,			
Statement covers period 10/18/2020 from	CALIFORNIA 460			
through <u>12/31/2020</u>	Page 9 of 11			
	I.D. NUMBER			
	1410000			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nancy D. Young

through 12/31/2020

Page 9 of 11

I.D. NUMBER

1418900

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 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 transfer between committees of the same candidate/sponsor TSF postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration 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 AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 5.850.00 PRT Tracy Press (Tank Town USA) 95 W. 11th St., Ste 101 Tracy, CA 95376 300.00 TEL **Babybiz Entertainment Group** 3710 Lone Tree, Ste. 352 Antioch, CA 94509 7.064.00 RAD iHeart Media File #56107 Los Angeles, CA 90074-6107 542.47 LIT **Select Imaging** 6398 Dougherty Rd. #27 Dublin, CA 94568

OFC

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

SUBTOTAL \$ 13,886.35

129.88

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

Amounts may be rounded to whole dollars.

Statement co 10/18/202 from	-	CALIFORI FORM	NIA 460
through <u>12/31/3</u>	2020	Page 10	of
	<u></u>	I.D. NUMBER	
		1418900	

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.

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 FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Wells Fargo Bank 1900 W. 11th Street Tracy, CA 95377	Bank Fee	144.50
Bath and Body Works 3200 N. Naglee Rd. Tracy, CA 995304	Staff Gifts	135.94
Nothing Bundt Cakes 128 Lincoln Center Stockton, CA 95207	Staff Appreciation Event	118.50
Mikasa Asian Bistro 2610 S. Tracy Blvd. #110 Tracy, CA 95376	Staff Appreciation Event	293.20
Things Remembered 3401 Dale Rd. Modesto, CA 95356	Staff Gifts	210.36

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

SUBTOTAL \$ 902.50

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

	SOMEDULE E (SOM)
Statement covers period 10/18/2020 from	CALIFORNIA 460
through <u>12/31/2020</u>	Page of
	I.D. NUMBER
	1418900

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. 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 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 IND 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 AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 163.22 PayPal Fees PayPal Paypal.com

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

SUBTOTAL \$ 163.22

Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460 FORM Page 1 of 12
	Statement covers period from 09/20/2020	(Month, Day, Todi)	TY CLERK'S OFFICE MAN AND AND AND AND AND AND AND AND AND A	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>10/17/2020</u>	November 3, 2020	MITY OF TRACY	
. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	TRACY DA	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Scomplete Part 6) Frimarily Formed Candidate/ Officeholder Committee Ses Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ten Amendment (Explain belo	لــا Specia mination)	erly Statement al Odd-Year Report
	. NUMBER 118900	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Nancy Young for Tracy Mayor 2020		Joannie Townsend		
		MAILING ADDRESS		<u> </u>
20027			071TE 7ID 001	AREA CODE/DUONE
STREET ADDRESS (NO P.O. BOX)		Tracy	STATE ZIP COI	
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		,
Tracy CA 95370		Meena Saiprasad		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COI	
OPTIONAL: FAX / E-MAIL ADDRESS		Tracy OPTIONAL: FAX / E-MAIL ADDRES	CA 95376	<u> </u>
OF HOUSE. FAXTE-MAIL ROBINESS		OF HOMAE. TACTEMBLE ADDITION		
. Verification			<u></u>	
I have used all reasonable diligence in preparing and reviewin	ng this statement and to the best of my	knowledge the information contained h	erein and in the attached sche	edules is true and complete. I
certify under penalty of perjury under the laws of the State of				
Executed on 10/22/2020 Date	Ву		-	
Executed on	By ———Signature		sponsible Officer of Sponsor	·····
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	_
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	EDDC Form 450 (lon/2015)\

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COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIFORNIA FORM	460					
Page 2 c	of <u>12</u>					

Officeholder or Candidate Control	led Committee		6.	Primarily Formed Ballo	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE	·····		
Nancy D. Young							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	ON AND DISTRICT NUMI	BER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT OPPOSE
Mayor of Tracy							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND		STATE ZIP		Identify the controlling offic	eholder, candi	date, or state measure p	roponent, if any.
	Tracy	CA 95376_		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR F	PROPONENT	
Related Committees Not Included not included in this statement that are contro contributions or make expenditures on behal	lied by you or are prima	: List any committees arily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUM	MBER					
NAME OF TREASURER	CONTR	OLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Offic	eholder Committee committee is primarily fo	List names of rmed.
	□ YI	ES 🗌 NO				OFFICE SOUGHT OR H	ELD T
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
CITY ST.	ATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUI	MBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
NAME OF TREASURER	CONTR	OLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)						
CITY ST	ATE ZIP CODE	AREA CODE/PHONE		At	tach continuat	ion sheets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{09/20/2020}{\text{through}} \frac{10/17/2020}{\text{I.D. NUMBER}}$

Name OF FILER Nancy D. Young			1418900
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	\$\frac{18,067.00}{7,000.00}\$ \$\frac{25,067.00}{0.00}\$ \$\frac{25,067}{0.00}\$	\$\frac{40,311.57}{12,000.00}\$ \$\frac{52,311.57}{0.00}\$ \$\frac{52,311.57}{0.00}\$	20. Contributions Received \$ \$ 21. Expenditures Made \$ \$ \$
Expenditures Made 6. Payments Made	0.00	\$\frac{50,764.12}{0.00}\$ \$\frac{50,764.12}{0.00}\$ \$\frac{0.00}{50,764.12}\$	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	\$\frac{9815.25}{25,067.00}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$ 0.00 \$ 0.00 \$ 12,000.00	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	to	whole dollars.	Statement cov from <u>09/20/2020</u>	•	CALIF FO	ORNIA 46	0
	ONG ON DEVERSE			through <u>10/17/20</u>	020	Page 4	of <u>12</u>	
NAME OF FILER Nancy D. Yo	ung					I.D. NUN 1418900		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED	
09/21/2020	Santokh Judge Livermore, CA 94551	☑ IND □ COM □ OTH □ PTY □ SCC	Self Empoyed Sansar	500.00	500.00			_
09/21/2020	Mohinder Singh Khinda Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Self Employed Pete's Liquor	300.00	300.00		,,,,,	
09/21/2020	Sky Rock Inc. 1852 W. 11th Street Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00			
09/21/2020	Baljinder Singh Tracy, CA 95377	☑ IND □ COM □ OTH □ PTY □ SCC	Self Employed SB CPA	250.00	250.00			
09/21/2020	Country Mart Gas & Food 34243 S. Chrisman Rd. Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		800.00	800.00			
			SUBTOTAL	\$ 2,350.00			· · · · · · · · · · · · · · · · · · ·	
Amount re (Include a	A Summary eceived this period – itemized monetary contribution II Schedule A subtotals.)		\$	578.00 489.00	IND CO OTI PT'	other (H – Other (Y – Politica	al ent Committee than PTY or SCC) e.g., business ent	ity)
3. Total mon (Add Line	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	Column A, Line	1.)TOTAL \$ ¹⁸	3,067.00	FPPC Advice: adv		C Form 460 (Jan/2 .ca.gov (866/275 www.fppc.	-3772)

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

Monetary Contributions Received	Statement covers period from 09/20/2020	FORM 460
	through <u>10/17/2020</u>	Page of
NAME OF FILER		I.D. NUMBER
Nancy D. Young		1418900

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/21/2020	Clarion Ralph North Hills, CA 91343	IND COM OTH PTY	Retired	150.00	150.00	
09/24/2020	Wanda Renee Wooden - Tompkins Rancho Cucamonga, CA, 91739	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
09/25/2020	Janice Lipscomb Northridge, CA 91325	☑IND □COM □OTH □PTY □SCC	Retired	100.00	200.00	
09/25/2020	Dashing Cloud Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		900.00	900.00	
09/29/2020	California Real Estate Political Action Committee 515 S. Figueroa Street #1110 Los Angeles, CA 90071	□IND □COM □OTH □PTY ▼SCC		1,000.00	1,000.00	
			SUBTOTAL	\$ 2,250.00		

*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	A.	(Continuatio	n Sheet)
		ontributions	

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

09/20/2020 from 09/20/2020	TOAM 460
through 10/17/2020	Page of
	I.D. NUMBER
	1418900

Nancy D. Young PER ELECTION CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE RECEIVED THIS TO DATE OCCUPATION AND EMPLOYER CALENDAR YEAR CONTRIBUTOR CODE RECEIVED PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **IND** CEO, Souza Realty & 500.00 500.00 09/29/2020 Mike Souza COM Development, Inc OTH Tracy, CA 95304 PTY □ scc IND 250.00 250.00 09/29/2020 Retired Michael Maciel Псом □отн Ripon, CA 95368 □ PTY □scc IND Warehouse Associate, 700.00 1.200.00 09/30/2020 Nathaniel Young □сом Amazon □ OTH Tracy, CA 95376 PTY SCC 950.00 950.00 09/30/2020 Spring Up Inspirations □сом 2181 N. Tracy Blvd **₹**I OTH Tracy, CA 95376 □ PTY SCC 850.00 850.00 09/30/2020 2020 Vision Books & Design □сом 2941 W. Lowell #192 **▼** OTH Tracy, CA 95377 □ PTY □ scc **SUBTOTAL \$3,**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

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
99/20/2020	A 12 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
through <u>10/17/2020</u>	Page of
	I.D. NUMBER
	1418900

Nancy D. Young

NAME OF FILER

110.1107 12-1-1-0	rento. Til til til til til til til til til til t		para di kacamatan da Kabupatèn Barangan da Kabupatèn Barangan Barangan Barangan Barangan Barangan Barangan Bar			
DATE RECEIVED	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	TO ANY POMMONAL EVECT	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30/2020	Benjamin Young Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Data Annotation Specialist, Tesla	450.00	750.00	
10/01/2020	Mercedes Patrick Tracy, CA 95304	☑IND □ COM □ OTH □ PTY □ SCC	Retired	400.00	400.00	
10/08/2020	Veronica Peterson Goodyear, Arizona 85338	☑IND □ COM □ OTH □ PTY □ SCC	Retired	28.00	278.00	
10/08/2020	Michel Bazinet Tracy, CA 95377	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	200.00	200.00	
10/13/2020	Christian Chukwuma Tracy, CA, 95377	☑ IND □ COM □ OTH □ PTY □ SCC	Financial Advisor, Securities America Advisors, Inc.	150.00	150.00	
		<u> </u>	SUBTOTAL	\$ 1,228.00		

*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	Æ.	(Continuation	Sheet)
Balana Oliv	~	entibutions R	leceived:

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) Situa dané dan Sulipada di from 09/20/2020 Page 8 through <u>10/17/2020</u> I.D. NUMBER

Nancy D. Yo			3		141890	0
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AM INDIVIDUAL, ENTER GCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER MAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/2020	Michael Repetto Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Delta Disposal Waste Management, President	500.00	500.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	\$ 500.00		

*Contributor Codes

IND - Individual

NAME OF FILER

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party
SCC – Small Contributor Committee

		ounts may be ro					SCHE	DULE B - PART
Schedule B Part 1	Am		Statement cov	•	CALIFORN	11A 460		
Loans Received					from <u>09/20/2020</u>		FORM	
					through 10/17/20	020	Page 9	of 12
SEE INSTRUCTIONS ON REVERSE					through		I.D. NUMBER	
NAME OF FILER								
Nancy D. Young							1418900	
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 PAIE OR FORGIVEN THIS PERIOD	BALANCEAT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Nancy D. Young	Candidate Spring Up Inspirations			PAID s_0.00	s <u>12,000.00</u>	0%	s_12,000.00	\$ 12,000.00
Tracy, CA 95376	(Self Employed)	5,000.00	7,000.00	S 0.00		\$		PER ELECTION
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		*			DATE DUE		DATE INCURRED	CALENDAR YEAR
				S	s	%	s	S
				FORGIVEN		\$		PER ELECTION
[†] □ IND □ COM □ OTH □ PTY □ SCC		s	s		DATE DUE		DATE INCURRED	
				PAID S	. s	%	s	\$
				FORGIVEN		RATE		PER ELECTION
† IND COM OTH PTY SCC		s	s	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS	\$ 7,000.00	\$ 0.00	\$ 12,000.00	\$ 0.00		
						(Enter (e) on Sch	edule E, Line 3)	
Schedule B Summary 1. Loans received this period				\$ 7, 0	00.00	_		
(Total Column (b) plus unitemized loan	ns of less than \$100.)			. 0.0	00		†Contributor Code	s

(May be a negative number)

7,000.00

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

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

PTY - Political Party

COM - Recipient Committee

(other than PTY or SCC)

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

SCC - Small Contributor Committee

						SCHEDULE E
Schedule E	Amounts may b			Statement covers period	CALIF	ORNIA 460
Payments Made			from <u>09/20/2020</u>	FO	RM TOO	
				through <u>10/17/2020</u>	Page _	.0 of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	 				I.D. NUN	MBER
Nancy D. Young					14189	00
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 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, del	nmunications d appearance ses lating s curvey researd ivery and mes	s	erwise, describe the payment. RAD radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, an staff/spouse travel, lodging, TSF transfer between committees votre registration WEB information technology costs	luction costs d meals and meals s of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	ESCRIPTION OF PAYMENT		AMOUNT PAID
Select Imaging 6398 Dougherty Rd #27 Dublin, CA 94568		LIT				20,538.49
Marketshare Inc (Leonard & Company) 711 Charcot Ave, Suite A San Jose, CA 95131			Billboard			2,400.00
Tracy Press (Tank Town USA) 95 W. 11th St., Ste. 101, Tracy, CA 95376		PRT				3,900.00
* Payments that are contributions or independent expenditures must also	be summarized on Sch	edule D.		SL	JBTOTAL	\$ 26,838.49
Schedule E Summary		<u> </u>				00.009.75
1. Itemized payments made this period. (Include all Schedu	ule E subtotals.)				\$	32,093.75
2. Unitemized payments made this period of under \$100					\$ _`	832.72
3. Total interest paid this period on loans. (Enter amount fro	om Schedule B. Pa	rt 1, Colum	ın (e).)		\$_	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3	. Enter here and or	the Sumn	nary Page, Columr	n A, Line 6.) T (OTAL \$ _	32,926.47

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	SOMEDOLL L (SOM)
Statement covers period 09/20/2020 from	CALIFORNIA 460
through <u>10/17/2020</u>	Page
	I.D. NUMBER
	1418900

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Robocent, Inc. 2129 General Booth Blvd #103 Virginia Beach, VA 23454	РНО	Robo Calls	138.54
Five Star Print 2830 Auto Plaza Way #140 Tracy, CA 95304	СМР		893.06
2020 Vision Books & Design 2941 W. Lowell #192 Tracy, CA 95377	СМР		927.38
Robodial.org, LLC 4601 North Fairfax Drive, Suite 1200 Arlington, VA 22203	РНО	Robo Calls	418.65
Facebook 1 Hacker Way Menlo Park, CA 94025	PRT	Online Ad	1,550.00

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

SUBTOTAL \$ 3,927.63

Schedule E	
(Continuation Shee	t)
Payments Made	

Amounts may be rounded to whole dollars.

SCHEDULE E	(CONT.)
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CALIFORNIA ACC

Statement covers period

Payments Made	from	FORM	400
SEE INSTRUCTIONS ON REVERSE	through <u>10/17/2020</u>	Page	of
NAME OF FILER		I.D. NUMBER	
Nancy D. Young		1418900	

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

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	 AMOUNT PAID
Harbor Freight Tools 3021 N Tracy Blvd Tracv. CA 95376		OFC			127.63
Latino Times 914 N Center St # A Stockton, CA 95202		PRT			1,200.00

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

SUBTOTAL \$ 1.327.63

Recipient Committee Campaign Statement Cover Page			Date Stamp	F	orm 460
	Statement covers period from 07/01/2020	(Month, Day, Year)	TTY CLERK'S 2020 SEP 24 PM		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>09/19/2020</u>	November 3, 2020	CITY OF TR	ACY	
1. Type of Recipient Committee: All Committees - Committe	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	TRACY.	JA .	
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)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter Amendment (Explain be		Quarterly Stat	
	D. NUMBER 1418900	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Nancy Young for Tracy Mayor 2020		Joannie Townsend			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)			STATE	ZIP CODE	AREA CODE/PHONE
STREET ABBRESS (NOT.O. BOX)		Tracy	CA	95376	AREA CODE/FHONE
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE			
Tracy CA 953'	76	Meena Saiprasad			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	DX	MAILING ADDRESS			
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		Tracy OPTIONAL: FAX / E-MAIL ADDRES	CA	95376	
OF HONAL TAXY E-MAIL ABBRECO		OF HONAL. FAX / E-WAILADDRES	33		
4. Verification					
I have used all reasonable diligence in preparing and review	ing this statement and to the best of my	knowledge the information contained h	nerein and in the attac	hed schedules is	true and complete. I
certify under penalty of perjury under the laws of the State o	•	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Executed on 09/24/2020	D.				
Date	Ву	Signature of Treasurer or Assistant T	reasurer		
Executed on	Ву	ure Pror	ponent or Responsible Officer	of Sponsor	
	5:-	ule Flo	-5 of temperature officer	sponoor	
Executed onDate	By	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent		
Executed on	Ву	Signature of Controlling Officeholder Candidate St	rate Measure Proponent		

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 — Part 2

COVER PAGE - PART 2							
CALIFOR FORM	NIA 460						
Page _2	of <u>12</u>						

			6. Primarily Formed I	Ballot Measure (Committee	
ATE			NAME OF BALLOT MEAS	JRE		
OCATION AND DISTRICT NUM	BER IF APPLIC	ABLE)	BALLOT NO. OR LETTER	JURISDICTION	Įl	SUPPORT
						OPPOSE
NO. AND STREET) CITY			Identify the controlling	officeholder, candi	date, or state measure pro	oonent, if any.
Тгасу	CA	93370	NAME OF OFFICEHOLDE	R, CANDIDATE, OR P	PROPONENT	
uded in this Statement controlled by you or are prima behalf of your candidacy.	: List any cor arily formed to	mmittees receive	OFFICE SOUGHT OR HE	LD	DISTRICT NO	. IF ANY
I.D. NUI	MBER					
			7. Primarily Formed	Candidate/Offic	eholder Committee L	ist names of
CONTR			officeholder(s) or candid	late(s) for which this	committee is primarily form	ed.
	ES NO)	NAME OF OFFICEHOLDE	R OR CANDIDATE	OFFICE SOUGHT OR HELD)
ADDRESS (NO P.O. BOX)						SUPPORT OPPOSE
STATE ZIP CODE	AREA CO	DE/PHONE	NAME OF OFFICEHOLDE	R OR CANDIDATE	OFFICE SOUGHT OR HELI	
						SUPPORT OPPOSE
I.D. NUI	MBER		NAME OF OFFICEHOLDE	R OR CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
	Tracy Uded in this Statement controlled by you or are prima behalf of your candidacy. I.D. NUI CONTR	Tracy CA Uded in this Statement: List any concontrolled by you or are primarily formed to be behalf of your candidacy. I.D. NUMBER CONTROLLED COMM YES NOTABLE NOTAB	Tracy CA 95376 uded in this Statement: List any committees controlled by you or are primarily formed to receive a behalf of your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX)	ICO. AND STREET) CITY STATE ZIP Tracy CA 95376 Udentify the controlling NAME OF OFFICEHOLDE Uded in this Statement: List any committees controlled by you or are primarily formed to receive in behalf of your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? YES NO NAME OF OFFICEHOLDE NAME OF OFFICEHOLDE	Identify the controlling officeholder, candidate of the controlling officeholder of the controlling officeholder, candidate of the controlling officeholder of the controlling of the	Identify the controlling officeholder, candidate, or state measure proprietable of process of the property of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, candidate, or state measure proprietable of property of the controlling officeholder, candidate, or state measure proprietable of property of the controlling officeholder, candidate, or state measure proprietable of property of the controlling officeholder, candidate, or state measure proprietable of property of the controlling officeholder, candidate, or state measure proprietable of property of the controlling officeholder, candidate, or state measure proprietable of property of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, candidate, or state measure proprietable of the controlling officeholder, or state measure proprietable of the controlling officeholder.

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

 $\begin{array}{c} \text{SUMMARY PAGE} \\ \text{Statement covers period} \\ \text{from} & \underline{07/01/2020} \\ \text{through} & \underline{09/19/2020} \\ \end{array} \begin{array}{c} \text{CALIFORNIA} & \textbf{460} \\ \text{FORM} \\ \end{array}$

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE		through	
NAME OF FILER	***		I.D. NUMBER
Nancy D. Young			1418900
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
 Monetary Contributions	0.00	\$\frac{22,244.57}{5,000.00}\$ \$\frac{27,244.57}{0.00}\$ \$\frac{27,244.57}{27,244.57}\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	0.00	\$\frac{17,837.65}{0.00}\$ \$\frac{17,837.65}{0.00}\$ \frac{0.00}{17,837.65}\$ \$\frac{17,837.65}{0.00}\$	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	\$ 0.00	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	r 000 00		FPPC Form 460 (Jan/2016

Schedule	A	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement coverage from 7/01/2020		CALIF	ORM 460
SEE INSTRUCTION	DNS ON REVERSE			through <u>09/19/20</u>)20	Page .	4 of
NAME OF FILER Nancy D. Yo						I.D. NU 141890	1
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
07/14/2020	Tracy Royal Beauty Supply 2307 East Street Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00		
07/21/2020	Sandra Hernandez Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	3,500.00	3,500.00		
07/21/2020	Rhonda Oyen Tracy, CA 953//	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00		
07/28/2020	Cynthia Chess Mountain House, CA 95391	☑ IND □ COM □ OTH □ PTY □ SCC	Pastor, Mountain's Hope	200.00	200.00		
08/03/2020	Ponderosa Homes Pleasanton, CA 94588	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00		
			SUBTOTAL	\$ 5,050.00			
1. Amount re (Include a	A Summary eceived this period – itemized monetary contribution Il Schedule A subtotals.)		\$	3,380.00 693.00	IND COM OTH PTY	other) I – Other (– Politica	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	Column A, Line 1	1.)TOTAL \$ ¹⁷	7,073.00	FPPC Advice: adv		C Form 460 (Jan/2016)) c.ca.gov (866/275-3772) www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 46

Statement covers period

from 07/01/2020

NAME OF FILER Nancy D. Yo	oung			through <u>09/19/20</u> 2	20	Page I.D. NU 141890	į.
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 TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/03/2020	Anne Baird Stockton, CA 95207	☑IND □COM □OTH □PTY □SCC	District Director, Assemblymember Susan Eggman	250.00	250.00		
08/04/2020	Elbert Holeman Stockton, CA 95209	IND COM OTH PTY	Retired	100.00	100.00	-	
08/10/2020	Joannie Townsend San Leandro, CA 94577	☑IND □COM □OTH □PTY □SCC	Retired	130.00	130.00		
08/31/2020	Brent and Lynda Ives Tracy, CA 95304	☑IND □COM □OTH □PTY	CEO, BHI Consulting	250.00	250.00		

General Manager, TNT

Fireworks

☐ SCC

□сом

□отн

□ PTY □ SCC

*Contributor Codes

IND - Individual

09/01/2020

COM – Recipient Committee (other than PTY or SCC)

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

Louis Linney

Fresno, CA 93704

PTY - Political Party

SCC – Small Contributor Committee

200.00

200.00

SUBTOTAL \$ 930.00

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole do	ollars.	Statement cov from <u>07/01/2020</u>	ers period	CALIF FC	ORNIA ORM	460	
				through <u>09/19/20</u>	20	Page _) of	12	
IAME OF FILER						I.D. NU	MBER		1
Nancy D. You	ing					141890	0		
	FULL NAME, STREET ADDRESS AND ZIP CODE O	F	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	O DATE	PER EL	ECTION	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)			
09/08/2020	Executives on the Go 19434 Londelius Street Northridge, CA 91324	☐IND ☐COM ☐OTH ☐PTY ☐SCC		100.00	100.00				
09/09/2020	Robert Nelson Tracy, CA 93577	IND COM OTH PTY	Retired	100.00	100.00				
09/10/2020	C. Evan Knapp Newport Beach, CA 92660	IND COM OTH PTY	Principal, Integral Communities	1,250.00	1,250.00				
09/10/2020	Craig Manchester Newport Beach, CA 92660	☑ IND □ COM □ OTH □ PTY □ SCC	Managing Partner, Integral Communities	1,250.00	1,250.00				
09/10/2020	John Stanek Newport Beach, CA 92000	☑ IND □ COM □ OTH □ PTY □ SCC	Principal, Integral Communities	1,250.00	1,250.00				
	SUBTOTAL \$ 3,950.00								

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from <u>07/01/2020</u>

				through $\frac{09/19/20}{}$	20	Page _	of	
NAME OF FILER Nancy D. You	ung					1.D. NUI 141890	1	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
09/10/2020	Lance Waite Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal, Integral Communities	1,250.00	1,250.00	į		
09/17/2020	Benjamin Young Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Data Anotation Specialist, Tesla	300.00	300.00			
09/17/2020	Nathaniel Young Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Warehouse Associate, Amazon	500.00	500.00			
09/17/2020	Michael Young Tracy, CA 95376	☑IND □ COM □ OTH □ PTY □ SCC	Delivery Associate, Eaze	400.00	400.00			
		□IND □COM □OTH □PTY □SCC						
	SUBTOTAL \$ 2,450.00							

*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

							SCHED	ULE B - PART
Schedule B – Part 1 Loans Received	AM	ounts may be ro to whole dollar			Statement covers period from 07/01/2020 CALIFORNIA FORM through 09/19/2020 Page 8 of 1			^{IA} 460
SEE INSTRUCTIONS ON REVERSE								of <u>12</u>
NAME OF FILER							I.D. NUMBER	
Nancy D. Young							1418900	
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 FORGIVEI THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Nancy D. Young Tracy, CA 95376	Candidate Spring Up Inspirations (Self Employed)			PAID S FORGIVEN	s <u>0</u>	O %	\$_5,000.00	\$ 5,000.00 PER ELECTION*
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$	\$ <u>5,000.00</u>	S	DATE DUE	\$	DATE INCURRED	SCALENDAR YEAF
				\$	s	RATE	s	S
[†] □ IND □ COM □ OTH □ PTY □ SCC		s	s	s	DATE DUE	\$	DATE INCURRED	\$
				PAID \$ FORGIVEN	s	% RATE	\$	\$PER ELECTION
† IND COM OTH PTY SCC		s	s	S	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS	\$	\$	\$	\$		
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10	ns of less than \$100.)				000.00	· 1	edule E, Line 3) †Contributor Codes IND – Individual COM – Recipient C	

(May be a negative number)

5,000.00

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

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

PTY - Political Party

(other than PTY or SCC)

OTH – Other (e.g., business entity)

SCC - Small Contributor Committee

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2020	california 46	
SEE INSTRUCTIONS ON REVERSE		through <u>09/19/2020</u>	Page 9 of 12	

•	-										
										120	
								_			
00000	15 Hon.	fallaiaa	andon accurately	docoriboe	the navment	VOIL May	anter the	code	Otherwise	describe th	ne pavment
CODES:	If one of the	lollowing	codes accurately	describes	are payment,	you may	Cittoi tilo	oouo.	04.10.11.00,		

CMP campaign paraphernalia/misc.

CNS campaign consultants

CNS contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

MRR member communications

MRR member communications

MRR member communications

meetings and appearances

OFC office expenses

OFC office expenses

PET petition circulating

PHO phone banks

TRS

candidate filing/ballot fees

MRD radio airtime and production costs

returned contributions

campaign workers' salaries

t.v. or cable airtime and production costs

t.v. or cable airtime and produ

FND fundraising events
FND independent expenditure supporting/opposing others (explain)*
FND independent explain supporting/opposing others (explain)*
FND independent explain supporting/opposing others (explain)*
FND independent explain supporting/opposing others

LEG legal defense PRO professional services (legal, accounting)

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 (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Inc. P.O. Box 59570 Norwalk, CA 90652			App for Precinct Walk and Phone Banking	1,400.00
City of Tracy 333 Civic Center Plaza Tracy, CA 95376		FIL		1,525.00
Staples 2471 N. Naglee Road Tracy, CA 95304		OFC		140.71

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 3,065.71

Schedule E Summary

NAME OF FILER

Nancy D. Young

SCHEDULE E

I.D. NUMBER

1418900

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

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.

Statement covers period 07/01/2020 from	CALIFORNIA 460
through <u>09/17/2020</u>	Page of
	I.D. NUMBER
	1418900

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

NAME OF FILER

Nancy D. Young

Tracy, CA 95377

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

CNP campaign paraprenaliamisc. 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	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			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/sponso 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	
Amazon Market 410 Terry Avenue North Seattle, WA 98109-5210		OFC			256.62	
Latino Voter Guide 930 Colorado Blvd. Bldg 2 Los Angeles, CA 90041		LIT			850.00	
Cal Sal 22410 Hawthorne Blvd. #5 Torrance, CA 90505		LIT			716.00	
Election Digest 22410 Hawthorne Blvd. #5 Torrance, CA 90505		LIT			1,446.00	
2020 Vision Books and Design 2941 W. Lowell #192		CMP			453.98	

SUBTOTAL \$ 3,722.60

Schedule	E	
(Continuat	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

4	Statement covers period 07/01/2020 from	california 460 form				
	through <u>09/17/2020</u>	Page of				
_		I.D. NUMBER				
		1418900				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nancy D. Young

CODES: If one of the following codes accurately descri	bes the payment, you may enter the code.	Otherwise, describe the payment.
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/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
California Voter Guide 22410 Hawthorne Blvd. #5 Torrance, CA 90505	LIT		573.00
Budget Watchdogs Newsletter 22410 Hawthorne Blvd. #5 Torrance, CA 90505	LIT		1,990.00
Gateway Press 772 Murphys Creek Road Murphys, CA 95247	СМР		2,683.67
24 Hour Wristbands 14550 Beechnut Street Houston, TX 77083	CMP		230.22
Square Space 225 Varick Street, 12th Floor New York, NY 10014	WEB		108.00

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

Schedule	E	
(Continuat	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

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

		SCHEDULE E (CONT.)
	Statement covers period 07/01/2020 from	california 460 form
1	through <u>09/17/2020</u>	Page of
		I.D. NUMBER
		1/18900

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Nancy D. Young

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants OFC office expenses SAL campaign workers' salaries 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 polling and survey research POL FND fundraising events TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services 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 AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 1,590.77 LIT Select Imaging 6398 Dougherty Rd. #27 Dublin, CA 94568 239.67 PayPal Fees PayPal Paypal.com

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

Recipient Committee Campaign Statement Cover Page Page Statement covers period Date of election if applica CITY CLERK (Month, Day, Year) For Official Use Only from 01/01/2020 November 3, 2020 through 06/30/2020SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Preelection Statement Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Semi-annual Statement Special Odd-Year Report Committee Termination Statement ○ Recall Controlled Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER Treasurer(s) 3. Committee Information 1418900 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Nancy Young for Tracy Mayor 2020 Joannie Townsend MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE CITY CA 95376 Tracy NAME OF ASSISTANT TREASURER, IF ANY ZIP CODE AREA CODE/PHONE CITY STATE 95376 Meena Saiprasad Tracv MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE 95376 95376 CA OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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. Executed on <u>06/30/2020</u> Signature of Treasurer or Assistant Treasurer 06/30/2020 Executed on

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

Executed on ...

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
WIT OF MAZZIBA
A CORNING TO A CONTROL OF THE CONTRO
Page 2 of 9

Officefoolder or Candidate Controlled Comr	nittee			6.	Primarily Formed Ballot	t Measu re (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			· mark ·		NAME OF BALLOT MEASURE			7.7 mm = 7.7	
Nancy D. Young OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF	F APPLIC/	ABLE)		BALLOT NO. OR LETTER	JURISDICTIO)N	, —	SUPPORT
Mayor (Tracy)					والمعادلة المنافعة المستحدد والمعاد والمنافعة المنافعة ال				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		STATE	ZIP 95376		ideatify the controlling office	holder, candid	late, or state	measure propo	nent, if any.
promotion and the contract of	Tracy	CA	90010		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR P	ROPONENT		
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 call.	or are primarily fo	t any com ormed to	nmittees receive		OFFICE SOUGHT OR HELD			DISTRICT NO	FANY
COMMITTEE NAME	I.D. NUMBER				<u></u>			<u> </u>	
NAME OF TREASURER	CONTROLLE	о соммі		7.	. Primarily Formed Cand officeholder(s) or candidate(s)				t names of l.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE A	AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	CONTROLLE	D COMMI			NAME OF OFFICEHOLDER OR	CANDIDATE.	OFFICE SOL	UGHT OR HELD	SUPPORT OPPOSE
		AREA COI	DE/PHONE		Atta	ch continuatio	on s heets if n	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

3(2) (9/1/2020) from 01/01/2020	ALS WIEG
through 06/30/2020	Page 3 of 9
	I.D. NUMBER
	1418900

		throu	ugh 06/30/2020	Page _3 of _9
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUMBER
Joannie Townsend				1418900
Contributions Received	COJUMEN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 5,171.57	COLUMN D CALENDAR YEAR TOTAL TO DATE 5,171.57		anneary for Candidates the State Primary and s
1. Monetary Contributions Schedule A, Line 3	\$ 0	\$	— [] 1.	11 through 6/30 7/1 to Date
2. Loans Received	5,171.57	\$ (5,171.57	20. Contributions	•
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0,111.07	\$ 0,1110.	Received \$ _	\$
4. Nonmonetary Contributions. Schedule C. Line 3	5,171.57	5,171.57	21. Expenditures Made \$ ₋	\$
5. TOTAL CONTRIBUTIONS RECEIVED	\$	\$	_	
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$\frac{3,176.19}{0}\$ \$\frac{3}{3,176.19}\$	\$\frac{3,176.19}{0}\$ \$\frac{3}{3,176.19}\$	_ Candidates - 22. Cumu	it Summary for State lative Expenditures Made* ct to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	0 0 3,176.19	0 0 3,176.19	Date of Election (mm/dd/yy)	
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 ÷ 13 ÷ 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$\frac{408.33}{5,171.57}\frac{0}{0}\frac{3,176.19}{2,403.71}	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 mabe negative figures that should be subtracted from previous period amounts this is the first report being a mounts and the subtracted from the subtr	reported in Column B. ay m s. If	on may be different from amounts
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>	filed for this calendar yea only carry over the amou	ar, unts	
Cash Equivalents and Outstanding Debts	0	from Lines 2, 7, and 9 (if any).		
18. Cash Equivalents See instructions on reverse	\$ 0			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0		FPPC Advice:	FPPC Form 460 (Jan/2016 advice@fppc.ca.gov (866/275-377 www.fppc.ca.go

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NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDILE A

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Statement covers partico	E MILETRIA A BA
from 01/01/2020	- FJO 0
through <u>06/30/2020</u>	Page of
	I.D. NUMBER
	1418900

Joannie Tow	nsend				141890	10
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/13/2020	Jali Enterprises 1464 Olivia Court Tracy, CA 95377	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	
02/19/2020	Clara Styles Tracy, CA 95377	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00	
04/03/2020	Richard Hughes Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Retired	150.00	150.00	
04/13/2020	Angele Cade North Hills, CA 91343	✓ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executives on the Go, CEO	100.00	100.00	·
04/17/2020	Trevis Rawlinson Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00	
			SUBTOTAL	\$ 950.00		
Calaadula	A C				(*Contributor (odes

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)

4,800.00

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

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2016))

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from <u>01/01</u>/2020

NAME OF FILER Joannie Tow	nsend	·		through <u>06/30/20</u>	20	Page _ I.D. NU 14189	IMBER
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	D THIS CALENDAR YEAR		PER ELECTION TO DATE (IF REQUIRED)
04/22/2020	Olinger Yarber-Alexander Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00		
05/18/2020	Dominique Ferency Sienna Plantation, Texas 77459	IND COM OTH PTY SCC	Chevron, IT Professional	2,500.00	2,500.00		
05/18/2020	Dianna Burdick Ventura, CA 93003	☑IND □COM □OTH □PTY □SCC	Self Employed, Massage Therapist	150.00	150.00		
05/19/2020	Darryl Johnson	ZIND COM OTH PTY SCC	Retired	100.00	100.00		
06/02/2020	Veronica Peterson Goodyear, Arizona 85338	IND COM DTH SCC	Retired	250.00	250.00		
	SUBTOTAL \$ 3,100.00						

*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) Wessitup Contributions Received

Amounts may be rounded to whole dollars.

S	CH	EDULE A	(CONT.)

				through <u>06/30/20</u>	20	Page 6	of	
NAME OF FILER Joannie Towr	nsend					1.D. NUM 1418900		
DATE RECEIVED	LULL MAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	TO AMENDIVIDUAL, STOTER OCCUPATION AND EMPLOYER (IF COLF EMPLOYED, ENTER MAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
06/02/2020			Seattle Tacoma Airport, Vendor Senior Manager	150.00	150.00			
06/01/2020	Peter Claffey Tracy, CA 95576	ØIND COM OTH PTY SCC	Retired	100.00	100.00			
06/08/2020	Michala Saltus Goodyear, Arizona 85338		Unum, Insurance Agent	300.00	300.00			
06/08/2020	Janice Lipscomb Northridge, CA 91325	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00			
06/08/2020	LaShawn Denise Young Atnioch, CA 94509	☑IND □ COM □ OTH □ PTY □ SCC	Kaiser, Antioch, Registered Nurse	100.00	100.00			
	SUBTOTAL \$ 750.00							

*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)

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		:	<u> </u>	erts	S	Made	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		SCHEDULE E
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1	E (1991)	
	through 06/30/2020	Page 7 of 9
.1.		I.D. NUMBER
		1418900

Joannie Townsend		
CSERS: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (expiain 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	MSR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production costs RED returned contributions SAL campaign workers' salaries TEL tw. 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)

en en <u>elemen</u> e en element en elemente en	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OR DESCRIPTION OF PAYMENT	AMOUNT PAID
PayPal Paypal.com			PayPal Fees	149.61
Stream Yard streamyard.com		WEB		240.00
Staples 2471 N. Naglee Road Tracy, CA 95304		OFC		151.54

Schedule E Summary

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

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

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$ 3,176.19

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

SUBTOTAL \$ 541.15

Schedule E (Continuation Sheet) Payments Made

OMP campaign paraphernalia/misc.

CNS campaign consultants

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

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

	•
Statement covers period	AGAMFORNIA / AA
01/01/2020 from	Fig. C.
through <u>06/30/2020</u>	Page of
	I.D. NUMBER
	1410000

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1418900 Joannie Townsend

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 IND independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE - OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 149.90 **WEB** Zoom Video Communications, Inc. 55 Almaden Blvd., 6th Floor San Jose, CA 95113 251.00 POS Mail and More 2181 N. Tracy Blvd. Tracv. CA 95376 281.28 **CMP** Discount Mugs 12610 Northwest 115th Avenue Miami, Florida 33178 108.00 **WEB** Square Space 225 Varick Street, 12th Floor New York, NY 10014 **OFC** 200.00 Laptop Sai-Satyam 2777 Marshall Way Tracy, CA 95377

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

SCHEMITE (FOR Sheet) The ments Made SET INSTRUCTIONS ON REVERSE WARREST PIECE JOHN OF THE JOHN OF THE SHEET OF THE SHE	Schedule E	t ata manu ba			S(JHEDULE E (CON1.)
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See instructions on neverses Joannel Townsond CODET Flore of the Difference of the	may sieme made			00/00/0000	0	0
NAME AND ADDRESS OF PAYE UP CORRESPONDED TO COMMITTEE, AS SORDERS OF PAYE PET COMMITTEE, AS SORDERS OF PAYE 100 COMMITTEE, AS SORDERS OF PAYE 201 COMMITTEE, AS SORDERS OF PAYE 202 COMMITTEE, AS SORDERS OF PAYE 203 COMMITTEE, AS SORDERS OF PAYE 204 COMMITTEE, AS SORDERS OF PAYE 205 COMMITTEE, AS SORDERS OF PAYE 206 COMMITTEE, AS SORDERS OF PAYE 207 COMMITTEE, AS SORDERS OF PAYE 208 COMMITTEE, AS SORDERS OF PAYE 209 COMMITTEE, AS SORDERS OF PAYE 209 COMMITTEE, AS SORDERS OF PAYE 200 COMMITTEE, AS SORDERS OF PAYE 200 COMMITTEE, AS SORDERS OF PAYE 201 COMMITTEE, AS SORDERS OF PAYE 201 COMMITTEE, AS SORDERS OF PAYE 202 COMMITTEE, AS SORDERS OF PAYE 203 COMMITTEE, AS SORDERS OF PAYE 204 COMMITTEE, AS SORDERS OF PAYE 205 COMMITTEE, AS SORDERS OF PAYE 206 COMMITTEE, AS SORDERS OF PAYE 207 COMMITTEE, AS SORDERS OF PAYE 208 COMMITTEE, AS SORDERS OF PAYE 209 COMMITTEE, AS SORDERS OF PAYE 200 COMMIT	SEE INSTRUCTIONS ON REVERSE			through <u>06/30/2020</u>	Page _	of
CORE If one of the following and executably improved at the proposal perspective representations of the control				ere ere ere er er er bligt og græner og er ett og græner fra et etterste bredet for eksternet et etterste et e	I.D. NUME	BER
CODE of the following under security is also as the payment, of the payment. Offs a make an appearance of the payment appearance of the payment and p	Joannie Townsend				,	
OMP is unduly paragher alsomate. SES - semantic consultants OTS - contribution (explain nonnocatery)* OTC -	CORECT Mane of the following and a securately insuffic	rum old members. Jas the beynded, v	ou may enter the code			
2020 Vision Books & Design 2941 W. Lowell #192 Tracy, CA 95377 Amazon Amazon.com 410 Terry Ave. North OFC 584.13	CMP campaign paraphernalia/misc. CMS campaign consultants CTS contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR desimble community of the community	munications appearances es ating rvey research rery and messenger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie TEL tw. or cable airtime and pr TRC candidate travel, lodging, TRS staff/spouse travel, lodging transfer between committee VOT voter registration	on costs control costs and meals g, and meals ees of the same	e candidate/sponsor
2941 W. Lowell #192 Tracy. CA 95377 Amazon.com 410 Terry Ave. North OFC 584.13			CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Amazon.com 410 Terry Ave. North	2941 W. Lowell #192		PRT			252.05
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * SUBTOTAL \$ 836.18	Amazon.com		OFC			584.13
*Payments that are contributions or independent expenditures must also be summarized on Schedule D. *Bayments that are contributions or independent expenditures must also be summarized on Schedule D. *Bayments that are contributions or independent expenditures must also be summarized on Schedule D.						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * SUBTOTAL \$ 836.18						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * SUBTOTAL \$ 836.18						
	* Payments that are contributions or independent expenditures must also	be summarized on Sche	dule D.		SUBTOTAL :	\$ 836.18

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIFORNIA FORM		IA	4	60	
Page _	2	_ of	f	9	

Officeholder or Candidate Controlled C	ommittee			6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE	-			
Nancy D. Young									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	ISTRICT NUMBER	R IF APPLICABI	_E)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Mayor (Tracy)									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE	ZIP		Identify the controlling office	sholdor candi	data orstata	measure nror	onent if any
Tr	acy	CA	95376						
					NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Included in the not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are prima	: List any co arily formed to	mmittees o receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUN	MBER							
				_	D. C. H. Francis I Com	1: -1 - 4 - 1 0 45 -	ahaldar Ca	mmittaa ::	-4 of
NAME OF TREASURER	CONTR	OLLED COMMI	TTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)) for which this	committee is	primarily forme	ed.
	☐ YI	ES N	o		NAME OF OFFICEHOLDER OR C	ANDIDATE	TOFFICE SOL	GHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)				NAME OF OFFICEHOLDER OR C	ANDIDATE	0.1102.000	OTT OTT ILLE	SUPPORT OPPOSE
CITY STATE	ZIP CODE	AREA CO	DDE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUN	MBER			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTR	OLLED COMM	ITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (N	DRO BOX	ES 🗌 N	0						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (No) F.U. BUA)								•
CITY STATE	ZIP CODE	AREA CO	DDE/PHONE		Atta	ach continuati	ion sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 07/01/2019 **FORM** from. 12/31/2019 Page _ through_ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1418900 Nancy D. Young Calendar Year Summary for Candidates Column A Column B

Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE	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	\$ 0.00 8,180.21 0.00	\$\frac{9,455.32}{0.00}\$\$ \$\frac{9,455.32}{0.00}\$\$ \$\frac{9,455.32}{9,455.32}\$\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ \frac{0.00}{7,960.46} \\ \frac{-845.75}{0.00}	\$ 9,046.99 0.00 \$ 9,046.99 0.00 0.00 \$ 9,046.99	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	\$ 180.21 0.00 7,960.46 \$ 408.33 \$ 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) www.fppc.ca.gov

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received			whole dollars.	Statement covers period 07/01/2019 from 12/31/2019		CALIFORNIA 460 FORM Page 4 of 9	
SEE INSTRUCTION	NS ON REVERSE					I.D. NUI	
Nancy D. Y	Young					14189	
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)
08/23/2019	Darrell Mellion, Jr. Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Board Chairman, Flavor Anywhere	125.00	125.0	00	
09/04/2019	Lance Waite Newport Beach, CA 92660	IND COM OTH PTY	Integral Communities, Principal	1,875.00	1,875.0	00	
09/04/2019	Crain Manchester Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Integral Communities, Managing Partner	1,875.00	1,875.	00	
09/04/2019	C. Evan Knapp Newport Beach, CA 92660	IND COM OTH PTY	Integral Communities, Principal	1,875.00	1,875.	00	
09/04/2019	John Stanek Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Integral Communities, Principal	1,875.00	1,875.	00	
<u> </u>		<u> </u>	SUBTOTAL \$	7,625.00			· · · · · · · · · · · · · · · · · · ·
Amount re (Include al Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.) eceived this period – unitemized monetary contribution etary contributions received this period.			8,125.00 55.21	IND - COM OTH- PTY -	other) Other - Politica -	ial ient Committee than PTY or SCC) (e.g., business entity)
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Col	lumn A, Line	1.) TOTAL \$	8,180.21		FPI	

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received to whole dollars.		Iollars.	Statement coverage from07/01		california 460		
				through12/3	1/2019	Page _	
NAME OF FILER						I.D. NU	
Nancy D. Yo	oung	<u> </u>				14189	00
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)
12/5/2019	Associated Builders and Contractors Northern California Chapter PAC 4577 Las Positas Rd. Unit C Livermore, CA 94551	□IND IZ COM □OTH □PTY □SCC		500.00	500	.00	
		□ IND □ COM □ OTH □ PTY □ SCC					
		☐ 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

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

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2019	CALIFORNIA 46
SEE INSTRUCTIONS ON REVERSE		through12/31/2019	Page6 of9

I.D. NUMBER NAME OF FILER 1418900 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 petition circulating TEL t.v. or cable airtime and production costs PET CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees POL polling and survey research TRS staff/spouse travel, lodging, and meals 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) legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Joni Townsend 120.00 CMP Tracy, CA 953/6 2020 Vision Books and Designs 1.650.50 2941 W. Lowell #192 LIT Tracy, CA 95377 Copy World 2,145.82 1375 University Ave. **CMP** Berkeley, CA 94702 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 3.916.32 Schedule E Summary

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

7,288.60

SCHEDULE E

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

	00: ILBULL L (0011)
Statement covers period	CALIFORNIA 460
from07/01/2019	FORM 400
through 12/31/2019	Page of
	I.D. NUMBER
	1418900

SEE INSTRUCTIONS ON REVERSE

Boys and Girls Club of Tracy

753 W. Lowell

Tracy, CA 95377

NAME OF FILER

Nancy D. Young

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 MTG OFC PET PHO POL POS PRO	member com meetings and office expens petition circul phone banks polling and si postage, deliv	munications I appearance es ating urvey researd very and mes	s	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production co TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meal TSF transfer between committees of the si VOT voter registration WEB information technology costs (internet	is ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PayPal PayPal.com				PayPal Fees	3	224.70
Wristband Bros 1005 Main Street Pawtucket, RI 02860			СМР			616.50

Emdhi Management
602 Rockwell Street SW
Atlanta, GA 30310

CMP

CMP

495.00

CVC

Staples
2471 North Naglee Road
Tracy, CA 95376

OFC
389.25

SUBTOTAL \$

1,850.45

125.00

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

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA / CO
from07/01/2019	FORM 400
through12/31/2019	Page8 of9
	I.D. NUMBER
	1418900

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.

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. MTG meetings and appearances RFD returned contributions CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)*

petition circulating TEL t.v. or cable airtime and production costs PET 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

LII campaign literature and mailings	PRI print aus		WEB Information teermology se	oto (intornot, o maii)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	C	CODE C	DESCRIPTION OF PAYMENT	AN	MOUNT PAID
Mail and More 2181 N. Tracy Blvd. Tracy, CA 95376			РО Вох		306.50
Walmart 3010 W. Grantline Rd. Tracy, CA 95304		OFC			186.73
Tracy African American Association P.O. Box 62 Tracy, CA 95378		PRT	Ad, booth rental		238.75
Print Globe, Inc. 5812 Trade Center Drive, Suite 100 Austin, TX 78744		СМР			300.00
Oriental Trading 4206 S. 108th Street Omaha, NE 68137		СМР			489.85
* Payments that are contributions or independent expenditures mu	ist also be summarized on Schedule	le D.		SUBTOTAL \$	1,521.83

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

1,521.03

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.			/2019	california 460	
SEE INSTRUCTIONS ON REVERSE			through		Page _	
NAME OF FILER					.D. NUM 141890	
Nancy D. Young					4 1090	JO
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 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	ns nces earch messenger services	RAD radio airtime a RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trav TRS staff/spouse tr TSF transfer betwee VOT voter registrati	nd production costs ibutions kers' salaries time and productionel, lodging, and meavel, lodging, and ne committees of the	n costs als neals ne same	e candidate/sponsor 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 PAIL THIS PERIOD (ALSO REPORT ON)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Joni Townsend Tracy, CA 95376	СМР	120.00	0.00	120	0.00	0.00
20/20 Vision Books and Designs 2941 W. Lowell #192 Tracy, CA 95377	PRT/LIT	310.50	1,340,00	1,650).50	0.00
Mail and More 2181 N. Tracy Blvd. Tracy, CA 95376	PO Box	151.50	155.00	306	6.50	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 582.00	\$ 1,495.00	\$ 2,077	.00 \$	0.00
Schedule F Summary						
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized)	Schedule F, Column (b) su accrued expenses under	btotals for \$100.)	INC	URRED TOTAL	.s \$ _	1,495.00
Total accrued expenses paid this period. (Include all Scho accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subtot	tals for payments on				2,340.75
3. Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and	d 		NE	:T \$	-845.75

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

COVER PAGE

ALLOT MEASURE		
		·
OR LETTER JURISDICTIO	Į L	SUPPORT OPPOSE
e controlling officeholder, candid	date, or state measure prop	onent, if any.
FFICEHOLDER, CANDIDATE, OR PRO	OPONENT	
UGHT OR HELD	DISTRICT NO.	IF ANY
		·
y Formed Candidate/Office	eholder Committee	ict names of
er(s) or candidate(s) for which this	committee is primarily form	ed.
FFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
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FFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
Attach continuatie	on sheets if necessary	
_		Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period 01/01/2019	california 460
through06/30/2019	Page3 of
	I.D. NUMBER 1418900

Monetary Contributions	\$ \$ \$	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) 1,275.11 0.00 1,275.11 0.00 1,275.11	\$ - \$ - \$ -	Column B CALENDAR YEAR TOTAL TO DATE 1,275.11 0.00 1,275.11 0.00	Running in Both th General Elections 1/1 t	nmary for Candidates the State Primary and through 6/30 7/1 to Date
Loans Received	\$	0.00 1,275.11 0.00	\$ _ \$ _ \$ _	0.00 1,275.11 0.00	1/1 t	hrough 6/30 7/1 to Date
Loans Received	\$	1,275.11	\$ - \$ - \$ -	1,275.11 0.00	20 Contributions	hrough 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Expenditures Made Payments Made Schedule E, Line 4	\$	0.00	\$ _ \$ _ \$ _	0.00	20. Contributions Received \$	
Nonmonetary Contributions			\$ - \$			\$
TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 Spenditures Made Payments MadeSchedule E, Line 4		1,275.11	\$		21 Evpenditures	
Payments Made				1,275.11	Made \$	\$
					Expenditure Limit	Summary for State
	\$		\$ _	1,086.53	Candidates	
Loans Made Schedule H, Line 3		0.00	-	0.00	22. Cumulati	ive Expenditures Made*
SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$		\$ _	1,086.53	(If Subject to	o Voluntary Expenditure Limit)
Accrued Expenses (Unpaid Bills)Schedule F, Line 3		845.75	-	845.75	Date of Election	Total to Date
Nonmonetary Adjustment Schedule C, Line 3		0.00	-	0.00	(mm/dd/yy)	
TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	1,932.28	\$ _	1,932.28		\$
ırrent Cash Statement				<u>-</u>		_ \$
Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	Тос	alculate Column B,		
Cash Receipts Column A, Line 3 above	1	1,275.11		amounts in Column the corresponding	*A	may be different from amounts
Miscellaneous Increases to Cash Schedule I, Line 4	;	0.00	amo	unts from Column B	reported in Column B.	may be different from amounts
Cash Payments	!	1,086.53		our last report. Some ounts in Column A may		
ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	5 \$	188.58		egative figures that uld be subtracted from		
If this is a termination statement, Line 16 must be zero.			prev	rious period amounts. If is the first report being		
LOAN GUARANTEES RECEIVED Schedule B, Part 2	. \$	0.00	filed only	for this calendar year, carry over the amounts		
ash Equivalents and Outstanding Debts			from any	Lines 2, 7, and 9 (if		
Cash Equivalents See instructions on reverse	\$			·-		
Outstanding Debts Add Line 2 + Line 9 in Column B above	۰ د	845.75				
-	, ψ					FPPC Form 460 (Jan/20 vice@fppc.ca.gov (866/275-37

Schedule A Amounts may be rounded SCHEDULE A to whole dollars. Statement covers period **Monetary Contributions Received CALIFORNIA** 01/01/2019 **FORM** 06/30/2019 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1418900 Nancy D. Young

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/01/2019	Nancy Young for Tracy Mayor 2018 Tracy, CA 95376 FPPC # 1405285	☐IND ☐COM ☐OTH ☐PTY ☐SCC		397.11	397.11	
04/25/2019	Vijav Kumar e Davis, CA 95618	☑IND □COM □OTH □PTY □SCC	2nd Vice President Jacobs/CH2M	300.00	300.00	
05/17/2019	Arleen Robbins Tracy, CA 95376	IND COM OTH PTY SCC	Retired	300.00	300.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		·	SUBTOTAL	997.11		

Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$997.11

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

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

	ay be rounded le dollars.	Statem from through _	ent covers period 01/01/2019 06/30/2019	SCHEDULI CALIFORNIA 460 FORM Page 5 of 7 I.D. NUMBER 1418900
CODES: If one of the following codes accurately describes the payment 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)* MBR member meetings meetings OFC office expection of petition of phone be polling a polling a postage,	communications and appearances penses irculating anks and survey research delivery and messenger sen and services (legal, accounting	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s rices TSF transi TRS VOT voter	ibe the payment. airtime and production co led contributions aign workers' salaries cable airtime and product date travel, lodging, and re	ests ition costs meals d meals f the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PA	YMENT	AMOUNT PAID
Tracy Chamber of Commerce 223 10th Street Tracy, CA 95376	cvc			100.00
Wristband Bros 1005 Main Street Pawtucket, RI 02860	СМР			301.86
2020 Vision Books and Designs 2941 W. Lowell #192 Tracy, CA 95377	PRT			165.50

* Payments that are contributions or independent expenditures must also be summarized on Scher	dule D.	SUBTOTAL \$	567.36

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	867.36
2. Unitemized payments made this period of under \$100	219.17
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	1,086.53

FPPC Form 460 (Jan/2016)

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www.fppc.ca.gov

165.50

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Nancy D. Young	Amounts may be rounded to whole dollars.			fro	Statement covers period m01/01/2019 ough06/30/2019	SCHEDULE E (CONT.) FORNIA 460 6 of 7 MBER 00	
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	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearance ses lating urvey resea	s ces	RA RF SA TE TR TR TS VO	D radio airtime and productions returned contributions campaign workers' salictive candidate travel, lodgirds staff/spouse travel, lodfirds transfer between communications.	uction costs aries d production costs ng, and meals ging, and meals nittees of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPT	ION OF PAYMENT		AMOUNT PAID
Joni Townsend Tracy, CA 95376		СМР					300.00

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

SUBTOTAL \$

300.00

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rount to whole dollars.	ded	Statement cov	ers period CA	CALIFORNIA 460		
OFF WOTDWOTONG ON DELIFICIT			through06/3	80/2019 Pa	age		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			<u> </u>		NUMBER		
Nancy D. Young				14	18900		
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 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 (I PRT print ads	ns nces earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate travi TRS staff/spouse tra TSF transfer betwee VOT voter registrati	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor			
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		
Joni Townsend Tracy, CA 95376	СМР	0.00	420.00	300.0	120.00		
20/20 Vision Books and Designs 2941 W. Lowell #192 Tracy, CA 95377	PRT	0.00	476.00	165.5	310.50		
Mail and More 2181 N. Tracy Blvd. Tracy, CA 95376	РО Вох	0.00	151.50	0.0	00 151.50		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	0.00	1,047.50	465.50	582.00		
Schedule F Summary							
1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a			INCL	JRRED TOTALS	\$ 1,311.25		

Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET \$ 845.75

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and