				COVER PAGE
Recipient Committee Campaign Statement Cover Page	Type or print in	SAN BUENA	Date Stamp /ENTURA	california 460 form
Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from JANUARY 1, 2010 through JUNE 30, 2010	Date of election if applicable: (Month, Day, Year), 10		For Official Use Only
1. Type of Recipient Committee: All Committees - C	omplete Parts 1 2 3 and 4	2. Type of Statement:		<u> </u>
✓ Officeholder, Candidate Controlled Committee	Primarily Formed Bailot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination ☐ Amendment (Expiain below)	☐ Spe	rterly Statement ciał Odd-Year Report plemental Preelection ement - Attach Form 495
	d. number 132062	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		
MIKE TRACY FOR CITY COUNCIL 2009		GLENN GOOSS MAILING ADDRESS		
		MAILING ADDITION		
STREET ADDRESS WE		VENTURA	STATE ZIP C	ODE AREA CODE/PHONE 03 805-642-4988
VENTURA CA 9300	-	NAME OF ASSISTANT TREASURER, IF A	ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	вох	MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP (	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS tracy.mlke@sbcglobal.net		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ  Executed on   JULY 23, 2010  Date  Executed on Date  Date	nia that the foregoing is true and correct.	Signature of Treasurer or Assistant Treasurer nitrolling Officeholder, Candidate, State Measure Proponent or the state of	·	<del></del>
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Meason	re Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measu	re Proponent	EDDC Form 460 (Januaryi06)

NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
MICHAEL J. TRACY								
OFFICE SOUGHT OR HELD (INCLUDE LOC	ATION AND DISTRICT NUMBER	IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTIO	ON	SUPPORT	
DEPUTY MAYOR, CITY OF VE	NTURA						OPPOSE	
RESIDENTIAUBUSINESS ADDRESS (NO. A	AND STREET) CITY	STATE ZIP		Identify the controlling of	ficaholdar cai	ndidata or stata massuu	e nrononent. If a	
VENTURA CA 93001				Identify the controlling officeholder, candidate, or state measure proponent, if a				
				NAME OF OFFICEHOLDER, CAI	NUIDATE, OR PR	OPCINEINT		
Related Committees Not Included in this statement that are contributions or make expenditures on	controlled by you or are prim	•		OFFICE SOUGHT OR HELD		DISTRICT N	D, IF ANY	
OMMITTEE NAME	I.D. NUMI	REP						
		D-L11						
		<b></b>						
NAME OF TREASURER	CONTROL	LLED COMMITTEE?	7.	Primarily Formed Can				
NAME OF TREASURER	CONTROI	LLED COMMITTEE?		officeholder(s) or candidate(	s) for which thi	s committee is primarily fo	rmed.	
		LLED COMMITTEE?			s) for which thi		D SUPPOR	
	☐ YE	LLED COMMITTEE?		officeholder(s) or candidate(	s) for which thi	s committee is primarily fo	SUPPOR OPPOSE	
COMMITTEE ADDRESS STREET AL	DDRESS (NO P.O. BOX)	LLED COMMITTEE? S NO		officeholder(s) or candidate(s)	s) for which thi	orfice sought or HEL	SUPPOR	
COMMITTEE ADDRESS STREET AD	DDRESS (NO P.O. BOX)	LLED COMMITTEE?  S		officeholder(s) or candidate(s)	s) for which thi CANDIDATE CANDIDATE	orfice sought or HEL	SUPPOR OPPOSE  SUPPOR OPPOSE OPPOSE	
COMMITTEE ADDRESS STREET AD	DDRESS (NO P.O. BOX)  STATE ZIP CODE	LLED COMMITTEE?  S		Officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	s) for which thi CANDIDATE CANDIDATE	OFFICE SOUGHT OR HEL	SUPPOR OPPOSE OPPOSE OPPOSE OPPOSE OPPOSE	
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COMMITTEE ADDRESS STREET ALL COMMITTEE NAME NAME OF TREASURER	DDRESS (NO P.O. BOX)  STATE ZIP CODE  I.D. NUMI  CONTROL  YES	LLED COMMITTEE?  S		Officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	s) for which thi CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORE OPPOSE  SUPPORE OPPOSE  SUPPORE OPPOSE	
COMMITTEE ADDRESS STREET ALL COMMITTEE NAME NAME OF TREASURER	DDRESS (NO P.O. BOX)  STATE ZIP CODE  I.D. NUMI  CONTROL	LLED COMMITTEE?  S		Officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	s) for which thi CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HEL	SUPPOR OPPOSE  SUPPOR OPPOSE  SUPPOR OPPOSE  SUPPOR OPPOSE  SUPPOR OPPOSE	

## Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from JANUARY 1, 2010

through JUNE 30, 2010

CALIFORNIA 460

FORM

FORM

LD. NUMBER

**SUMMARY PAGE** 

SEE INSTRUCTIONS ON REVERSE NAME OF FILER MIKE TRACY FOR CITY COUNCIL 2009 132062 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) CALENDAR YEAR TOTALTO DATE Running in Both the State Primary and **General Elections** 1. Monetary Contributions ....... Schedule A, Line 3 \$ 7/1 to Date 1/1 through 8/30 -5000 -5000 2. Loans Received ...... Schedule B, Line 3 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 0 Nonmonetary Contributions ...... Schedule C. Line 3 21. Expenditures -5000 -5000 Made TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 5000 5000 Candidates 6. Payments Made ...... Schedule E, Line 4 \$ 0 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 5000 5000 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Date of Election Total to Date (mm/dd/vv) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 5000 5000 **Current Cash Statement** 5114 12. Beginning Cash Balance ...... Previous Summary Page, Line 18 \$ To calculate Column B. add amounts in Column A to the corresponding amounts \*Amounts in this section may be different from amounts 3532 14. Miscellaneous Increases to Cash ...... Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 5000 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 3646 figures that should be 16. ENDING CASH BALANCE ......... Add Lines 12 + 13 + 14, then subtrect Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse \$ FPPC Form 460 (January/05) 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ \_ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

	Type or print in ink. Amounts may be rounded to whole dollars.				SCHEDULE B - PAR			
Schedule B – Part 1 Loans Received					Statement covers period from JANUARY 1, 2010		CALIFORNIA FORM	460
SEE INSTRUCTIONS ON REVERSE					through JUNE	30, 2010	Page 4	of <u>6</u>
NAME OF FILER							I.D. NUMBER	
MIKE TRACY FOR CITY COUNCIL 2009							132062	
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	(°) AMOUNT PAI OR FORGIVE THIS PERIOI	N CLOSE OF THIS	(*) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
MICHAEL J. TRACY	RETIRED			Z) PAID 5,000		_0%	5,000	CALENDAR YEAR
VENTURA, CA 93001				FORGIVEN		RATE	<b>V</b>	PER ELECTION*
TO SCC ☐ OTH ☐ PTY ☐ SCC		\$5,000	ş <u>0</u>	\$	DATE DUE	<u>,                                    </u>	8/1/09 DATE INCURRED	\$5,000
	* · · · · · · · · · · · · · · · · · · ·			□ PAID		.,,		CALENDAR YEAR
				FORGIVEN	• • • • • • • • • • • • • • • • • • • •	RATE	\$	PER ELECTION*
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				FORGIVEN	-   \$	RATE	\$ <del></del>	PER ELECTION*
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0 \$	5,000	) \$ 0			
		*****				(Enter (e) on		-

## **Schedule B Summary**

Schedule E. Line 3)

1.	Loans received this period	\$ _	0
	(Total Column (b) plus unitemized loans of less than \$100.)		•
2	Loans paid or forgiven this period	\$_	5,000
	(Total Column (c) plus loans under \$100 paid or forgiven.)	•	
	(Include toans paid by a third party that are also itemized on Schedule A.)		
3	Net change this period. (Subtract Line 2 from Line 1.)	\$_	-5,000
۷.	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,

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

## Schedule E Payments Made

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

Statement covers period from JANUARY 1, 2010 FORM 460

through JUNE 30, 2010 Page of LD, NUMBER

132062

SCHEDULEE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MIKE TRACY FOR CITY COUNCIL 2009

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 airlime and production costs campaign consultants MTG meetings and appearances RFD returned contributions campaign workers' salaries

CVC civic donations PET petition circulating TEL t.v. or cable airlime and production costs
FIL candidate filling/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

ND 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
MICHAEL J. TRACY VENTURA, CA 93001	REPAY CAMPA	MENT OF LOAN BY CANDIDATE TO AIGN	5,000
Payments that are contributions or independent expenditures mu	st also be summarized on Schedule D.	SUBTOTAL\$	5,000

Schedule I		Type or print in lnk.		SCHEDULE		
Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period from JANUARY 1, 2010	CALIFORNIA 460		
ee Mardi Jotio	AND ON DELIGIDOS		throughJUNE 30, 2010	Page 4 of 6		
IEE INSTRUCTIONS ON REVERSE IAME OF FILER		<del> </del>				
MIKE TRAC	CY FOR CITY COUNCIL 2009			132062		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
2/25/10	VOTER GUIDE SLATE CARDS LONG BEACH, CA 90808		JND OF PAYMENT FOR & MAILING NEVER BY VENDOR	400.		
3/3/10	CITY OF VENTURA VENTURA, CA 93001		BURSEMENT FOR TATEMENT CHARGE	282.		
4/17/10	VOTER GUIDE SLATE CARDS LONG BEACH, CA 90808		OF REFUND OF PAYMENT IN LIT & MAILING NEVER BY VENDOR	2850.		
	·					
·						
Attach add	ditional information on appropriately labeled continuation sheets.		SUBTOTAL	\$ 3532.		
Schedule	I Summary					
	increases to cash this period		\$3532	<del></del>		
2. Unitemize	ed increases to cash of under \$100 this period		\$	<u>0</u> 0		
	Il interest received this period on loans made to others. (Sci		\$	<del>U</del>		
4. Total mis	cellaneous increases to cash this period. (Add Lines 1, 2, a / Page, Line 14.)	and 3. Enter here and on the	TOTAL \$3532	<u>.</u>		

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)