Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 460

Date Stamp

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CITY OF WALNUT
CITY CLERKS OFFICE

Statement covers period	
from	1/1/19
through	6/30/19

Date of election if applicable: (Month, Day, Year)

For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☑ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
  (Also Complete Part 5)
- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
  (Also Complete Part 6)
- ☐ Primarily Formed Candidate/ Officeholder Committee
  (Also Complete Part 7)

2. Type of Statement:

- ☐ 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

I.D. NUMBER 1303427

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Re-Elect Nancy Tragarz to Council 2016

STREET ADDRESS (NO P.O. BOX)
640 N. Bronco, Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Walnut	CA	91789	(909) 595-3444

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Nancy Tragarz

MAILING ADDRESS
640 N. Bronco Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Walnut	CA	91789	(909) 595-3444

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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	7-29-19	By	_Nancy Renne Tragarz_
	Date		Signature of Treasurer or Assistant Treasurer
Executed on	7-29-19	By	_Nancy Renne Tragarz_
	Date		Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on		By	
	Date		Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on		By	
	Date		Signature of Controlling Officeholder, Candidate, State Measure Proponent

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www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Nancy Renne Tragarz

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Walnut City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)   CITY   STATE   ZIP

640 N. Bronco Way,   Walnut   CA   91789

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	

CITY   STATE   ZIP CODE   AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	

CITY   STATE   ZIP CODE   AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

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Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

from _____ 1/1/19 _____

through _____ 6/30/19 _____

CALIFORNIA FORM 460

Page ___3___ of ___3___

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nancy Tragarz

I.D. NUMBER
1303427

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1.	Monetary Contributions.................. Schedule A, Line 3	$ 0	$ 0
2.	Loans Received.............................. Schedule B, Line 3	0	0
3.	SUBTOTAL CASH CONTRIBUTIONS............. Add Lines 1 + 2	$ 0	$ 0
4.	Nonmonetary Contributions............. Schedule C, Line 3	0	0
5.	TOTAL CONTRIBUTIONS RECEIVED......... Add Lines 3 + 4	$ 0	$ 0

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

		1/1 through 6/30	7/1 to Date
20.	Contributions Received	$	$
21.	Expenditures Made	$	$

Expenditures Made

		Column A	Column B
6.	Payments Made.............................. Schedule E, Line 4	$ 0	$ 0
7.	Loans Made.................................... Schedule H, Line 3	0	0
8.	SUBTOTAL CASH PAYMENTS.................... Add Lines 6 + 7	$ 0	$ 0
9.	Accrued Expenses (Unpaid Bills).... Schedule F, Line 3	0	0
10.	Nonmonetary Adjustment................ Schedule C, Line 3	0	0
11.	TOTAL EXPENDITURES MADE............ Add Lines 8 + 9 + 10	$ 0	$ 0

Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made***
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$ _____
___/___/___	$ _____

Current Cash Statement

12.	Beginning Cash Balance .... Previous Summary Page, Line 16	$ 2981.02
13.	Cash Receipts .... Column A, Line 3 above	0
14.	Miscellaneous Increases to Cash .... Schedule I, Line 4	0
15.	Cash Payments .... Column A, Line 8 above	0
16.	**ENDING CASH BALANCE** ....Add Lines 12 + 13 + 14, then subtract Line 15	$ 2981.02

If this is a termination statement, Line 16 must be zero.

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.

17.	LOAN GUARANTEES RECEIVED.............................. Schedule B, Part 2	$ 0

Cash Equivalents and Outstanding Debts

18.	Cash Equivalents................................. See instructions on reverse	$ 0
19.	Outstanding Debts............. Add Line 2 + Line 9 in Column B above	$ 0

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