# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print In Ink.

Date Stamp

SAN BUENA VENTURA CITY CLERK

'10 FEB -1 A11:33

**CALIFORNIA FORM 460**

Page _1_ of _10_

SEE INSTRUCTIONS ON REVERSE

| Statement covers period | Date of election If applicable: (Month, Day, Year) |
|---|---|
| from __October 29, 2009__ | |
| through __December 31, 2009__ | November 3, 2009 |

For Official Use Only

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

☑ Officeholder, Candidate Controlled Committee
　○ State Candidate Election Committee
　○ Recall
　*(Also Complete Part 5)*

☐ General Purpose Committee
　○ Sponsored
　○ Small Contributor Committee
　○ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee
　○ Controlled
　○ Sponsored
　*(Also Complete Part 6)*

☐ Primarily Formed Candidate/Officeholder Committee
　*(Also Complete Part 7)*

## 2. Type of Statement:

☐ Preelection Statement
☑ Semi-annual Statement
☐ Termination Statement
　(Also file a Form 410 Termination)
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER
132062

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

MIKE TRACY FOR CITY COUNCIL 2009

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| VENTURA | CA | 93003 | 805-815-9009 |

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

GLENN GOOSS

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| VENTURA | CA | 93003 | 805-642-4988 |

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 __JANUARY 25, 2010__  By _____
　　　　　　　Date　　　　　　　　Signature of Treasurer or Assistant Treasurer

Executed on __JANUARY 25, 2010__  By _____
　　　　　　　Date　　　　　　　　Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____  By _____
　　　　　　　Date　　　　　　　　Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____  By _____
　　　　　　　Date　　　　　　　　Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

MICHAEL J. TRACY

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

CITY COUNCIL MEMBER, CITY OF VENTURA

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

████████████          VENTURA, CA. 93001

**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.

| Statement covers period | CALIFORNIA FORM **460** |
|---|---|
| from October 29, 2009 | |
| through December 31, 2009 | Page __3__ of __10__ |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MIKE TRACY FOR CITY COUNCIL 2009

I.D. NUMBER

132062

## Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|---|
| 1. Monetary Contributions | Schedule A, Line 3 | $ 2110 | $ 23885 |
| 2. Loans Received | Schedule B, Line 3 | 0 | 5000 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $ 2110 | $ 28885 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 926 | 1226 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | $ 3036 | $ 30111 |

### 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 | $ 5647 | $ 23799 |
| 7. Loans Made | Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ 5647 | $ 23799 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0 | 0 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $ 5647 | $ 23799 |

### 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 |
|---|---|
| __/__/__ | $ |
| __/__/__ | $ |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $ 8623 |
| 13. Cash Receipts | Column A, Line 3 above | 2110 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 28 |
| 15. Cash Payments | Column A, Line 8 above | 5647 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 5114 |

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

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).

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

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

## Cash Equivalents and Outstanding Debts

| | | |
|---|---|---|
| 18. Cash Equivalents | See Instructions on reverse | $ 0 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | $ 0 |

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

# Schedule A
## Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from __October 29, 2009__
through __December 31, 2009__

CALIFORNIA FORM **460**

Page __4__ of __10__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MIKE TRACY FOR CITY COUNCIL 2009

I.D. NUMBER
132062

| 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) |
|---|---|---|---|---|---|---|
| 11/2/09 | John Lamb ▓▓▓▓▓▓ Camarillo, CA 93012 | ☑IND ☐COM ☐OTH ☐PTY ☐SCC | Real Estate, Farmer Rancho Santa Rosa Vista Inc. | $100.00 | $100.00 | $100.00 |
| 11/2/09 | Daniel Selleck ▓▓▓▓▓▓ Westlake, CA 91361 | ☑IND ☐COM ☐OTH ☐PTY ☐SCC | Self Employed Investor Daniel F. Selleck | $100.00 | $100.00 | $100.00 |
| 11/2/09 | Jeffrey Sukay ▓▓▓▓▓▓ Ventura, CA 93003 | ☑IND ☐COM ☐OTH ☐PTY ☐SCC | Auto Dealer Kirby Jeep | $175.00 | $175.00 | $175.00 |
| 11/2/09 | John Broome ▓▓▓▓▓▓ Oxnard, CA 93033 | ☑IND ☐COM ☐OTH ☐PTY ☐SCC | Partner Broome Mgmt, LLC | $100.00 | $100.00 | $100.00 |
| 11/3/09 | Michael Case ▓▓▓▓▓▓ Ventura, CA 93004 | ☑IND ☐COM ☐OTH ☐PTY ☐SCC | Attorney Michael Case Attorney at Law | $100.00 | $100.00 | $100.00 |

SUBTOTAL $ **$575.00**

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ............................................................... $ __1950.00__

2. Amount received this period – unitemized monetary contributions of less than $100 .......................... $ __$160.00__

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..................... TOTAL $ __2110.00__

*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

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

# 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 | CALIFORNIA FORM **460** |
|---|---|
| from **October 29, 2009** | |
| through **December 31, 2009** | Page _5_ of _10_ |

NAME OF FILER

MIKE TRACY FOR CITY COUNCIL 2009

I.D. NUMBER

132062

| 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) |
|---|---|---|---|---|---|---|
| 11/3/09 | Glenn Farr <br><br> Ventura, CA 93001 | ☑IND ☐COM ☐OTH ☐PTY ☐SCC | Insurance Broker Farr and Associates | $175.00 | $175.00 | $175.00 |
| 11/3/09 | Kenneth Thompson <br><br> Ventura, CA 93004` | ☑IND ☐COM ☐OTH ☐PTY ☐SCC | Retired | $100.00 | $100.00 | $100.00 |
| 11/3/09 | Carl Handy <br><br> Ventura, CA 93003 | ☑IND ☐COM ☐OTH ☐PTY ☐SCC | Retired | $100.00 | $100.00 | $100.00 |
| 11/3/09 | PORAC <br><br> Sacramento, CA 95834 | ☐IND ☑COM ☐OTH ☐PTY ☐SCC | PORAC PAC | $175.00 | $175.00 | $175.00 |
| 11/4/09 | Tom Connors <br><br> Tollhouse, CA 93667 | ☑IND ☐COM ☐OTH ☐PTY ☐SCC | Retired | $175.00 | $100.00 | $100.00 |
| | | | SUBTOTAL $ | $725.00 | | |

*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 | October 29, 2009 |
| through | December 31, 2009 |

CALIFORNIA FORM **460**

Page _6_ of _10_

| NAME OF FILER | I.D. NUMBER |
|---|---|
| MIKE TRACY FOR CITY COUNCIL 2009 | 132062 |

| 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) |
|---|---|---|---|---|---|---|
| 11/15/09 | Allan Pinkerton <br> Ventura, CA 93007 | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Farmer <br> Pinkerton Ranch | $100.00 | $100.00 | $100.00 |
| 11/15/09 | Gary Auer <br> Woodland Hills, CA 91302 | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Investigator <br> Insurance Industry | $100.00 | $100.00 | $100.00 |
| 11/18/09 | Joanne Bowie <br> Ventura, CA 93004 | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired | $100.00 | $100.00 | $100.00 |
| 11/18/09 | Amy Albano <br> Thousand Oaks, CA 91362 | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Attorney <br> City of Thousand Oaks | $175.00 | $175.00 | $175.00 |
| 11/18/09 | Sean Durkin <br> Ventura, CA 93006 | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired | $175.00 | $175.00 | $175.00 |

**SUBTOTAL $** $650.00

*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 | | CALIFORNIA FORM **460** |
|---|---|---|
| from | October 29, 2009 | |
| through | December 31, 2009 | Page _7_ of _10_ |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MIKE TRACY FOR CITY COUNCIL 2009

I.D. NUMBER
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 | (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 |
|---|---|---|---|---|---|---|---|---|
| MICHAEL J TRACY ~~          ~~ <br> VENTURA, CA. 93001 <br><br> †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | RETIRED | $ 5,000.00 | $ | ☐ PAID $ ___ ☐ FORGIVEN $ ___ | $ 5,000.00 <br> DATE DUE | 0 % RATE $ ___ | $ 5,000.0 <br> 8/1/09 <br> DATE INCURRED | CALENDAR YEAR $ 5,000.00 <br> PER ELECTION** $ 5,000.00 |
| <br> †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | $ ___ | $ ___ | ☐ PAID $ ___ ☐ FORGIVEN $ ___ | $ ___ <br> DATE DUE | ___ % RATE $ ___ | $ ___ <br> DATE INCURRED | CALENDAR YEAR $ ___ <br> PER ELECTION** $ ___ |
| <br> †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | $ ___ | $ ___ | ☐ PAID $ ___ ☐ FORGIVEN $ ___ | $ ___ <br> DATE DUE | ___ % RATE $ ___ | $ ___ <br> DATE INCURRED | CALENDAR YEAR $ ___ <br> PER ELECTION** $ ___ |

SUBTOTALS $   0 $   0 $   5,000.00 $   0

(Enter (e) on Schedule E, Line 3)

## Schedule B Summary

1. Loans received this period ............................................................................................ $   0
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ................................................................................ $   0
   (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
   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 (866/275-3772)

# Schedule C
## Nonmonetary Contributions Received

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

| Statement covers period | CALIFORNIA FORM 460 |
|---|---|
| from October 29, 2009 | |
| through December 31, 2009 | Page _8_ of _10_ |

SCHEDULE C

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

MIKE TRACY FOR CITY COUNCIL 2009

I.D. NUMBER

132062

| 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) |
|---|---|---|---|---|---|---|---|
| 11/3/09 | MIKE TRACY (CANDIDATE) <br><br> VENTURA, CA. | ☑IND ☐COM ☐OTH ☐PTY ☐SCC | RETIRED CANDIDATE FOR CITY COUNCIL | FOOD AND BEVERAGE FOR ELECTION NIGHT PARTY | 601.00 | 601.00 | 601.00 |
| 11/3/09 | DIDIER POIRIER <br><br> VENTURA, CA. 93001 | ☑IND ☐COM ☐OTH ☐PTY ☐SCC | OWNER 71 PALM RESTAURANT | FOOD FOR ELECTION NIGHT PARTY | 175.00 | 175.00 | 175.00 |
| 11/3/09 | NANCY POIRIER <br><br> VENTURA, CA. 93001 | ☑IND ☐COM ☐OTH ☐PTY ☐SCC | OWNER 71 PALM RESTAURANT | FOOD FOR ELECTION NIGHT PARTY | 150.00 | 150.00 | 150.00 |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | | |

*Attach additional information on appropriately labeled continuation sheets.*

SUBTOTAL $ 926.00

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) ................................................................. $ 926.00

2. Amount received this period – unitemized nonmonetary contributions of less than $100 ................................. $ 0

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 $ 926.00

*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

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

# Schedule E
# Payments Made

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

| Statement covers period | CALIFORNIA FORM **460** |
|---|---|
| from __October 29, 2009__ | |
| through __Dec 31, 2009__ | Page __9__ of __10__ |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MIKE TRACY FOR CITY COUNCIL 2009

I.D. NUMBER

132062

**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 |
|---|---|---|---|---|
| MAIL MANAGER ▓▓▓▓▓ VENTURA, CA 93003 | POS | | | $2817 |
| CLARKS PRINTING ▓▓▓▓▓ VENTURA, CA. 93003 | LIT | | | $2394 |
| TOXIC COYOTE PRESS ▓▓▓▓▓ VENTURA, CA 93003 | LIT | | | $400 |

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

SUBTOTAL $ 5611

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................................................... $ __5611__

2. Unitemized payments made this period of under $100 ................................................................................................................. $ __37__

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ........................................................ $ __0__

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ............................ TOTAL $ __5648__

# Schedule I
## Miscellaneous Increases to Cash

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

| Statement covers period | |
|---|---|
| from | October 29, 2009 |
| through | Dec 31, 2009 |

SEE INSTRUCTIONS ON REVERSE

| NAME OF FILER | I.D. NUMBER |
|---|---|
| MIKE TRACY OFR CITY COUNCIL 2009 | 132062 |

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*Attach additional information on appropriately labeled continuation sheets.*

**SUBTOTAL $**

## Schedule I Summary

1. Itemized increases to cash this period. ..................................................................................................... $ _____0_____

2. Unitemized increases to cash of under $100 this period. ........................................................................ $ ___27.56___

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ............................ $ _____0_____

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ............................................................................................ **TOTAL** $ ___27.56___