

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp	CALIFORNIA FORM 460
RECEIVED 2020 SEP 24 P 3:06	Page <u>1</u> of <u>6</u>
	For Official Use Only

Statement covers period from <u>7/1/20</u> through <u>9/19/20</u>	Date of election if applicable: (Month, Day, Year) <u>11/3/20</u>
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

CITY OF WALNUT
CITY CLERK'S OFFICE

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
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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
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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 9-23-20
Date

Executed on 9-23-20
Date

Executed on _____
Date

Executed on _____
Date

By Nancy B. Tragarz
Signature of Treasurer or Assistant Treasurer

By Nancy B. 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? <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? <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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period
from 7/1/20
through 9/19/20

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nancy Tragaiz

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	\$ 498.00
2. Loans Received..... Schedule B, Line 3	0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 498.00
4. Nonmonetary Contributions..... Schedule C, Line 3	12.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 510.00

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 842.50
7. Loans Made..... Schedule H, Line 3	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 842.50
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0
10. Nonmonetary Adjustment..... Schedule C, Line 3	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 842.50

Expenditures Made

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
12. Beginning Cash Balance..... Previous Summary Page, Line 16	2931.02
13. Cash Receipts..... Column A, Line 3 above	498.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	842.50
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2586.52

Current Cash Statement

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	0
18. Cash Equivalents..... See instructions on reverse	0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	0

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

Cash Equivalents and Outstanding Debts

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
20. Contributions Received..... 1/1 through 6/30	\$ 7/1 to Date
21. Expenditures Made.....	\$
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$

*Amounts in this section may be different from amounts reported in Column B.

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).

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA 460 FORM

Statement covers period
from 7/1/20
through 9/19/20

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nancy Tragatz

I.D. NUMBER

1303427

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)
8/27/20	Cheryl Steadward 20947 Deloraine Dr. Walnut, CA 91789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Manager American Bullnose of California	100.00	100.00	100.00
8/27/20	Ray Renkin 20947 Deloraine Dr. Walnut, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00
9/11/20	Dana Reed 46146 El Dorado Dr. Indian Wells, CA 92210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmember City of Indian Wells	100.00	100.00	100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				300.00		

Schedule A Summary

1. Amount received this period — itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 300.00

2. Amount received this period — unitemized monetary contributions of less than \$100 \$ 198.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 498.00

*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 C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Nancy Tragarz

Statement covers period
from 7/1/20
through 9/19/20

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I.D. NUMBER

1303427

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$**

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ 12.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 12.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** 12.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 OTH – Other (other than PTY or SCC)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/20 through 9/19/20

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Nancy Tragarz

I.D. NUMBER

1303427

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Walnut 21201 La Puente Road Walnut, CA 91789	FIL		Filing Fee \$25 and Candidate's Statement \$500.00	525.00
Artoon Graphics, Inc., P.O. Box 1115 Walnut, CA 91789	LIT		Campaing Litature and Mailer	317.55
			SUBTOTAL \$	842.55

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 842.55
- Unitemized payments made this period of under \$100..... \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$ 842.55**