

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in Ink.

Date Stamp	CALIFORNIA FORM <b>460</b>
SAN BUENA VENTURA CITY CLERK OCT 30 3:16	
Page <u>1</u> of <u>9</u>	For Official Use Only

Statement covers period  
 from October 18, 2009  
 through October 28, 2009

Date of election if applicable:  
 (Month, Day, Year) NOV 03 2009

SEE INSTRUCTIONS ON REVERSE

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

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

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

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 CITYCOUNCIL 2009

STREET ADDRESS (NO. AND STREET OR P.O. BOX)  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>VENTURA</u>	<u>CA</u>	<u>93001</u>	<u>805-815-9009</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
tracy.mike@sbcglobal.net

**Treasurer(s)**

NAME OF TREASURER  
GLENN GOOSS

MAILING ADDRESS  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>VENTURA</u>	<u>CA</u>	<u>93003</u>	<u>805-642-4988</u>

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 OCTOBER 30, 2009  
Date

Executed on OCTOBER 30, 2009  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Glenn Gooss  
Signature of Treasurer or Assistant Treasurer

By Mike Tracy  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

CALIFORNIA  
FORM **460**

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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  
[REDACTED] 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>October 18, 2009</u>	<b>CALIFORNIA FORM 460</b>
through <u>October 28, 2009</u>	
Page <u>3</u> of <u>9</u>	I.D. NUMBER 132062

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MIKE TRACY FOR CITY COUNCIL 2009

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>5585.00</u>	\$ <u>21775.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>5000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>5585.00</u>	\$ <u>26775.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>300.00</u>	\$ <u>300.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>5885.00</u>	\$ <u>27075.00</u>

**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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>1895.00</u>	\$ <u>18152.00</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>1895.00</u>	\$ <u>18152.00</u>
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	\$ <u>1895.00</u>	\$ <u>18152.00</u>

**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	\$ <u>4933.00</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>5585.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ _____
15. Cash Payments ..... Column A, Line 8 above	\$ <u>1895.00</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>8623.00</u>

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**

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>5,000.00</u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>OCT. 18, 2009</u>	<b>CALIFORNIA FORM 460</b>
through <u>OCT. 28, 2009</u>	
Page <u>4</u> of <u>9</u>	I.D. NUMBER <b>132062</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**MIKE TRACY FOR CITY COUNCIL 2009**

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)
	PLEASE REFER TO THE ATTACHED SPREADSHEET	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>4325.00</b>		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$	<u>4325.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$	<u>1260.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$</b>	<u>5585.00</u>

\*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

MIKE TRACY FOR CITY COUNCIL 2009

Oct. 18, 2009 - Oct. 28, 2009

<u>DATE REC'D</u>	<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>	<u>CONTRI CODE</u>	<u>TITLE</u>	<u>COMPANY</u>	<u>AMT.</u>	<u>CUMUL.</u>
3	10/19/2009	Jean	[REDACTED]	Ventura	CA	93001	IND	Retired		\$100.00	\$100.00
3	10/19/2009	Sandy	[REDACTED]	Weslake Vlg.	CA	91361	IND	Gov Rel. Director	Alston & Bird LLP	\$175.00	\$175.00
3	10/19/2009	Eric	[REDACTED]	Ventura	CA	93001	IND	Physician	Eric Moll, MD	\$175.00	\$175.00
3	10/19/2009	John	[REDACTED]	Ventura	CA	93001	IND	Businessman	John Dryer	\$100.00	\$100.00
3	10/19/2009	James	[REDACTED]	Ventura	CA	93007	IND	Executlve	E. J. Harrison and Son's	\$175.00	\$175.00
3	10/19/2009	Vic	[REDACTED]	Burbank	CA	91503	IND	Developer	Georglno Development	\$175.00	\$175.00
3	10/19/2009	David	[REDACTED]	Ventura	CA	93001	IND	Police Officer	City of Ventura	\$100.00	\$100.00
3	10/19/2009	Michael	[REDACTED]	Ventura	CA	93001	IND	Insurance	Tolman and Wiker	\$150.00	\$150.00
3	10/19/2009	Heidi	[REDACTED]	Ojai	CA	93023	IND	Retired		\$175.00	\$175.00
3	10/19/2009	Monica	[REDACTED]	Ventura	CA	93006	IND	Sheriff's Cmdr	County of Ventura	\$125.00	\$125.00
3	10/19/2009	Georgann	[REDACTED]	Ventura	CA	93001	IND	Retired		\$50.00	\$150.00
3	10/19/2009	Patti	[REDACTED]	Ventura	CA	93001	IND	Retired		\$25.00	\$125.00
3	10/19/2009	Ric	[REDACTED]	Ventura	CA	93001	IND	Executive	VCS, Inc	\$75.00	\$125.00
3	10/19/2009	Kloren	[REDACTED]	Ventura	CA	93003	IND	Appraiser	Moss and Assoc.	\$25.00	\$125.00
3	10/19/2009	Jed	[REDACTED]	Oxnard	CA	93031	IND	Executive	Purtec	\$175.00	\$175.00
3	10/19/2009	Ralph	[REDACTED]	Ventura	CA	93007	IND	Executive	E. J. Harrison and Son's	\$150.00	\$150.00
3	10/20/2009	Harry	[REDACTED]	Ventura	CA	93003	IND	Retired		\$100.00	\$100.00
3	10/20/2009	Robert	[REDACTED]	Ventura	CA	93003	IND	Physician	Robert T. Mazurek	\$175.00	\$175.00
3	10/20/2009	Janice	[REDACTED]	Ventura	CA	93003	IND	Dentist	Janice G. Mazurek, DDS	\$175.00	\$175.00
3	10/20/2009	Nancy	[REDACTED]	Ventura	CA	93004	IND	Retired		\$100.00	\$100.00
3	10/20/2009	Leo	[REDACTED]	Oxnard	CA	93036	IND	Auto Dealer	Bunnin Auto Group	\$175.00	\$175.00
3	10/20/2009	John	[REDACTED]	Ventura	CA	93003	IND	Real Estate	Hofer Properties	\$175.00	\$175.00
3	10/20/2009	Edward	[REDACTED]	Camarillo	CA	93012	IND	President	Salem Communications	\$175.00	\$175.00
3	10/22/2009	Don	[REDACTED]	Ventura	CA	93001	IND	Realtor	Don L. Carlton	\$100.00	\$100.00
3	10/22/2009	CREPAC	[REDACTED]	Los Angeles	CA	90020	COM	Political Action Com	CREPAC/Vta Co. Coastal AOR	\$175.00	\$175.00
3	10/23/2009	Hecht	[REDACTED]	Ventura	CA	93001	IND	Engineer	Sespe Consulting, Inc	\$150.00	\$150.00
3	10/24/2009	Yolande	[REDACTED]	Los Angeles	CA	90020	IND	Administrator	L.A. County Office of Education	\$100.00	\$100.00
3	10/24/2009	Shlja	[REDACTED]	Ventura	CA	93003	IND	Small Bus. Owner	Unique Cleaners	\$100.00	\$100.00
3	10/24/2009	Aubrey	[REDACTED]	Santa Paula	CA	93060	IND	Veterinarian/Rancher	A.E. Sloan, DVM	\$175.00	\$175.00
3	10/27/2009	Ken	[REDACTED]	Ventura	CA	93004	IND	Retired		\$150.00	\$150.00
3	10/27/2009	James	[REDACTED]	Ojai	CA	93023	IND	Retired		\$175.00	\$175.00
3	10/27/2009	Thomas	[REDACTED]	Oxnard	CA	93033	IND	Farmer	Vujovich Ranches	\$175.00	\$175.00

TOTAL

\$ 4325.00

**Schedule B - Part 1  
Loans Received**

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

Statement covers period from <u>October 18, 2009</u> through <u>October 28, 2009</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>MIKE TRACY FOR CITY COUNCIL 2009</b>	I.D. NUMBER <b>132062</b>
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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 [REDACTED] VENTURA, CA. 93001	RETIRED	\$ 5,000.00	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 5,000.00 DATE DUE _____	0 % RATE	\$ 5,000.0 8/1/09 DATE INCURRED	CALENDAR YEAR \$ 5,000.00 PER ELECTION** \$ 5,000.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>		<b>0 \$</b>	<b>0 \$</b>	<b>0 \$</b>	<b>5,000.00 \$</b>	<b>0</b>		

**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)

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

†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

Statement covers period from <u>October 18, 2009</u> through <u>October 28, 2009</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER 132062	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

MIKE TRACY FOR CITY COUNCIL 2009

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)
10/19/09	MARK HARTLEY [REDACTED] VENTURA, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER, WATERMARK RESTAURANT	FOOD	150.00	150.00	150.00
	KATHY HARTLEY [REDACTED] VENTURA, CA. 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER, WATERMARK RESTAURANT	FOOD	150.00	150.00	150.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 300.00**

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) .....	\$ 300.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$ 300.00
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.) .....	<b>TOTAL \$ 300.00</b>

**\*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 <u>October 18, 2009</u> through <u>October 28, 2009</u>		CALIFORNIA FORM <b>460</b>
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NAME OF FILER <b>MIKE TRACY FOR CITY COUNCIL 2009</b>		I.D. NUMBER 132062

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.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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
TOXIC COYOTE PRESS [REDACTED] VENTURA, CA 93003	LIT		500.00
CLARK'S PRINTING [REDACTED] VENTURA, CA 93003	CMP		146.14
CLARK'S PRINTING [REDACTED] VENTURA, CA 93003	LIT		184.03

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

**SUBTOTAL \$ 830.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$	<u>1829.00</u>
2. Unitemized payments made this period of under \$100 .....	\$	<u>66.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	<u>          </u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b>	<u>1895.00</u>

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	October 18, 2009	
through	October 28, 2009	Page <u>9</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
MIKE TRACY FOR CITY COUNCIL 2009		132062

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 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 fundraisng 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 mailngs                               | 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
CLARKS PRINTING [REDACTED] VENTURA, CA 93003	LIT		254.00
VENTURA COUNTY REPORTER [REDACTED] VENTURA, CA 93001	PRT		502.00
POLITICAL DATA [REDACTED] BURBANK, CA 91507	LIT		243.00

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

**SUBTOTAL \$ 999.00**