

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

|  |   |
|--|---|
| Statement covers period<br>from <u>3/27/16</u><br>through <u>6/30/16</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>4/12/16</u> |
|--|---|

Date Stamp  
**RECEIVED**  
16 JUL 27 P 6:46  
CITY OF WALNUT  
CITY CLERKS OFFICE  
CALIFORNIA FORM **460**  
Page 1 of 6  
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**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
**Committee to Re-elect Nancy Tragarz to Council 2016**

I.D. NUMBER  
**1303427**

**Treasurer(s)**

NAME OF TREASURER  
**Nancy Renne Tragarz**

MAILING ADDRESS  
**640 Bronco Way**

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

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

**MAILING ADDRESS**

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

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 7-27-16 Date  
By Nancy Renne Tragarz Signature of Treasurer or Assistant Treasurer  
Executed on 7-27-16 Date  
By Nancy Renne Tragarz Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer or Sponsor  
Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent  
Executed on \_\_\_\_\_ Date  
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 Tagariz  
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 3/27/16 through 6/30/16 |                        | CALIFORNIA<br>FORM<br><b>460</b> |
| Page 3 of 6   | I.D. NUMBER<br>1303427 |                                  |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Committee to Re-elect Nancy Tragarz to Council 2016

## 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<br>2,250.00                             | 6,407.00                                   |
| 2. Loans Received.....               | Schedule B, Line 3<br>0                                    | 0  |
| 3. SUBTOTAL CASH CONTRIBUTIONS.....  | Add Lines 1 + 2<br>2,250.00                                | 6,407.00                                   |
| 4. Nonmonetary Contributions.....    | Schedule C, Line 3<br>1,381.34                             | 3,353.11                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4<br>3,631.34                                | 9,760.11                                   |

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

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

## Expenditures Made

|   |                                |          |
|---|--------------------------------|----------|
| 6. Payments Made.....                   | Schedule E, Line 4<br>812.50   | 5,182.12 |
| 7. Loans Made.....                      | Schedule H, Line 3<br>0        | 0        |
| 8. SUBTOTAL CASH PAYMENTS.....          | Add Lines 6 + 7<br>812.51      | 5,182.12 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3<br>0        | 0        |
| 10. Nonmonetary Adjustment.....         | Schedule G, Line 3<br>0        | 0        |
| 11. TOTAL EXPENDITURES MADE.....        | Add Lines 8 + 9 + 10<br>812.51 | 5,182.12 |

## 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 |
| / /  | / /                            | \$ _____      |
| / /  | / /                            | \$ _____      |

## Current Cash Statement

|  |   |   |
|--|---|---|
| 12. Beginning Cash Balance.....          | Previous Summary Page, Line 16<br>2,083.53                | To calculate Column B,<br>add amounts in Column<br>A to the corresponding<br>amounts from Column B<br>of your last report. Some<br>amounts in Column A may<br>be negative figures that<br>should be subtracted from<br>previous period amounts. If<br>this is the first report being<br>filed for this calendar year,<br>only carry over the amounts<br>from Lines 2, 7, and 9 (if<br>any). |
| 13. Cash Receipts.....                   | Column A, Line 3 above<br>2,250.00                        |   |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4<br>0                                   |   |
| 15. Cash Payments.....                   | Column A, Line 8 above<br>812.51                          |   |
| 16. ENDING CASH BALANCE.....             | Add Lines 12 + 13 + 14, then subtract Line 15<br>3,521.02 |   |

## Cash Equivalents and Outstanding Debts

|                                   |  |
|-----------------------------------|--|
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2<br>0                    |
| 18. Cash Equivalents.....         | See instructions on reverse<br>0           |
| 19. Outstanding Debts.....        | Add Line 2 + Line 9 in Column B above<br>0 |

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

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A  
**CALIFORNIA 460**  
FORM

Statement covers period  
from 3/27/16  
through 6/30/16

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
1303427

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|---|---------------------------------------|
| 3/28/16            | CA Real Estate PAC<br>525 S. Virgil<br>Los Angeles, CA 90020                                    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1000.00                     | 1000.00   | 1000.00                               |
| 4/12/16            | 55th AD Republican Central Committee of LA<br>2103 Bataan Ave.<br>Rowland Heights, CA 91748     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> PTY<br><input type="checkbox"/> SCC                                 |   | 250.00                      | 250.00  | 250.00                                |
| 4/14/16            | Albert Soliman<br>21238 Stockton Pass Rd.<br>Walnut, CA 91789                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Pharmacist<br>Owl Home Care<br>Pharmacy   | 500.00                      | 500.00  | 500.00                                |
| 4/14/16            | Maher Kaldas<br>19036 Summit Ridge Dr.<br>Walnut, CA 91789                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Pharmacist<br>Owl Home Care<br>Pharmacy   | 500.00                      | 500.00  | 500.00                                |
| <b>SUBTOTAL \$</b> |   |   |   | 2250.00                     |   |                                       |

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 2250.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 2250.00

\*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.

Statement covers period  
from 3/27/16  
through 6/30/16

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to Re-elect Nancy Tragarz to Council 2016

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) |
|--------------------|---|---|--|---|---------------------------|---|------------------------------------|
| 3/29/16            | Eric Ching for Walnut City Council 2016<br>FPPC # 1344120                                   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Postage & mailing services on second joint mailer           | 538.76                    | 1138.16   | 1138.16                            |
| 4/6/16             | Eric Ching for Walnut City Council 2016<br>FPPC # 1344120                                   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Printing, postage and mailing services for 3rd joint mailer | 842.58                    | 1980.74   | 1980.74                            |
| <b>SUBTOTAL \$</b> |   |   |  |   | 1381.34                   |   |                                    |

## Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals).....\$ 1381.34
- Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ 0
- 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 \$** 1381.34

\*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 E Payments Made

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to Re-elect Nancy Tragarz to Council 2016

Statement covers period  
from 3/27/16  
through 6/30/16

CALIFORNIA  
FORM  
**460**

SCHEDULE E

Page 6 of 6  
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 | posting, 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   |
|---|------|----|------------------------|---------------|
| AMC LLC<br>3555 Lomita Blvd. Suite J<br>Torrance CA 90505           |      |    | Robo call              | 190.47        |
| Artcon Graphics, Inc.<br>PO Box 1115<br>Walnut, CA 91789            | LIT  |    | mailer                 | 200.94        |
| Cheryl Steadward<br>993 Hunter Hill<br>Walnut, CA 91789             |      |    | donation refund        | 100.00        |
| <b>SUBTOTAL \$</b>  |      |    |                        | <b>491.41</b> |

\* 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.) ..... \$ 491.41
- Unitemized payments made this period of under \$100 ..... \$ 321.10
- 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 \$ 812.51**