

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from January 1, 2026
through June 30, 2026

Date of election if applicable:
(Month, Day, Year)
November 3, 2026

Date Stamp
RECEIVED
JUL 29 2026
City of Suisun City

CALIFORNIA
FORM
460

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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

3. Committee Information

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

I.D. NUMBER

Katrina Garcia Suisun City Council 2026

Treasurer(s)

NAME OF TREASURER

Carolyn Cotton

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 29 July 2026

By

Carolyn Cotton
Signature of Treasurer or Assistant Treasurer

Executed on 1-29-2026

By

Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____

By

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____

By

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Katrina Garcia Suisun City Council 2026

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

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

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 <u>January 1, 2026</u> through <u>June 30, 2026</u>		CALIFORNIA FORM 460
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NAME OF FILER
Katrina Garcia Suisun City Council 2026

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 4,845.27	\$ 4,845.27
2. Loans Received.....	Schedule B, Line 3 150.00	150.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 4,995.27	\$ 4,995.27
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 4,995.27	\$ 4,995.27

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 806.68	\$ 806.68
7. Loans Made.....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 806.68	\$ 806.68
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment.....	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 806.68	\$ 806.68

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 0	
13. Cash Receipts.....	Column A, Line 3 above 4,995.27	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0	
15. Cash Payments.....	Column A, Line 8 above 806.68	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 4,188.59	

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

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

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30	7/1 to Date
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.

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).

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from January 1, 2026
through June 30, 2026

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I.D. NUMBER
1487729

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Katrina Garcia Suisun City Council 2026

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)
4/26/26	Tracy Best [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Electrician Metro	\$25.00	25.00	
5/6/26	Isaiah Harris [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Student	\$40.00	\$40.00	
5/19/26	Ryan Alexander [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Laborer Anderson Pacific	\$20.00	\$20.00	
3/19/26	Nicole Nwoling	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$150.00	\$150.00	
4/3/26	Mary Smith [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed	\$500.00	\$500.00	
SUBTOTAL \$ 735.00						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 4,626.68
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 218.59
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 4,845.27

*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 January 1, 2026
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SCHEDULE A (CONT.)
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NAME OF FILER

Katrina Garcia Suisun City Council 2026

I.D. NUMBER

1487729

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)
5/22/26	Carolyn Cotton	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$200.00	\$200.00	
6/22/26	Tizah Halk	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Care Provider Solano County	\$25.00	\$25.00	
6/23/26	Ryan Alexander	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Laborer Anderson Pacific	\$40.00	\$60.00	
6/26/25	Chusar for Congress	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	C00912667	\$809.79	\$809.79	
6/16/26	John Takeuchi	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100.00	\$100.00	
SUBTOTAL \$ 1,174.79						

*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.

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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)
6/27/26	Deborah Gilliam	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$200	\$200	
6/27/26	Grace Swain	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100	\$100	
6/27/26	Sharon Brown for Congress	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		\$1821.89	\$1821.89	
6/27/26	Tracy Best	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Electrician Metro	\$20	\$45	
6/27/26	Wanda Wallis	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Remax	\$50	\$50	
SUBTOTAL \$ 2,191.89						

*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.

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NAME OF FILER
Katrina Garcia Suisun City Council 2026

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)
4/16/26	Paula Caddy [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed Wine Country Tours	\$25	\$25	
6/27/26	Mary Smith [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed	\$500	\$1000	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ 525.00						

*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.

SEE INSTRUCTIONS ON REVERSE

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Katrina Garcia Suisun City Council 2026

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FULL NAME, STREET ADDRESS AND ZIP CODE (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
Katrina Garcia [REDACTED]	Independent Contractor Self employed Mom Executives, LLC	\$ 0	\$ 150.00	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	\$ 150.00 11/30/2021 DATE DUE	0 % RATE	\$ 150.00 3/19/2026 DATE INCURRED	\$ 0 PER ELECTION** \$ 0 PER ELECTION**
☒ 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 \$ 150.00 \$ 0 \$ 150.00 \$ 0								

Schedule B Summary

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

- Loans received this period \$ 150.00
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 150.00
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.

(May Be a negative number)

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
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Katrina Garcia Suisun City Council 2026

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I.D. NUMBER
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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
Network Solutions Wilmington, DE	WEB		70.61
Ebay eBay Inc. 2-23 Hamilton Avenue, San Jose, CA 95125	CMP		82.17
Leadership Institute Event Registration 11-1 N. Highland Street Arlington, VA 222-1	OFC		50.00
SUBTOTAL \$ 202.78			

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 906.68
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 806.68**

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Katrina Garcia Suisun City Council 1016

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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/pollot 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
Michaels 1310 Gateway Blvd Fairfield, CA 94533	OFC			12.95
Staples 1250 Oliver Road Fairfield, CA 94534	CMP			39.00
Amazon.com 440 Terry Ave. N Seattle, Washington 98109	CMP			76.95
Athenien Grill 750 Kellogg Street Suisun City, CA 94588	FND			325.00
Vanessa Ellis DBA EnVizion Designs	CMP			150.00

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

SUBTOTAL \$ 603.90