Recipient Committee Campaign Statement Cover Page

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TRACY, CA

CALIFORNIA FORM 460

For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from 09/25/2016 through 10/22/2016	11/08/2016

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

- [x] 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:

- [x] 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: 1377636

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Mitracos for City Council 2016

STREET ADDRESS (NO P.O. BOX): 363 W. Eaton Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	(209) 835-1025

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: P O Box 261

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95378-0261	(209) 835-1025

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Eugene D. Birk

MAILING ADDRESS: 475 Peerless Way #7

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	(209) 835-8207

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 co

Executed on 10-26-16 (Date) By [signature] (Signature of Treasurer)

Executed on 10/26/16 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent) (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

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mary Mitracos

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

Tracy City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
363 W. Eaton Ave.	Tracy, CA 95376		

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

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 09/25/2016 through 10/22/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Mitracos for City Council

I.D. NUMBER: 1377636

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 4,444.00	$ 16,340.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 4,444.00	$ 16,340.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	450.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 4,444.00	$ 16,790.00

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

6. Payments Made	*Schedule E, Line 4*	$ 2,588.28	$ 9,235.67
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 2,588.28	$ 9,235.67
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	2,759.45	2,759.45
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	450.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 5,347.73	$ 12,445.12

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
__/__/__	$
__/__/__	$

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

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 8,645.43
13. Cash Receipts	*Column A, Line 3 above*	4,444.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	2,588.28
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 10,501.15

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 1,000.00

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 09/25/2016
through 10/22/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
1377636

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)
9/25/16	Richard & Catherine Messman 114 Leafield Rd. Danville, CA 94506	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chief Financial Officer Hill Physicians Group	500.00	1,000.00	
9/27/2016	Michael P. Restuccia 900 Topaz Ln. Ripon, CA 95366	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Auditor Restuccia & Harrison, LP	100.00	100.00	
9/27/2016	Democratic Club of Greater Tracy P O Box 1146 Tracy, CA 95378-1146	☐ IND ☐ COM ☐ OTH ☑ PTY ☐ SCC		100.00	100.00	
9/28/2016	Michael K. & Leanna Repetto 8400 Orazio Ln. Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Tracy Disposal	250.00	250.00	
10/1/2016	Curits M. Repetto 2709 Annette Ct. Tracy, CA 95304-5941	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Tracy Disposal	250.00	250.00	
			SUBTOTAL $	1,200.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 3,902.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 542.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 4,444.00

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 09/25/2016
through 10/22/2016

CALIFORNIA FORM 460

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NAME OF FILER: Mitracos for City Council

I.D. NUMBER: 1377636

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)
10/1/2016	Arleen Robbins 545 W. Carlton Way Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	302.00	1,000.00	
10/10/2016	Lewis Investment Company, LLC 1156 N. Mountain Ave. Upland, CA 91785-0670	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00	
10/11/2016	Greg & Bonny McCreary 30085 S. Koster Rd. Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	280.00	
10/12/2016	Operating Engineers Local Union #3-District 30 1916 Broadway Ave. Stockton, CA 95205	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	
10/18/2016	CREPAC - C.A.R. Candidate Support 525 S. Virgil Ave. Los Angeles, CA 90020	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		750.00	750.00	
			SUBTOTAL $	2,502.00		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 09/25/2016
through 10/22/2016

CALIFORNIA FORM 460

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
1377636

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)
10/19/2016	Stanley & Mary E. Morri 8556 Julie Lynn Circle Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	340.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	200.00		

*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 B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 09/25/2016 through 10/22/2016

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Mitracos for City Council

I.D. NUMBER: 1377636

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mary Mitracos 363 W. Eaton Ave. Tracy, CA 95376 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Carnegie Property Management	$ 1,000.00	$ 0.00	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 1,000.00 12/31/16 DATE DUE	____% RATE $ ____	$ 1000.00 6/10/15 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION** $ 1000.00
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ ____ DATE DUE	____% RATE $ ____	$ ____ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ ____ DATE DUE	____% RATE $ ____	$ ____ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
		SUBTOTALS $ 0.00	$	$	$ 1,000.00	$ (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 0.00 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 09/25/2016
through 10/22/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
1377636

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
Staples 2471 N. Naglee Rd. Tracy, CA 95304	OFC		110.94
Creative Vision Printing 2232 Stewart St. Stockton, CA 95205	LIT		1,404.00
Costco 3250 W. Grant Line Rd. Tracy, CA 95377	FND		493.36

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

SUBTOTAL $ 2,008.30

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 2,274.80
2. Unitemized payments made this period of under $100 ..... $ 313.48
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.) ..... **TOTAL $** 2,588.28

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 09/25/2016 through 10/22/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Mitracos for City Council

I.D. NUMBER: 1377636

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
Paul Cowles 1804 Alcott Pl. Tracy, CA 95376	CMP		266.50

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

SUBTOTAL $ 266.50

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 09/25/2016 through 10/22/2016

CALIFORNIA FORM 460

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NAME OF FILER: Mitracos for City Council

I.D. NUMBER: 1377636

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Costco 3250 W. Grant Line Rd. Tracy, CA 95377	FND	493.36	0.00	493.36	0.00
Amazon.com	LIT	284.03	0.00	0.00	284.03
Home Depot 2461 Naglee Rd. Tracy, CA 95304	CMP	142.35	0.00	0.00	142.35
	SUBTOTALS	$ 919.74	$ 0.00	$ 493.36	$ 426.38

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 3,252.81
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 493.36
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 2,759.45 (May be a negative number)

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from 09/25/2016
through 10/22/2016

CALIFORNIA FORM 460

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
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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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Five Star Print & Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT	148.50	529.20	0.00	677.70
Pre-Sort Center of Stockton, Inc. 3806 Coronado Ave. Stockton, CA 95204	POS	0.00	1,400.01	0.00	1,400.01
AlphaGraphics 11225 Trade Center Dr., #175 Rancho Cordova, CA 95742	LIT	.00	1,323.60	.00	1,323.60
	SUBTOTALS $	148.50	$ 3,252.81	$ 0.00	$ 3,401.31

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 16

For Official Use Only

Date Stamp: RECEIVED CITY CLERK'S OFF 2016 SEP 29 PM 2:59 CITY OF TRACY TRACY, CA

SEE INSTRUCTIONS ON REVERSE

Statement covers period: from 07/1/2016 through 09/24/2016

Date of election if applicable: (Month, Day, Year) 11/08/2016

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

- [x] 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:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1377636

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Mitracos for City Council 2016

STREET ADDRESS (NO P.O. BOX): 363 W. Eaton Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	(209) 835-1025

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: P O Box 261

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95378-0261	(209) 835-1025

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Eugene D. Birk

MAILING ADDRESS: 475 Peerless Way #7

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	(209) 835-8207

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 correc

Executed on 9-29-16 (Date) By _____

Executed on 9/29/16 (Date) By _____ Signature of [illegible] 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.

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mary Mitracos

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

Tracy City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
363 W. Eaton Ave.	Tracy, CA 95376		

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

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period
from 07/1/2016
through 09/24/2016

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
1377636

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 11,146.00	$ 11,896.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 11,146.00	$ 11,896.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	450.00	450.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 11,596.00	$ 12,346.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 6,119.14	$ 6,647.39
7. Loans Made	*Schedule H, Line 3*		
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 6,119.14	$ 6,647.39
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	1,096.35	1,096.35
10. Nonmonetary Adjustment	*Schedule C, Line 3*	450.00	450.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 7,665.49	$ 8,193.74

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 3,168.57
13. Cash Receipts	*Column A, Line 3 above*	11,596.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	
15. Cash Payments	*Column A, Line 8 above*	6,119.14
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 8,645.43

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 1,000.00

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).

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
/ /	$
/ /	$

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

Schedule A
Monetary Contributions Received

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

Statement covers period
from 07/ 1/2016
through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Mitracos for City Council

I.D. NUMBER: 1377636

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)
7/4/2016	Richard & Alice English 1492 Riverview Ave. Tracy, CA 95377	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	195.00	195.00	
7/8/2016	Erlene DeMarcus 4542 Mohr Ave. Pleasanton, CA 94566	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Consultant Erlene DeMarcus	100.00	100.00	
7/11/2016	Lance Waite Family Trust 2235 Encinitas Blvd., Suite 216 Rancho Santa Fe, CA 92061	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Principal Integral Communities	250.00	250.00	
7/26/2016	Anthony & Gloria Souza 28931 S. Lehman Rd. Tracy, CA 95304	☑IND ☐COM ☐OTH ☐PTY ☐SCC	President Souza Realty & Develop	500.00	500.00	
7/26/2016	Mike & Cynthia Souza 6000 W. Linne Rd. Tracy, CA 95376	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Vice President, Development Souza Realty & Develop	500.00	500.00	
			SUBTOTAL $	1,545.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 8,263.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 2,883.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 11,146.00

*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 A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
1377636

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)
8/4/2016	Arleen Robbins 545 W. Carlton Way Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	698.00	698.00	
8/12/16	Michael & Marietta McLellan 1310 Barons Ct. Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Ordained Minister Presbyterian Church (USA)	100.00	100.00	
8/15/16	Sikandar & Sandeep Grewal 2439 Ogden Sannazor Dr. Tracy, CA 95377	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	200.00	
8/16/2016	Douglas Fung P O Box 33451 San Antonio, TX 78265	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Commercial Petroleum Tanker Operator Mission Petroleum Carrie	200.00	200.00	
8/19/16	Richard & Catherine Messman 114 Leafield Rd. Danville, CA 94506	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chief Financial Officer Hill Physicians Group	500.00	500.00	
			SUBTOTAL $	1,698.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/ 1/2016
through 09/24/2016

CALIFORNIA FORM 460

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
1377636

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)
8/19/16	Thomas M. Tillotson 210 Berverdor Ave. Tracy, CA 95376	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.00	
8/20/16	Annette Tuso Elissagaray 8140 W. Valpico Rd. Tracy, CA 95304	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.00	
8/23/16	Christopher B. Tyler 3208 Wycliffe Dr. Modesto, CA 95355	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Investment Manager Great Gable Partners, LP	500.00	500.00	
8/23/16	Christopher B. Tyler 3208 Wycliffe Dr. Modesto, CA 95355	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Managing Partner Terravest Capital Partners, LP	500.00	500.00	
8/24/16	Ron Leachman, Esq. P O Box 930 Tracy, CA 95378	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney Ron Leachman, Attorney	200.00	200.00	
			SUBTOTAL $	1,400.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 07/ 1/2016
through 09/24/2016

CALIFORNIA FORM 460

NAME OF FILER: Mitracos for City Council

I.D NUMBER: 1377636

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)
8/24/16	Stanley & Mary E. Morri 8556 Julie Lynn Circle Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	140.00	140.00	
8/24/16	George & Lorraine Silva 227 Portola Dr. Danville, CA 94506	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
8/27/16	Andy Zarakani P O Box 1036 Tracy, CA 95378	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed DIK Tracy Enterprises, In	200.00	200.00	
8/27/16	Ray & Ellen McCray 1485 Cerro Verde Way Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Financial Advisor The Hartford	300.00	300.00	
8/27/16	Thomas R. Ross 840 W. Schulte Rd. Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Veterinarian Thomas R, Ross, DVM	100.00	100.00	
			SUBTOTAL $	840.00		

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PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

NAME OF FILER: Mitracos for City Council

I.D NUMBER: 1377636

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)
8/27/16	Jimmie Ray & Helen M. Noah 1338 Wall St. Tracy, CA 95376	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	130.00	130.00	
8/27/16	MAA TRACY LIMITED PROPERTIES 421 W. 11th St. Tracy, CA 95376	☐IND ☐COM ☑OTH ☐PTY ☐SCC		200.00	200.00	
8/27/16	Derrick & Kimberly Davis 2680 Atlanta Dr. Tracy, CA 95376	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Investigator Lawrence Livermore National Lab	100.00	100.00	
8/27/16	Clayborne & Karen Souza 8291 Birch St. Hilmar, CA 95324	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Diesel Mechanic McCOY TRUCK TIRE SERVICE CENTER	250.00	250.00	
8/27/16	Darryl & Nancy Silva 6823 Hickory Ln. Dublin, CA 94568	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Social Worker Livermore Veterans Administration	100.00	100.00	
			SUBTOTAL $	780.00		

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PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 07/ 1/2016
through 09/24/2016

CALIFORNIA FORM 460

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
1377636

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)
8/27/16	Homayun Niazmand 21330 S. Corral Hollow Rd. Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
8/27/16	Paul Cowles 1804 Alcott Pl. Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Handyman Paul Cowles	100.00	100.00	
9/3/16	Ponderosa Homes II, Inc. 6130 Stoneridge Mall Rd., Ste. 185 Pleasanton, CA 94588	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00	
9/6/16	Ameni Alexander 206 Camelot Dr. Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Transportation Commissioner City of Tracy	400.00	400.00	
9/7/16	Lorna Boothroyd 1485 Cerro Verde Way Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
			SUBTOTAL $	950.00		

*Contributor Codes
IND – Individual
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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 07/ 1/2016
through 09/24/2016

CALIFORNIA FORM 460

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
1377636

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)
9/8/2016	Pat Marchini 12750 S. Lammers Rd. Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
9/16/2016	SJ, Calaveras, Alpine & Amador Counties Building Trades Council P O Box 8014, Stockton, CA 95208	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	
9/22/2016	Gary's Floors, Inc. 154 W. 10th St. Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00	
9/23/2016	Plumbers & Pipefitters Local 442 4842 Nutcracker Ln. Modesto, CA 95356	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00	
9/24/2016	Brent & Lynda Ives 2459 Neptune Ct. Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant BHI Consulting	100.00	100.00	
			SUBTOTAL $	1050.00		

*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 B – Part 1
Loans Received

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

Statement covers period from 07/1/2016 through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Mitracos for City Council

I.D. NUMBER: 1377636

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mary Mitracos 363 W. Eaton Ave. Tracy, CA 95376 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Carnegie Property Management	$ 1,000.00	$ 0.00	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 1,000.00 12/31/16 DATE DUE	____ % RATE $ ____	$ 1000.00 6/10/15 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION** $ 1000.00
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____ % RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____ % RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
		SUBTOTALS $	0.00 $		$ 1,000.00 $	(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 0.00 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period
from 07/31/2016
through 09/24/2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
1377636

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)
8/21/2016	Steve Ridolfi 216 Acacia St. Tracy, CA 95376	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	Photography	200.00	200.00	
8/27/16	Conrad Levoit 95 W. 11th St., #206 Tracy, CA 95376	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Levoit Protection	Sound System	100.00	100.00	
8/27/16	Dino Margaros 24 W. 11th St. Tracy, CA 95376	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Proprietor Tracy Inn	Event Venue	150.00	150.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 450.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 450.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $
3. 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 $** 450.00

*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 E
Payments Made

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

Statement covers period
from 07/31/2016
through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
1377636

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
Postmater 125 W. 9th St. Tracy, CA 95376	POS		188.00
Party Warehouse 505 W. Grant Line Rd. Tracy, CA 95376	CMP		109.84
Balloons Tomorrow 3590 Utah Ave. NE Iowa City, IA 52240	CMP		165.00

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

SUBTOTAL $ 462.84

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 5,812.24
2. Unitemized payments made this period of under $100 ..... $ 176.44
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.) ..... **TOTAL $** 5,988.68

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 07/1/2016 through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Mitracos for City Council

I.D. NUMBER: 1377636

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 Tracy 333 Civic Center Plaza Tracy, CA 95376	FIL			1,375.00
Paris Printing 392 W. Larch Rd., Suite 2 Tracy, CA 95304	FND			885.60
Five Star Printing 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT			3,088.80
Registrar of Voters 44 N. San Joaquin St. Stockton, CA 95202	CMP			100.00
Staples 2471 N. Naglee Rd. Tracy, CA 95304	OFC			110.94

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

SUBTOTAL $ 5,460.34

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 07/1/2016
through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
1377636

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Balloons Tomorrow 3590 Utah Ave. NE Iowa City, IA 52240	CMP	165.00	0.00	165.00	0.00
Costco 3250 W. Grant Line Rd. Tracy, CA 95377	FND	0.00	493.36	0.00	493.36
Amazon.com	LIT	0.00	284.03	0.00	284.03
	SUBTOTALS $	165.00	$ 777.39	$ 165.00	$ 777.39

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 1,261.35
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 165.00
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 1096.35
   May be a negative number

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 07/1/2016
through 09/24/2016

CALIFORNIA FORM 460

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
1377636

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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Home Depot 2461 Naglee Rd. Tracy, CA 95304	CMP	0.00	142.35	0.00	142.35
Five Star Print & Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT	0.00	148.50	0.00	148.50
	SUBTOTALS $	0.00	$ 290.85	$ 0.00	$ 290.85

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

RECEIVED
CITY CLERK'S OFFICE
2016 JUL 29 PM 4:42
CITY OF TRACY
TRACY, CA

CALIFORNIA FORM 460

Page 1 of 7

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable (Month, Day, Year)
from 1/1/2016	
through 6/30/2016	11/8/2016

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

- [x] 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
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1377636

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Mitracos for City Council 2016

STREET ADDRESS (NO P.O. BOX): 363 W. Eaton Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	(209) 835-1025

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: P O Box 261

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95378-0261	(209) 835-1025

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Eugene D. Birk

MAILING ADDRESS: 475 Peerless Way #7

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	(209) 835-8207

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 7/29/16 (Date) By [signature] Signature of Treasurer or Assistant Treasurer

Executed on 7/29/16 (Date) By [signature] Officer, Candidate, State ... Officer of Sponsor

Executed on _____ (Date) By [signature] Signature of Controlling Officer, 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

Mary Mitracos

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

Tracy City Council

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

363 W. Eaton Ave. Tracy, CA 95376

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

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period from 1/1/2016 through 6/30/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Mitracos for City Council

I.D. NUMBER: 1377636

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 750.00	$ 750.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 750.00	$ 750.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 750.00	$ 750.00

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

6. Payments Made	*Schedule E, Line 4*	$ 528.25	$ 528.25
7. Loans Made	*Schedule H, Line 3*		
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 528.25	$ 528.25
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	165.00	165.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*		
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 693.25	$ 693.25

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
/ /	$
/ /	$

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

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 2946.82
13. Cash Receipts	*Column A, Line 3 above*	750.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	
15. Cash Payments	*Column A, Line 8 above*	528.25
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 3168.57

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $

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).

Cash Equivalents and Outstanding Debts

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

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 1/1/2016
through 6/30/2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
1377636

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)
6/28/2016	John D. & Paula S. Stanek 20 Channel Vista Newport Coast, CA 92657	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal Integral Communities	250.00	250.00	
6/28/2016	Evan Knapp 3 San Joaquin Plaza, Suite 100 Newport Beach, CA 92660	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal Integral Communities	250.00	250.00	
6/28/2016	Craig A. Manchester 888 San Clemente Dr., Suite 100 Newport Beach, CA 92660	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Managing Partner Integral Communities	250.00	250.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	750.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 750.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 750.00

*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 E
Payments Made

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

Statement covers period
from 1/1/2016
through 6/30/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
1377636

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
Tracy African American Association P O Box 62 Tracy, CA 95378-0062	MTG		100.00
Dave Garcia Designs P O Box 447 Tracy, CA 95378-0447	LIT		200.00
Tracy Chamber of Commerce 223 E. 10th St. Tracy, CA 95376	MTG		100.00

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

SUBTOTAL $ 400.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 508.26
2. Unitemized payments made this period of under $100 ..... $ 19.99
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.) ..... **TOTAL $** 528.25

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 1/1/2016 through 6/30/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Mitracos for City Council

I.D. NUMBER: 1377636

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
Party Warehouse 505 W. Grant Line Rd. Tracy, CA 95376	CMP			108.26

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

SUBTOTAL $ 108.26

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 1/1/2016
through 6/30/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mitracos for City Council

I.D. NUMBER
1377636

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
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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
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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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Balloons Tomorrow 3590 Utah Ave. NE Iowa City, IA 52240	CMP	165.00	165.00	0.00	165.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS $	165.00	$ 165.00	$ 0.00	$ 165.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 165.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 0.00
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 165.00
   May be a negative number

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM 460

For Official Use Only

Date Stamp: RECEIVED JAN 29 2016 CITY CLERK TRACY CA

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)
from 07/01/2015 through 12/31/2015	11/08/2016

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

- [x] 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
- [x] 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: 1377636

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Mitracos for City Council 2016

STREET ADDRESS (NO P.O. BOX): 363 W. Eaton Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	(209) 835-1025

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: P O Box 261

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95378-0261	(209) 835-1025

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Eugene D. Birk

MAILING ADDRESS: 475 Peerless Way #7

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	(209) 835-8207

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 JAN. 29, 2016 (Date) — By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Treasurer)

Executed on 1/29/16 (Date) — By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

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

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mary Mitracos

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

Tracy City Council

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

363 W. Eaton Ave. Tracy, CA 95376

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2015 through 12/31/2015

CALIFORNIA FORM 460

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Mitracos for City Council 2016

I.D. NUMBER: 1377636

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 2300.00	$ 2300.00
2. Loans Received	*Schedule B, Line 3*	0	1000.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 2300.00	$ 3300.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	675.00	675.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 2975.00	$ 2975.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 303.18	$ 353.18
7. Loans Made	*Schedule H, Line 3*		
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 303.18	$ 353.18
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*		
10. Nonmonetary Adjustment	*Schedule C, Line 3*		
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 303.18	$ 353.18

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 950.00
13. Cash Receipts	*Column A, Line 3 above*	2,300.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	
15. Cash Payments	*Column A, Line 8 above*	303.18
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 2,946.82

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — *See instructions on reverse* — $

19. Outstanding Debts — *Add Line 2 + Line 9 in Column B above* — $

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).

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
/ /	$
/ /	$

*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.

Statement covers period
from 07/01/2015
through 12/31/2015

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mitracos for City Council 2016

I.D. NUMBER
1377636

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)
10/8/15	Richard & Catherine Messman 114 Leafield Rd. Danville, CA 94506	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CFO Hill Physicians Group	250.00	250.00	
10/15/15	Juana Dement 71 Club House Way Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Agent M & M Century 21 Realty	100.00	100.00	
10/27/15	Irwin Lauppe 222 Acacia Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500.00	650.00	
11/1/15	Tom Ross 1155 Redington Ct. Tracy, CA 95377	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Veterinarian Dr. T. Ross, Veterinary Service	100.00	100.00	
11/18/15	Bob Young 1620 Reyes Ln. Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1000.00	1000.00	
			SUBTOTAL $	1950.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 2150.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 150.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2300.00

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2015
through 12/31/2015

CALIFORNIA FORM 460

NAME OF FILER: Mitracos for City Council 2016

I.D. NUMBER: 1377636

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)
11/23/15	Dave Konesky 403 W. 11th St. Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Agent Berkshire Hathaway Home Services	100.00	100.00	
12/22/15	Ed & Anna Gable 417 Hollywood Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Representative Millwrights & Machinery Erectors Local 102	100.00	100.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	200.00		

*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 B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2015 through 12/31/2015

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Mitracos for City Council 2016

I.D. NUMBER: 1377636

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mary Mitracos 363 W. Eaton Ave. Tracy, CA 95376 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Carnegie Property Management	$ 1000.00	$ 0.	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 1000.00 12/31/16 DATE DUE	____% RATE $ ____	$ 1000.00 6/10/15 DATE INCURRED	CALENDAR YEAR $ 1000.00 PER ELECTION** $ 1000.00
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____% RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____% RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
		SUBTOTALS $ 0.00	$	$ 1000.00	$ (Enter (e) on Schedule E Line 3)			

Schedule B Summary

1. Loans received this period ..... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 0.00
   Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period
from 07/01/2015
through 12/31/2015

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Mitracos for City Council 2016

I.D. NUMBER: 1377636

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)
10/15/15	Ray & Ellen McCray 1485 Cerro Verde Way Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investment Consultant McCray Investment Management	Hosted neighborhood gathering	150.00	150.00	
10/15/15	Greg & Bonny McCreary 30085 S. Koster Rd. Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	Hosted neighborhood gathering	150.00	150.00	
10/15/15	Irwin Lauppe 222 Acacia Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	Hosted neighborhood gathering	150.00	650.00	
10/15/15	Willard F. Souza 1506 Madison Ave. Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	Hosted neighborhood gathering	150.00	150.00	

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 600.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 600.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 75.00
3. 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 $** 675.00

*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 E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2015
through 12/31/2015

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mitracos for City Council 2016

I.D. NUMBER
1377636

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
Zazzle.com	FND		223.48

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

SUBTOTAL $ 223.48

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 223.48
2. Unitemized payments made this period of under $100 ..... $ 79.70
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 303.18

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/2015 through 06/01/2015

Date of election if applicable: (Month, Day, Year) 11/01/2016

Date Stamp: RECEIVED CITY CLERK'S OFFICE 2015 JUL 27 PM 5:12 CITY OF TRACY TRACY, CA

CALIFORNIA FORM 460

Page 1 of 5

For Official Use Only

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

- [x] 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
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1377636

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Mitracos for City Council 2016

STREET ADDRESS (NO P.O. BOX): 363 W. Eaton Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	(209)835-1025

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: P O Box 261

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95378-0261	(209)835-1025

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Eugene D. Birk

MAILING ADDRESS: 475 Peerless Way #7

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	(209)835-8207

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 27, 2015 (Date) By _____ Signature of Treasurer or Assistant Treasurer

Executed on 7/27/15 (Date) By _____ 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

Mary Mitracos

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

Tracy City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
363 W. Eaton Ave.	Tracy, CA 95376		

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

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period
from 01/01/2015
through 06/01/2015

Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mitracos for City Council 2016

I.D. NUMBER
1377636

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$	$
2. Loans Received	*Schedule B, Line 3*	1000.00	1000.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 1000.00	$ 1000.00
4. Nonmonetary Contributions	*Schedule C, Line 3*		
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 1000.00	$ 1000.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 50.00	$ 50.00
7. Loans Made	*Schedule H, Line 3*		
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 50.00	$ 50.00
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*		
10. Nonmonetary Adjustment	*Schedule C, Line 3*		
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 50.00	$ 50.00

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.00
13. Cash Receipts	*Column A, Line 3 above*	
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	1000.00
15. Cash Payments	*Column A, Line 8 above*	50.00
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 950.00

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... *See instructions on reverse* $

19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column B above* $

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).

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
/ /	$
/ /	$

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

Schedule B – Part 1
Loans Received

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

Statement covers period from 01/01/2015 through 06/01/2015

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Mitracos for City Council 2016

I.D. NUMBER: 1377636

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mary Mitracos 363 W. Eaton Ave. Tracy, CA 95376 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Carnegie Property Management	$ 0.00	$ 1000.00	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 1000.00 12/31/16 DATE DUE	____ % RATE $ ____	$ 1000.00 6/10/15 DATE INCURRED	CALENDAR YEAR $ 1000.00 PER ELECTION** $ 1000.00
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ ____ DATE DUE	____ % RATE $ ____	$ ____ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ ____ DATE DUE	____ % RATE $ ____	$ ____ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
		SUBTOTALS $	$	$	$	(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 1000.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ ____
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 1000.00
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E
Payments Made

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

Statement covers period
from 01/01/2015
through 06/01/2015

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mitracos for City Council 2016

I.D. NUMBER
1377636

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

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

SUBTOTAL $

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $
2. Unitemized payments made this period of under $100 ..... $ 50.00
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.) ..... TOTAL $ 50.00