Recipient Committee Campaign Statement Cover Page

Recipient Committee Campaign Statement Cover Page			RECEIVED Page of
,	Statement covers period from $\frac{10/18/2020}{}$	Date of election if applicable: (Month, Day, Year)	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2020	11/03/2020	CITY CLERK TRACY CA
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Scomplete Part 6) rimarily Formed Candidate/ ifficeholder Committee Sco Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	☐ Quarterly Statement ☐ Special Odd-Year Report
3. Committee Information	. NUMBER	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) ORTIZ FOR TRACY CITY COUNCIL 2020 STREET ADDRESS (NO P.O. BOX)	-	NAME OF TREASURER XOCHITL PADERES MAILING ADDRESS CITY	STATE ZIP CODE AREA CODE/PHONE
STREET ADDRESS (NO F.O. BOA)		TRACY	CA 95376
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A	NY
TRACY CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAILADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on Date Date	BySignature of Conto		r Responsible Officer of Sponsor
			www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

			E - PA	
CAL	IFOR	NIA	16	\bigcap
F	ORM	12 m		
Page	2	of	17	_

Officeholder or Candidate Controlled	Committee	6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
ELIZABETH A ORTIZ							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	1 —	SUPPORT
TRACY CITY COUNCIL							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	EET) CITY STATE ZIP		Identify the controlling office	holder, candi	date, or state m	neasure propo	nent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in t not included in this statement that are controlled contributions or make expenditures on behalf of y	y you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER		The second secon				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Offic	eholder Con committee is pr	nmittee Lis	t names of i.
	☐ YES ☐ NO		WALE OF OFFICE IN DED OD	CANDIDATE	OFFICE SOUG	CHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS	NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHI OK HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT
	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)						
CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	ch continuati	ion sheets if ne	cessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{10/18/202}{}$	california 460 form
through 12/31/2020	Page 3 of 17
 	I.D. NUMBER
	1432941

			1 (32) (1
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	0	$\begin{array}{c} \$ \frac{3120}{0} \\ \hline \$ \frac{3120}{4101} \\ \$ \boxed{ 97221} \end{array}$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 7221 21. Expenditures Made \$ \$ \$ 4318
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 3 Add Lines 8 + 9 + 10	0	\$\frac{2568}{0}\$ \$\frac{2568}{1750}\$ \$\frac{0}{0}\$ \$\frac{4318}{18}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	0 0 0 0	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.
18. Cash Equivalents	\$ <u>0</u> \$ <u>0</u>		FPPC Form 496 (Feb/2019 FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA / FORM

Statement covers period

Monetary (Contributions Received			from 10/18/2	020	FOR	M 400
SEE INSTRUCTION	NS ON REVERSE			from 10/18/2 through 12/3	1/2020	Page 4	of 17
NAME OF FILER	AC STATE VEROE					1.d. NUMB	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$			
(Include all	A Summary ceived this period – itemized monetary contribution Schedule A subtotals.)				IND COI OTI PT	H – Other (e.g Y – Political F	t Committee an PTY or SCC) g., business entity)
3. Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page,	Column A, Line 1	1.) TOTAL \$		FPPC Advice: adv		Form 496 (Feb/2019) a.gov (866/275-3772) www.fppc.ca.gov

Schedule	A (Continuation	n Sheet)
Monetary	Contributions	Received

SCHEDULE A (CONT)

:Schedule A	(Continuation Sheet)	Amounts may i	be rounded				SCHEDULE A (CONT.)
Monetary C	Contributions Received	to whole d	ioliars.	Statement cov	ers period	CALIF	ORNIA 460
				from <u>10/18/2020</u>		FO	RM 400
				through 12/31/20	20	Page	
NAME OF FILER						1.D. NUI	2941
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		□IND □COM □OTH □PTY □SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
Samparity.		Add (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	SUBTOTAL	\$			
Section 2		Name of the second seco					

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
©TH – Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

							SCHED	ULE B - PART 1
chedule B – Part 1	Am	Amounts may be rounded to whole dollars.			Statement cov		CALIFORNIA 460	
oans Received					from 10/18/2020)	FORM	700
					through 12/31/2	020	Page &	of (>
EE INSTRUCTIONS ON REVERSE					through		I.D. NUMBER	01
AME OF FILER								111
							14329	71
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	(a) OUTSTANDING	(b) AMOUNT	(c) AMOUNT PA		(e) INTEREST	ORIGINAL AMOUNT OF	CUMULATIVE CONTRIBUTIONS
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	RECEIVED THIS PERIOD	OR FORGIVE THIS PERIO	D* CLOSE OF THIS	PAID THIS PERIOD	LOAN	TO DATE
(IF COMMITTEE, ALGO ENTERTIES, NOMBERY	NAME OF BUSINESS)	PERIOD		PAID	PERIOD		-	CALENDAR YEAR
				\$	_ s	%	\$	s
		-		FORGIVEN	4	RATE		PER ELECTION**
□ IND □ COM □ OTH □ PTY □ SCC □		\$	s	\$	DATE DUE	\$	DATE INCURRED	3
IND COM OTH PTT Sec		-		PAID				CALENDAR YEAR
				\$	_ s	%	s	s
				FORGIVEN	1	RATE		PER ELECTION**
						,		,
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$,	DATE DUE		DATE INCURRED	
				☐ PAID				CALENDAR YEAR
				\$	_ \$	%	s	s
				☐ FORGIVE	N	RATE		PER ELECTION*
		•	,	s	_	s	_	s
□ IND □ COM □ OTH □ PTY □ SCC		,			DATE DUE		DATE INCURRED	
		SUBTOTALS S	5 5	5	\$	\$		
						(Enter (e) on Sch	edule E, Line 3)	
Schedule B Summary				0	í			
. Loans received this period				\$		-		
(Total Column (b) plus unitemized loans	s of less than \$100.)			\$ 0)		†Contributor Codes	3
Loans paid or forgiven this period (Total Column (c) plus loans under \$10	00 paid or forgiven.)			Ψ _			IND – Individual COM – Recipient C	committee
(Include loans paid by a third party that	t are also itemized on Sch	edule A.)		. 0)	- 1		PTY or SCC)

(May be a negative number)

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

PTY - Political Party

SCC - Small Contributor Committee

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

Schedule B – Part 2 Loan Guarantors

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{10/18/2020}{}$	california 460				
through	Page 7 of 17				
	I.D. NUMBER				

NAME OF FILER					1.d. NUMBER						
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE					
	□IND		LENDER		CALENDAR YEAR						
	□COM □OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)						
	□IND		LENDER		CALENDAR YEAR						
	□ COM □ OTH □ PTY	□ OTH □ PTY	□ OTH □ PTY	□ OTH □ PTY	□ OTH □ PTY	□ OTH □ PTY		DATE		PER ELECTION (IF REQUIRED)	
	□scc				\$						
	☐ IND		LENDER		S						
	□ OTH □ PTY		DATE		PER ELECTION (IF REQUIRED)						
	□scc				\$						
	□IND		LENDER		CALENDAR YEAR						
□ 0°	☐ COM ☐ OTH ☐ PTY	□ OTH □ PTY	DATE		PER ELECTION (IF REQUIRED)						
	□scc				s						
			SUBTOTAL	\$ 0	Enter on Summary Page, Line 17 only.						

Schedule C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA FORM from 10/18/2020 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

						1432	1941
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/12/20	METHODS OF DEVELOPMENT STOCKTON, CA 95007	□IND □COM □OTH □PTY □SCC		MARKETZNG	3890	B3890	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
Attach add	litional information on appropriately labeled	continuation	sheets.	SUBTOTAL	\$		
1. Amount (Include	received this period – itemized nonmonetar all Schedule C subtotals.)received this period – unitemized nonmone					OTH – Other (e	I nt Committee nan PTY or SCC) .g., business entity)
3. Total nor (Add Lin	nmonetary contributions received this period es 1 and 2. Enter here and on the Summar	i. y Page, Colu	mn A, Lines 4 and 10.)	TOTAL \$ -		Advice: advice@fppc.ca	Form 496 (Feb/2019) a.gov (866/275-3772)

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

Amounts may be rounded to whole dollars.

SCHEDULE D Statement covers period **CALIFORNIA** 10/18/2020 **FORM** from through $\frac{12/31/2020}{}$ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 143294 PER ELECTION CUMULATIVE TO DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR AMOUNT THIS DESCRIPTION TO DATE CALENDAR YEAR TYPE OF PAYMENT MEASURE NUMBER OR LETTER AND JURISDICTION, DATE PERIOD (IF REQUIRED) (JAN. 1 - DEC, 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Support Expenditure ☐ Oppose ☐ Monetary Contribution Nonmonetary Contribution Independent Support Expenditure Oppose ☐ Monetary Contribution Nonmonetary Contribution ☐ Independent Expenditure □ Oppose ☐ Support SUBTOTAL \$ **Schedule D Summary** 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... $\$ \frac{0}{2}$ 2. Unitemized contributions and independent expenditures made this period of under \$100......\$ $\frac{0}{2}$

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period
from 10/18/2020

through 12/31/2020

Page 0 of 17

I.D. NUMBER

NAME OF FILER					I.D. NUME	BER
					1433	2941
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution				
		☐ Nonmonetary Contribution				
	Support Oppose	Independent Expenditure				
		Monetary Contribution				
		☐ Nonmonetary Contribution				
	Support Dppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
	Support Dppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
	Support Dppose	Independent Expenditure				
			SUBTOTAL	\$		

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA 160

Payments Made	to whole ut	from			2020	FORM	M 400
SEE INSTRUCTIONS ON REVERSE				through 12/3		Page <u> </u>	of <u>17</u>
NAME OF FILER	, , , , , , , , , , , , , , , , , , , ,					I.D. NUMBE	
						143 8	3 941
CODES: If one of the following codes accurately describes			ter the code.				
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	npaign paraphernalia/misc. npaign consultants npaign consultants meetings and appear office expenses petition circulating phone banks draising events ependent expenditure supporting/opposing others (explain)* al defense MBR member communicat meetings and appear office expenses petition circulating phone banks polling and survey responses, delivery and professional services			ommunications Indiappearances			•
NAME AND ADDRESS OF PAYEE		CODE C)R	DESCRIPTION OF PAY	MENT		AMOUNT PAID
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)							_
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SUB	STOTAL \$ ()
Schedule E Summary							
Itemized payments made this period. (Include all Schedule	E subtotals.)					\$0	
2. Unitemized payments made this period of under \$100						\$_0	
3. Total interest paid this period on loans. (Enter amount from	າ Schedule B, Par	t 1, Columr	າ (e).)			\$_0_	
4. Total payments made this period. (Add Lines 1, 2, and 3. E	Enter here and on	the Summa	ary Page, Colu	umn A, Line 6.)	тот	AL \$ _0_	
					FPPC Advice: advice	FPPC Fo	orm 496 (Feb/2019) 20v (866/275-3772)

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SC					

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

CALIFORNIA 460 Statement covers period 10/18/2020 from _ through <u>12/31/2020</u> I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 143 2941

CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member common member common meetings and OFC office expense petition circular pho phone banks polling and suppostage, deliver professional support print ads	munications appearances as ating arvey researc ery and mes	s n senger services	RAD radio airt RFD returned SAL campaign TEL t.v. or cal TRC candidat TRS staff/spon TSF transfer b VOT voter reg	ime and production costs contributions n workers' salaries ble airtime and production costs e travel, lodging, and meals use travel, lodging, and meals between committees of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR	DESCRIPTION OF PAY	MENT	AMOUNT PAID
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SUBTOTAL	\$ 0
					FPPC	Form 496 (Feb/2019)

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

Schedule	∍ F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 10/18/2020	CALIFORNIA 460
through <u>12/31/2020</u>	Page 13 of 17
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE			through 12/31/20	20 Pa	ge 13 of 17
NAME OF FILER			La Language Company		NUMBER (32941
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearar OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and m PRO professional services (le PRT print ads	ns ices arch nessenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production costs outions ers' salaries time and production cell, lodging, and meals the committees of the son	als 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
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$; 00	\$ 0	3 0	\$ 00
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Scacrued expenses of \$100 or more, plus total unitemized a	chedule F, Column (b) sub	ototals for 100.)	INCU	RRED TOTALS	\$
Total accrued expenses paid this period. (Include all Scheaccrued expenses of \$100 or more, plus total unitemized p	dule F. Column (c) subtot	als for navments on			0
3. Net change this period. (Subtract Line 2 from Line 1. Ente on the Summary Page, Column A, Line 9.)	er the difference here and				\$

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

www.fppc.ca.gov

SCHEDULE	F (CONT.)
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Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

NAME OF FILER

LEG legal defense

Amounts may be rounded to whole dollars.

Statement covers period from 10/18/2020	CALIFORNIA 460
through <u>12/31/2020</u>	Page 14 of 17
	1.D. NUMBER 1432941

VOT voter registration

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 MTG meetings and appearances RFD returned contributions 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 FIL candidate filing/ballot fees PHO phone banks 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)

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	t Amour to	nts may be r whole dolla		froi	Statement covers period m _10/18/2020	CALIFO FOR	
,				thre	ough 12/31/2020	Page 15	of 17
SEE INSTRUCTIONS ON REVERSE							
NAME OF FILER						1.D. NUMBE	2941
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
CODES: If one of the following codes accurately describes	s 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	OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de	nd appearan nses culating ks survey resea elivery and m	ces	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration information technology costs	uction costs I meals and meals of the same o	•
* Payments that are contributions or independent expenditures must also be	summarized on Sch	nedule D.					
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

CODE OR DESCRIPTION OF PAYMENT

AMOUNT PAID

AMOUNT PAID

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

Attach additional information on appropriately labeled continuation sheets.

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

TOTAL* \$ 0

							SCHEDULE H		
Schedule H Loans Made to Others*			ay be rounded le dollars.		Statement cove		california 460		
SEE INSTRUCTIONS ON REVERSE					through)20	Page 16	of 17	
NAME OF FILER							I.D. NUMBER		
WAINE OF FREEK							14309		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT FORGIVENES THIS PERIO	SS CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
				PAID \$ FORGIVEN	s	% RATE	s	\$ PER ELECTION**	
		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		s	s	PAID S FORGIVEN	s	RATE	\$	S PER ELECTION**	
				3	DATE DUE		DATE INCURRED		
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must n must also be	SUBTOTALS	\$	\$	\$	\$			
Sahadula U Summany						(Enter (e) on Schedule I, Line 3)			
Schedule H Summary 1. Loans made this period (Total Column (b) plus unitemized loans	o of loss than \$100 \		•••••	•••••	\$		-	**If Required	
2. Payments received on loans	nents of less than \$100.) 2 from Line 1.)				NET \$ 0				
					(May	be a negative number)			

Schedule I		Amounts may be rounded		SCHEDULE				
	eous Increases to Cash	to whole dollars.	Stater	ment covers period	CALIFORNIA 460			
			from <u>10</u> /	/18/2020	FORM 400			
SEE INSTRUCTIO	NIS ON DEVEDSE		through .	12/31/2020	Page			
NAME OF FILER	NS ON REVERSE				I.D. NUMBER			
					1432941			
DATE	FULL NAME AND ADDRESS OF SOURCE		DESCRIPTION OF	DECEIDT	AMOUNT OF			
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF	- RECEIPT	INCREASE TO CASH			

Attach addit	tional information on appropriately labeled continuation sheet	ts.		SUBTOTAL	.\$			
Schedule I	Summary			Commence	The second secon			
	creases to cash this period.			\$	_			
2. Unitemized	increases to cash of under \$100 this period			\$	-			
	interest received this period on loans made to others. (_			
	llaneous increases to cash this period. (Add Lines 1, 2			0				
	Page, Line 14.)			\$	FPPC Form 496 (Feb/2019)			
				FPPC Advice: adv	ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov			

Recipient Committee Campaign Statement Cover Page		Ó	Date Stamp RECEIVEL	FO	ORNIA 460
	Statement covers period from 9/20/2020	Date of election if applicable: (Month, Day, Year)	1020 OCT 23 PM	rage	or Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>10/17/2020</u>	11/3/2020	CITY OF TRA	ACY -	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	1731		
✓ Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	ermination)	Quarterly Stater Special Odd-Ye	
Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)				
	I.D. NUMBER	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE	1432941	NAME OF TREASURER			
Elizabeth Ortiz for Tracy City Council 2020		Xochitl Paderes MAILING ADDRESS			
		CITY	STATE	ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX)		Stockton	CA	95207	
CITY STATE ZIP C	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY		
Tracy CA 953 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS			
CITY STATE ZIP C	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS		
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on 10-18-2020 Date 10-18-2020	of California that the foregol	knowledge the information contained	d herein and in the attac	hed schedules is	true and complete. I
Executed on	ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		

Executed on __

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 496 (Feb/2019)

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER F	PAGE - PART 2
CALIFORNIA FORM	460
Page <u>2</u>	of _6

Officeholder or Candidate Controlled	Committee			6.	Primarily Formed Ballot	Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Elizabeth Ortiz for Tracy City Council 2020									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A)	ND DISTRICT NUMBE	R IF APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N		SUPPORT
Tracy City Counci						<u> </u>			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	REET) CITY	STATE	ZIP		Identify the controlling office	holder, candic	late, or state m	neasure propo	nent, if any.
	Tracy	CA	95376		NAME OF OFFICEHOLDER, CAI				
					W.W.Z. 61 61 116 21 16 22 20 7 2 1 1				
Related Committees Not Included in the not included in this statement that are controlled to contributions or make expenditures on behalf of y	by you or are primari	List any co	mmittees o receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	= ANY
COMMITTEE NAME	I.D. NUMB	BER					· · · · · · · · · · · · · · · · · · ·		
NAME OF TREASURER	CONTROL	LLED COMM	IITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Office	eholder Cor committee is pi	nmittee List rimarily formed	names of
	☐ YES	N	0		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	SHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)				Elizabeth Ortiz	O/1115/112	City Counc		SUPPORT OPPOSE
CITY STATE	ZIP CODE	AREA CC	DDE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUME	BER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD		SUPPORT OPPOSE
NAME OF TREASURER	CONTRO	LLED COMM	NITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	□ SUPPORT
	☐ YES	S 🔲 N	0						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)						<u> </u>		1
	ZIP CODE		DDE/PHONE			ch continuati			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 09/20/2020 CALIFORNIA 460 FORM FORM Page $\frac{3}{2}$ of $\frac{6}{2}$

SUMMARY PAGE

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE		, and a great	I.D. NUMBER
NAME OF FILER			1432941
Elizabeth Ortiz for Tracy City Council Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$\frac{1130.00}{0} \$\frac{1130.00}{1300.00} \$\frac{2430.00}{1300.00}	\$\frac{4250.00}{0}\$ \$\frac{4250.00}{5401.00}\$ \$\frac{9651.00}{0}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ 21. Expenditures Made \$
Expenditures Made 6. Payments Made	\$\frac{0}{0}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$\frac{2568.70}{0}\$ \$\frac{2568.70}{3000.00}\$ \$\frac{0}{5568.70}\$	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{551.30}{1130.00} \frac{0}{0} \square\frac{1681.30}{\square\frac{1}{3}}	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.
18. Cash Equivalents See instructions on reverse 19. Outstanding Debts	000000		FPPC Form 496 (Feb/2019 FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A Monetary Contributions Received			s may be rounded whole dollars.	Statement cov from <u>09/20/2020</u>	ers period		california 460 form		
	o ou privings			through <u>10/17/20</u>	20	Page			
SEE INSTRUCTION	S ON REVERSE					I.D. NU			
NAME OF FILER Elizabeth Ortiz	for Tracy City Council 2020				-	143294			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)		
		□IND □COM □OTH □PTY □SCC	·						
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
			SUBTOTAL	\$ 0.00	5 CONT. 1				
Schedule A	Summary				IN	ontributor (

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

 COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA 160

Statement covers period

NOTHING	netary Contributions Received				fron	09/20/2020		FO	RM TO	Y
					thro	ough 10/17/2020		Page 5	of 6	
NAME OF FIL	CTIONS ON REVERSE ER				·L			I.D. NUMI	BER	
	ortiz for Tracy City Council 2020							1432941	L	
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 OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
9/22/202	Xochitl Paderes Stockton, CA	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	Contractor	Signs		1300.00	5190		5190.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					,			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
Attach ad	□ ditional information on appropriately labeled	l continuation	sheets.	SUBT	OTAL	\$ 1300.00				97. E.S. 698. S
Schedul 1. Amount (Include	le C Summary received this period – itemized nonmoneta e all Schedule C subtotals.)	ry contributio	ns.		Ψ	1300.00	INI CC OT PT	other tl) H – Other (e Y – Political	I nt Committee nan PTY or SCC) .g., business entity	- 1
3. Total no (Add Li	onmonetary contributions received this periones 1 and 2. Enter here and on the Summa	id. ry Page, Colu	ımn A, Lines 4 and 10.)	тот	AL\$	1300.00		EDDC	Form 496 (Feb/20	119)

Schedule F

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period from ___09/20/2020 **FORM** through <u>10/17/2020</u> Page _6 I.D. NUMBER

Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1432941 Elizabeth Ortiz for Tracy City Council 2020 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals phone banks PHO FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research TSF transfer between committees of the same candidate/sponsor FND fundraising events postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* IND 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Xochitl Paderes	PRO / CMP	1750.00	1250.00	0.00	3000.00
* Payments that are contributions or independent expenditures must also be	SUBTOTALS	\$ 1750.00	\$ 1250.00	\$ 0.00	\$ 3000.00

summarized on Schedule D.

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

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 May be a negative number

FPPC Form 496 (Feb/2019)

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

Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVED STITY CLERK'S OF	CALIFORNIA 460 FORM of 7
	Statement covers period from $\frac{07/01/2020}{}$	Date of election if applicable: (Month, Day, Year)	2020 SEP 23 AM II:	For Official Line Only
SEE INSTRUCTIONS ON REVERSE	through <u>09/19/2020</u>	November 3. 2020	CITY OF TRACT	
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored see Complete Part 6) rimarily Formed Candidate/ officeholder Committee see Complete Part 7)	Preelection Statement Semi-annual Statemen Termination Statemen (Also file a Form 410 1 Amendment (Explain b	nt Specitive Specific	terly Statement ial Odd-Year Report
3. Committee Information), NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Elizabeth Ortiz for Tracy City Council 2020		Xochitl Paderes		
		MAILING ADDRESS		1
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DDE AREA CODE/PHONE
		Stockton	CA 9520	17
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
Tracy CA 95376 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
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on 09/21/2020 Date	California that the foregoing is true and By By Signature of Signat	knowledge the information contained correct.	t or Responsible Officer of Spons	
Executed on	Ву	ignature of Controlling Officeholder Candidate	State Measure Proponent	

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

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Recipient Committee Campaign Statement Cover Page — Part 2

	R PAGE - PART 2
CALIFORI FORM	NIA 460
Page 2	of <u>7</u>

Officeholder or Candidate Controlled	Committee		6.	Primarily Formed Ballo	t Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		Market Market Annual An		NAME OF BALLOT MEASURE				
Elizabeth Ortiz for Tracy City Council 2020								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBE	R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	I	SUPPORT OPPOSE
Tracy City Council					<u></u>			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR		STATE ZIP		Identify the controlling office	eholder, candi	date, or state me	easure propo	nent, if any.
	Tracy	CA 95376		NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in the not included in this statement that are controlled to contributions or make expenditures on behalf of y	y you or are primari	List any committees ly formed to receive		OFFICE SOUGHT OR HELD	and the state of t	D	DISTRICT NO. II	= ANY
COMMITTEE NAME	I.D. NUMB	ER		- Aller - Alle				
THE OF TREASURED	CONTROL	LED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	didate/Offic	eholder Com	nmittee List	names of
NAME OF TREASURER	□ YES							
COMMITTEE ADDRESS STREET ADDRESS				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG		✓ SUPPORT
				Elizabeth Ortiz		City Council	l	☐ OPPOSE
CITY STATE	ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUME	ER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTRO	LLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
	YES	NO NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	(NO 4:0' ROX)							
CITY STATE	ZIP CODE	AREA CODE/PHONE		Att	ach continuati	on sheets if ned	cessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{07/01/2020}{\text{through}}$ $\frac{09/19/2020}{\text{california}}$ $\frac{\text{CALIFORNIA}}{\text{FORM}}$ $\frac{3}{\text{of}}$ $\frac{7}{\text{I.D. NUMBER}}$

NAME OF FILER Elizabeth Ortiz for Tracy City Council	A		I.D. NUMBER
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	4101.00	\$\frac{3120.00}{\$\frac{3120.00}{4101.00}}\$	20. Contributions Received \$ \$ 7221.00 21. Expenditures Made \$ \$ 4318.70
Expenditures Made 6. Payments Made	0.00.70	\$\frac{2568.70}{0}\$ \$\frac{2568.70}{1750.00}\$ \$\frac{0}{0}\$ \$\frac{4318.70}{0}\$	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{3120.00}{0} \$\frac{2568.70}{551.30} \$\$\$	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.
18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	1750 00		FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377

Schedule	Α	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	07/01/2020 F		FORM 460	
SEE INSTRUCTIONS	S ON REVERSE			through 09/19/202			of <u>7</u>
NAME OF FILER			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			I.D. NUI	MBER
Elizabeth Ortiz	for Tracy City Council 2020						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL	\$ 1			
(Include all S	Summary eived this period – itemized monetary contributio Schedule A subtotals.)				INI CC OT PT	other) "H – Other ("Y – Politica	al ent Committee than PTY or SCC) e.g., business entity) I Party
	ary contributions received this period. I and 2. Enter here and on the Summary Page, (20.00		FPP	C Form 460 (Jan/2016)) .ca.gov (866/275-3772) www.fppc.ca.gov

Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA AGO

Statement covers period

401111101	ictary communations received				from	07/01/2020		FOF	RM	
					thro	ugh <u>09/19/2020</u>		Page 5	of _	·
SEE INSTRUC	TIONS ON REVERSE ER		No. 10 Augustus Augus					I.D. NUMB	ER	
Elizabeth O	rtiz Tracy City Council 2020									
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEN	ATIVE TO DATE DAR YEAR - DEC 31)	TO	ECTION DATE UIRED)
09/12/20	Methods of Development Stockton CA 95207	☐IND ☑COM ☐OTH ☐PTY ☐SCC		Marketing Material / Web Photos	b /	3890.00	3890.0	0		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							.un	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL S	\$ 3890.00		eg e Basel		
Schedul	e C Summary received this period – itemized nonmonetal	rv contribution	าร.		\$ _	3890.00	_ IN		nt Committe an PTY or	SCC)
•	received this period – unitemized nonmone					211.00	P	TH – Other (e TY – Political I CC – Small Co	Party	
3. Total no (Add Lir	nmonetary contributions received this periones 1 and 2. Enter here and on the Summan	d. y Page, Colu	mn A, Lines 4 and 10.)	ТОТ/	AL \$ _	4101.00	_	EDDC F	orm 150 (an/2016))

SCH			

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

		SCHEDOLE
Г	Statement covers period	CALIFORNIA 460
	from <u>07/01/2020</u>	FORM TOU
	through <u>09/19/2020</u>	Page 6 of 7
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elizabeth Ortiz for Tracy City Council 2020 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Xochitl Paderes Stockton, CA 95207	CMP / OFC	A Committee of the Comm		2180.16

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

SUBTOTAL \$ 2180.16

Schedule E Summary

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

\$ 2. Unitemized payments made this period of under \$100.....\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... $\$ \frac{0}{0}$

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period 07/01/2020

Accrued Expenses (Unpaid Bills)	from	Market Commence of the Commenc
	through <u>09/19/2020</u>	Page of
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER
NAME OF FILER		
Elizabeth Ortiz for Tracy City Council 2020		

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 independent expenditure supporting/opposing others (explain)* IND 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Xochitl Paderes Stockton, CA 95207	PRO	1750.00	1750.00	0.00	1750.00
* Payments that are contributions or independent expenditures must also be	SUBTOTALS	\$ 1750.00	\$ 1750.00	\$ 0	\$ 1750.00

summarized on Schedule D. Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

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

1750.00

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

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

www.fppc.ca.gov