

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

Statement covers period from <u>7-1-13</u> through <u>12-31-13</u>	Date of election if applicable: (Month, Day, Year)	Date Stamp RECEIVED 14 JAN 27 P 3 35	CALIFORNIA 2001/02 FORM 460
			Page <u>1</u> of <u>3</u> For Official Use Only

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
- Ballot Measure Committee
- Primarily Formed
- 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Reelect Nancy Tragarz for Council 2012

ID. NUMBER
1303427

Treasurer(s)

NAME OF TREASURER
Nancy Tragarz

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

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

MAILING ADDRESS
640 N. Bronco Way

CITY
Walnut STATE
CA ZIP CODE
91789 AREA CODE/PHONE
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

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 1/23/14 Date

By Nancy Tragarz Signature of Treasurer or Assistant Treasurer

Executed on 1/23/14 Date

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

Type or print in ink.

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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS		
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		
CITY STATE ZIP CODE AREA CODE/PHONE		

6. 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 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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Reelect Nancy Tragarz for Council 2012

Statement covers period 7-1-13 from 12-31-13 through	CALIFORNIA FORM 460
Page 3 of 3	SUMMARY PAGE
I.D. NUMBER 1303427	

Contributions Received

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

Expenditures Made

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 2397.23	
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	\$ 2397.23	

LOAN GUARANTEES RECEIVED

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

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	\$ _____	\$ _____

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
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

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).

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.