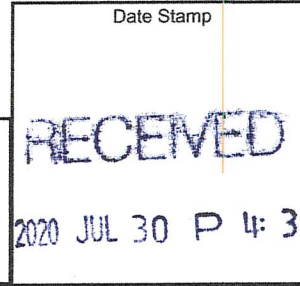


**Recipient Committee  
Campaign Statement  
Cover Page**

For Official Use Only

Statement covers period  
from 1/1/20  
through 6/30/20

Date of election if applicable:  
(Month, Day, Year)  
11/3/20



SEE INSTRUCTIONS ON REVERSE

**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 2020

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

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

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       |
|---------------|-----------|--------------|-----------------------|
| <u>Walnut</u> | <u>CA</u> | <u>91789</u> | <u>(909) 595-3444</u> |

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 July 30, 2020  
Date

Executed on July 30, 2020  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Nancy Rene Tragarz  
Signature of Treasurer or Assistant Treasurer

By Nancy Rene Tragarz  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|

|                                   |                       |                                                                     |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|

|                                   |                       |                                                                     |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|

|                                   |                       |                                                                     |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                                                                         |                            |
|-------------------------------------------------------------------------|----------------------------|
| Statement covers period<br>from <u>1/1/20</u><br>through <u>6/30/20</u> | <b>CALIFORNIA FORM 460</b> |
|                                                                         | Page <u>3</u> of <u>4</u>  |
| I.D. NUMBER<br>1303427                                                  |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nancy Tragarz

## Contributions Received

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

## 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 | \$ <u>0</u>      | \$ <u>0</u> |
| 21. Expenditures Made      | \$ <u>0</u>      | \$ <u>0</u> |

## Expenditures Made

|                                                            | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| 6. Payments Made..... Schedule E, Line 4                   | \$ <u>50.00</u>                                            | \$ <u>50.00</u>                            |
| 7. Loans Made..... Schedule H, Line 3                      | <u>0</u>                                                   | <u>0</u>                                   |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ <u>50.00</u>                                            | \$ <u>50.00</u>                            |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | <u>0</u>                                                   | <u>0</u>                                   |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | <u>0</u>                                                   | <u>0</u>                                   |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ <u>50.00</u>                                            | \$ <u>50.00</u>                            |

## Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
|----------------------------------------------------------------------------------|---------------|
| Date of Election<br>(mm/dd/yy)                                                   | Total to Date |
| <u>  </u> / <u>  </u> / <u>  </u>                                                | \$ <u>0</u>   |
| <u>  </u> / <u>  </u> / <u>  </u>                                                | \$ <u>0</u>   |

## Current Cash Statement

|                                                                            |                   |
|----------------------------------------------------------------------------|-------------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ <u>2981.02</u> |
| 13. Cash Receipts..... Column A, Line 3 above                              | <u>0</u>          |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | <u>0</u>          |
| 15. Cash Payments..... Column A, Line 8 above                              | <u>50.00</u>      |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>2931.02</u> |

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.

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

|                                                      |             |
|------------------------------------------------------|-------------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ <u>0</u> |
|------------------------------------------------------|-------------|

## Cash Equivalents and Outstanding Debts

|                                                                  |             |
|------------------------------------------------------------------|-------------|
| 18. Cash Equivalents..... See instructions on reverse            | \$ <u>0</u> |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ <u>0</u> |

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|                         |         |                            |
|-------------------------|---------|----------------------------|
| Statement covers period |         | <b>CALIFORNIA FORM 460</b> |
| from                    | 1/1/20  |                            |
| through                 | 6/30/20 | Page <u>4</u> of <u>4</u>  |
| NAME OF FILER           |         | I.D. NUMBER                |
| Nancy Tragarz           |         | 1303427                    |

SEE INSTRUCTIONS ON REVERSE

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

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---------------------------------------------------------------------|---------|------------------------|-------------|
| CA Secretary of State                                               |         | Annual Fee for 2020    | 50.00       |
|                                                                     |         |                        |             |
|                                                                     |         |                        |             |

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

**SUBTOTAL \$ 50.00**

**Schedule E Summary**

|                                                                                                                         |                 |              |
|-------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....                                         | \$              | 50.00        |
| 2. Unitemized payments made this period of under \$100.....                                                             | \$              | 0            |
| 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.)..... | <b>TOTAL \$</b> | <b>50.00</b> |