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 (Also Complete Part 7)		Date Stamp RECETY CITY CLERK	CALIFORNIA 460 FORM SOF Page 1 of 6	
CONTRACTOR OF THE PROPERTY OF THE CONTRACTOR OF	(a)	Date of election if applicable: (Month, Day, Year)	2023 JUL 12	PH 2 00 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>6/30/2023</u>		SITY OF T	RACY
1. Type of Recipient Committee: All Committees - C	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter Amendment (Explain bel	mination)	Quarterly Statement Special Odd-Year Report
3. Committee Information		Treasurer(s)		
	0,000	NAME OF TREASURER Michael Muetzenberg MAILING ADDRESS	700 15 46	
STREET ADDRESS (NO P.O. BOX)		CITY		P CODE AREA CODE/PHONE
CITY STATE ZIPO	CODE AREA CODE/PHONE	Tracy NAME OF ASSISTANT TREASURE		5377
Tracy CA 953 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B		MAILING ADDRESS		
CITY STATE ZIPO	CODE AREA CODE/PHONE	CITY	STATE Z	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	ESSENCE DE SE ESTADO	OPTIONAL: FAX / E-MAIL ADDRES	SS	
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on 7/10/23 Executed on Date Executed on Date Executed on Date			ate Measure Proponent	schedules is true and complete. I
CLERVALL DISCUSLINE AND ALCOHOLD	gen market soul	of all the state of the state o	are measure r ropollerit	FPPC Form 460 (Jan/2016))

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

COVER PAGE

Campaign Disclosure Statement

Amounts may be rounded to whole dollars.

SUMMARY PAGE

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Summary Page		to whole dollars.			State	ement covers period /2023	california 460
SEE INSTRUCTIONS ON REVERSE			-		through	6/30/2023	Page 2 of _6
NAME OF FILER Michael Muetzenberg							I.D. NUMBER 1443424
Contributions Received	(Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Columi CALENDAR TOTAL TO D	YEAR		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ \$	2568.35 2568.35 2568.35	\$	2568.35 2568.35 2568.35			\$\$
Expenditures Made 6. Payments Made	\$	4198.90	\$	4198.90		Expenditure Limit S Candidates	Summary for State
8. SUBTOTAL CASH PAYMENTS	\$	4198.90	\$	4198.90			ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$	916.19 2568.35 714.36 4198.90 0	ac A an of an be sh	o calculate Coluid amounts in Coluid amounts from Coluid your last report nounts in Coluid negative figure ould be subtracevious period at is the first rep	olumn Inding Ilumn B Ilumn A may Is that Itted from Immounts. If	*Amounts in this section r reported in Column B.	may be different from amounts
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file on	ed for this calen ly carry over the	dar year, e amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ \$	0		om Lines 2, 7, a	nd 9 (if 	FPPC Advice: adv	FPPC Form 460 (Jan/2016)) rice@fppc.ca.gov (866/275-3772)

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

•	SCHEDULE D
Statement covers period	CALIFORNIA 460
from	FORM HOU
through <u>6/30/23</u>	Page of
	I.D. NUMBER

NAME OF FILER 1443424 Michael Muetzenberg CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS CALENDAR YEAR TO DATE TYPE OF PAYMENT MEASURE NUMBER OR LETTER AND JURISDICTION, DATE **PERIOD** (IF REQUIRED) (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE Monetary \$350 \$350 Rhodesia Ransom, State Senate, District 5 3/27/23 Contribution ■ Nonmonetary Contribution ☐ Independent ☐ Oppose Expenditure **☑** Support ☐ Monetary Contribution □ Nonmonetary Contribution Independent Oppose Expenditure ☐ Support ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent □ Oppose Expenditure ☐ Support SUBTOTAL \$ 350 **Schedule D Summary**

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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Schedule Monetary	A Contributions Received		nts may be rounded o whole dollars.	vers period	CALIFORNIA 460		
				from <u>1/1/23</u>		F	ORM TO
SEE INSTRUCTI	ONS ON REVERSE			through <u>6/30/23</u>		Page	3 of
NAME OF FILER Michael Muc						I.D. NI 144342	UMBER 24
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
1/04	William Muetzenberg, Tracy, CA 95377	Ø IND □ COM □ OTH □ PTY □ SCC	Program Manager, Public Health Advocates	\$2500	\$2500		· .
4/25	William Muetzenberg, Tracy, CA 95377	Ø IND □ COM □ OTH □ PTY □ SCC	Program Manager, Public Health Advocates	\$68.35	\$2568.35	- 1	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC			13		
		3.5	SUBTOTAL 9	\$2568.35	Silfers Co. Silfers Co.		
Amount re (Include al	A Summary ceived this period – itemized monetary contributions I Schedule A subtotals.) ceived this period – unitemized monetary contributions	***************************************		58.35	IND - COM	(other	al ent Committee than PTY or SCC) (e.g., business entity)

3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2016))
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SCC - Small Contributor Committee

Schedule Miscellane	l eous Increases to Cash	Amounts may be rou to whole dollars	unded 3.	Statement covers period from 1/1/23	california 46
				through <u>6/30/23</u>	Page <u>6</u> of <u>6</u>
SEE INSTRUCTION NAME OF FILER Michael Muetz	zenberg	*.			I.D. NUMBER 1443424
DATE RECEIVED	FULL NAME AND ADDRESS OF SOUR		DESC	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
2/14/23	City of Tracy, 333 Civic Center Dr, Tracy, CA 95376	• • • • • • • • • • • • • • • • • • •	Refund on deposit Qualification State	\$714.36	
			-		
		· .			
			10 to	Assume the second secon	
, ·					
Attach addi	itional information on appropriately labeled continuation s	heets.		SUBTOTAL	\$ 714.36
Schedule I 1. Itemized in	Summary ncreases to cash this period.			\$ <u>714.36</u>	
	d increases to cash of under \$100 this period				

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

FPPC Form 460 (Jan/2016))
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www.fppc.ca.gov

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Michael Muetzenberg	Amounts may l to whole d			Statement covers period from $\frac{1/1/23}{}$ through $\frac{6/30/23}{}$		MBER
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearance ses lating urvey researd very and mes	s	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, and staff/spouse travel, lodging, are transfer between committees voter registration WEB information technology costs	luction cost d meals and meals s of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Rhodesia Ransom for State Senate 2024		СТВ	Contribution in su	pport of candidate		\$350
Table Top Strategies,		CNS	Consultant fees			\$3491.90
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.		SUI	BTOTAL S	3841.90
Schedule E Summary				The second secon	-	
1. Itemized payments made this period. (Include all Schedule	E subtotals.)	• • • • • • • • • • • • • • • • • • • •			\$_3	841.90
2. Unitemized payments made this period of under \$100	••••••	• • • • • • • • • • • • • • • • • • • •			\$_3	65.35
3. Total interest paid this period on loans. (Enter amount from						

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Recipient Committee Campaign Statement Cover Page		rir	RECEIVED CLERK'S OFFI	CALIFORNIA 460 FORM Page 1 of 8
	Statement covers period from 10/23/2022	Date of election if applicable: (Month, Day, Year)	JAN 31 PM 4:4	For Official Use Only
EE INSTRUCTIONS ON REVERSE	through _12/31/2022		ITY OF TRACY	
. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	9 3 N. M. CH. 1887 140 (S.	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Term ☐ Amendment (Explain below	☐ Sp nination)	uarterly Statement pecial Odd-Year Report
Committee Information	NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	443424	NAME OF TREASURER		
		Michael Muetzenberg		
William Muetzenberg for City Council 2022		MAILING ADDRESS		
CTDEET ADDRESS (NO D.O. ROY)	-	CITY	157 (550)	CODE AREA CODE/PHONE
Tracy CA 9537	5000	NAME OF ASSISTANT TREASURER		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	3	
Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on 1/31/2023 Date	ng this statement and to the best of my kr California that the foregoing is true and co	nowledge the information contained he		
Date	organismo or control		le Officer of Spo	DISOF
Executed onDate	No.	nature of Controlling Officeholder, Candidate, State	Measure Proponent	
Executed on	BySig	nature of Controlling Officeholder, Candidate, State	e Measure Proponent	

FPPC Form 460 (Jan/2016))
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COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CO/	/ER PAGE - PART 2
CALIFO	RNIA 460
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Daga 2	of 8

Officeholder or Candidate Controlled Commi	ittee			6.	. Pr	imarily Formed Ballo	t Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NA	ME OF BALLOT MEASURE				
William Muetzenberg						,				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF	FAPPLICAB	LE)		BA	LLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
City Councilmember, City of Tracy					_					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	Tracy	STATE CA 9	ZIP 95377		lde	entify the controlling offic	eholder, candid	late, or state	measure prop	onent, if any.
	ITACY	C/1 /			NA	ME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily fo	t any comm ormed to re	ittees ceive		ŌF	FICE SOUGHT OR HELD			DISTRICT NO	IF ANY
COMMITTEE NAME	I.D. NUMBER									
	CONTROLLE	D COMMITT	EE?	7.	r. Pr	rimarily Formed Can	didate/Office	eholder Co	mmittee Li	st names of
NAME OF TREASURER	☐ YES	Пио								
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.					NA	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODE A	AREA CODE	/PHONE		NA	ME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	UGHT OR HELD	☐ SUPPORT ☐ OPPOSE
COMMITTEE NAME	I.D. NUMBER				NA	ME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOI	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLE	D COMMITT	EE?		N/A	ME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOI	UGHT OR HELE	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP C		AREA CODE	/PHONE		_	Att	ach continuatio	on sheets if n	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{10/23/2022}{\text{through}}$ $\frac{12/31/2022}{\text{chrough}}$ $\frac{12/31/2022}{\text{chrough}}$ $\frac{12/31/2022}{\text{chrough}}$ $\frac{8}{\text{chrough}}$

SEE INSTRUCTIONS ON REVERSE		through _		I D NUMBER		
NAME OF FILER William Muetzenberg for City Council 2022				I.D. NUMBER 1443424		
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$\frac{3,300}{0}\$ \$\frac{3,300}{0}\$ \$\frac{3,300}{3,300}\$	\$ \(\frac{42,702}{\} \) \$ \(\frac{42,702}{\} \) \$ \(\frac{42,702}{\} \)		srough 6/30 7/1 to Date \$		
Expenditures Made 6. Payments Made	\$ _15,501.03	\$ 41,785.81	Expenditure Limit S Candidates	Summary for State		
7. Loans Made	\$ 15,501.03	\$ 41,785.81		ve Expenditures Made* Voluntary Expenditure Limit) Total to Date		
10. Nonmonetary Adjustment	\$ 15,501.03	\$ 41,785.81		\$		
Current Cash Statement 12. Beginning Cash Balance	\$\frac{13,117.22}{3,300}\frac{0}{15,501.03}\frac{916.19}	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	*Amounts in this section reported in Column B.	\$nay be different from amounts		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	filed for this calendar year, only carry over the amounts				
Cash Equivalents and Outstanding Debts 18. Cash Equivalents		from Lines 2, 7, and 9 (if any).	FPPC Advice: adv	FPPC Form 460 (Jan/2016) rice@fppc.ca.gov (866/275-3772 www.fppc.ca.gov		

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

	Contributions Received ons on reverse	to	whole dollars.	Statement cov from 10/23/2022 through 12/31/20	*Contribute IND - Indiv COM - Rec OTH - Oth PTY - Poli SCC - Sm	CALIF FO Page	
NAME OF FILER William Mue	etzenberg for City Council 2022					1.5. No	
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	CALENDAR	YEAR	PER ELECTION TO DATE (IF REQUIRED)
	See Attached Sheet	□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL	\$	2 m		
1. Amount re (Include a	A Summary eceived this period – itemized monetary contribution Il Schedule A subtotals.)		\$	000.00	INE CO OT PT	M – Individu M – Recip (other H – Other Y – Politica	ial ient Committee than PTY or SCC) (e.g., business entity)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, 0			300.00	FPPC Advice: ad		C Form 460 (Jan/2016)) .ca.gov (866/275-3772) www.fppc.ca.gov

			Sche	edule A							
Date Received Contributor First	Contributor Last	Address	City	State	Zip		Contributor Code	Employer	Occupation	Amount	Sum of Amoun
10/31/2022 Tony	Wong		West Sacrament	o CA	95	691	Ind	Field Representative	California State Sena	\$100.00	\$100.00
10/30/2022 Lisa	Roth	D	rive Tracy	CA	95	376	Ind	unemployed	unemployed	\$100.00	\$200.00
y	Doucette		Sacramento	CA	95	811	Ind	Aide	Ca Leg	\$100.00	\$200.00
11/2/2022 Grayson			Monrovia	CA	91	016	Ind	Legislative Affairs	LAHSA	\$100.00	\$250.00
11/3/2022 Sashary	Zaroyan		Tracy	CA		377		Software Consultant	MIPRO Consulting	\$100.00	\$401.00
10/30/2022 Robin	Cole			CA		377		unemployed	unemployed	\$500.00	\$526.00
10/29/2022 Henry	Cole	100	Tracy		30	311	HIG.	unemployed			
Angelo K. Tsakopoulo 10/27/2022 and Affiliated Entities		30	0 Sacramento	CA	95826		Oth			\$750.00	\$750.00
10/27/2022 Louis	Visamara		Sacramento	CA	95	819	Ind	Retired	Retired	\$750.00	\$750.00
10/26/2022 Louis	Muetzenberg		Tracy	CA	95	377	Ind	Program Manager	Public Health Advoca	\$500.00	\$1,100.00

Schedule E Payments Made	Amounts may be to whole do			Statement covers per from 10/23/2022	eriod CALIFO	PRNIA 460
SEE INSTRUCTIONS ON REVERSE				through 12/31/2022	Page	or
NAME OF FILER William Muetzenberg for City Council 2022					144342	24
CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deliv PRO professional si PRT print ads	munications I appearances es ating urvey researcl very and mes	n senger services	RAD radio airtime and pr RFD returned contribution SAL campaign workers' TEL t.v. or cable airtime TRC candidate travel, low TRS staff/spouse travel, TSF transfer between covoter registration WEB information technology	ondiction costs salaries and production costs dging, and meals lodging, and meals ommittees of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
See Attached Page						
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.			SUBTOTAL	5
Schedule E Summary					_ 1	15,219.58

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

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

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

SCHEDULE E

Schedule E									
Pavee	Address	City	State	Zip	Amount	Code			
Facebook	1 Hacker Way	Menlo Park	CA	94025	\$327.91	WEB			
Pacific Printing	1445 Monterey Rd	San Jose	CA	95110	\$6,030.91	LIT			
Pacific Printing	1445 Monterey Rd	San Jose	CA	95110	\$1,354.06	LIT			
Pacific Printing	1445 Monterey Rd	San Jose	CA	95110	\$2,968.08	LIT			
Pacific Printing	1445 Monterey Rd	San Jose	CA	95110	\$1,354.06	LIT			
Tabletop Strategies	PO Box 1895	Stockton	CA	95202	\$3,184.56	CNS			

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 10/23/2022
·		through 12/31/2022

CALIFORNIA 460
Page 8 of 8
I.D. NUMBER
1443424

Tabletop Strategies

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

William Muetzenberg for City Council 2022 NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances

CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs

PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research

FND fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services TSF

independent expenditure supporting/opposing others (explain)* VOT voter registration professional services (legal, accounting)

LEG legal defense WEB information technology costs (internet, e-mail) print ads campaign literature and mailings

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

CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
РНО		\$1,885.84

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ \$1,885,84

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

					COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIN CITY CLERK	/FO F	IFORNIA 460 ORM
	Statement covers period from 7/1/2022	Date of election if applicable: (Month, Day, Year)	1		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>9/24/2022</u>	11/8/2022	CITY OF J	RACY	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statemen Termination Statement (Also file a Form 410 To Amendment (Explain b) Updated donations and	ermination) elow)	☐ Quarterly Stat	rement rear Report
Committee Information	0. NUMBER 443424	Treasurer(s) NAME OF TREASURER Michael Muetzenberg MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX) CITY CA 0535	ACCENT TO THE PROPERTY OF THE	Tracy NAME OF ASSISTANT TREASUR	STATE CA RER, IF ANY	ZIP CODE 95377	AREA CODE/PHONE
Tracy CA 9537' MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAILADDRE		ZIP CODE	AREA CODEFFICINE
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Executed on Date Executed on Date 1/3 /2 3 Date Date				ched schedules is	true and complete. I
Executed on	Dy	another of Controlling Officeholder Candidate	State Messure Proponent		

Date

Date

Executed on _

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

CO/	/ER PAGE - PART 2
CALIFO	RNIA 460
FOR	M TOO
_	e.
Page 2	of <u>8</u> l

Officeholder or Candidate Controlled Committee					Primarily Formed Bal	lot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
William Muetzenberg									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF	APPLICAB	LE)		BALLOT NO. OR LETTER	JURISDICTION	ON		SUPPORT
City Councilmember, City of Tracy									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	Tracy	STATE CA	ZIP 95377		Identify the controlling offi	ceholder, candi	date, or state	measure prop	onent, if any.
	Tracy				NAME OF OFFICEHOLDER, O	CANDIDATE, OR F	PROPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	r are primarily for	any comm rmed to re	ittees ceive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
NAME OF TREASURER	I.D. NUMBER	СОММІТТ	EE?	7.	Primarily Formed Ca	ndidate/Offic	eholder Co	ommittee Lis	st names of d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES BOX)	□ NO			NAME OF OFFICEHOLDER C			JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	CODE AF	REA CODE	/PHONE		NAME OF OFFICEHOLDER C	R CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICEHOLDER C	OR CANDIDATE	OFFICE SOL	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED YES	COMMIT	EE?		NAME OF OFFICEHOLDER C	OR CANDIDATE	OFFICE SOL	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP C		REA CODE	PHONE		A	ttach continuati	ion sheets if n	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 460

Statement covers period

from $\frac{7/1/2022}{}$

SEE INSTRUCTIONS ON REVERSE		through.	9/24/2022	Page of
NAME OF FILER				I.D. NUMBER
William Muetzenberg for City Council 2022				1443424
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$\frac{11,140.99}{0}\$ \$\frac{11,140.99}{0}\$ \$\frac{11,140.99}{0}\$	\$ \(\frac{20,051}{20,051} \) \$ \(\frac{20,051}{20,051} \)		\$\$
Expenditures Made 6. Payments Made	\$ 11,797.57	\$ <u>14,004.79</u>	Expenditure Limit S	Summary for State
7. Loans Made	\$ 11,797.57	\$ 14,004.79 \$ 14,004.79		ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	6 702 70	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	*Amounts in this section reported in Column B.	\$nay be different from amounts
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts	\$	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if		
18. Cash Equivalents		any).		FPPC Form 460 (Jan/2016) rice@fppc.ca.gov (866/275-3772

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

Monetary	Contributions Received	to	whole dollars.	Statement cov from 7/1/2022		CALIFORNIA 460 FORM		
SEE INSTRUCTIO	ONS ON REVERSE			through <u>9/24/202</u>				
NAME OF FILER William Mue	etzenberg for City Council 2022					1.0. NO	IMBER 24	
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 T CALENDAR \ (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	See Attached Sheet	□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC	÷					
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL	\$				
Amount re (Include al	A Summary ceived this period – itemized monetary contribution Schedule A subtotals.)		\$	262.00 878.99	IND COI OTI PT	other) d – Other Y – Politic	ual ient Committee than PTY or SCC) (e.g., business entity)	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C			,140.99	FPPC Advice: adv		PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772) www.fppc.ca.gov	

					Schedu	ule A					
ate Received	Contributor First	Contributor Last	Address	City	State	Zip	Contributor Code	Employer	Occupation	Amount	Sum of Amou
7/7/2022		Yuen		San Francisco	CA	94121	Ind	Analyst	PG&E	\$100.00	\$100
7/11/2022	Jose	Chavez		Norwalk	CA	90650	Ind	unemployed	unemployed	\$100.00	\$200.
7/4 4/0000	Mallion	Muetzenberg		Tracy	CA	95377	' Ind	Program Manager	Public Health Advocates	\$250.00	\$600
7/14/2022 7/22/2022		Eversole		Tracy	CA	95376	gallation or the control	unemployed	unemployed	\$50.00	\$1,200
7/29/2022		Quintanilla		North Highlands	CA	95660	Ind	Beauty advisor	Rose Inc	\$10.00	\$190
7/30/2022		Devine		Tracy	CA	95376	5 Ind	Marketing	Devine Solutions Group	\$250.00	\$250
7/30/2022	***************************************	Lee		Rancho Mirage	CA	92270) Ind	Partner	Lighthouse Public Affairs	\$100.00	\$100
7/30/2022		Roth		Tracy	CA	95376	Ind	unemployed	unemployed	\$100.00	\$10
7/31/2022		Mitracos		Tracy	CA	95378-0261	Ind	Real Estate Broker	Self	\$50.00	\$15
8/2/2022		Hudson		Tracy	CA	95377	Ind	Sales	Fresh Coat painters	\$250.00	\$250
8/3/2022		Bellafatto		Sacramento	CA	95835	Ind	Storefront Coordinator	Delta Print Group	\$150.00	\$15
8/8/2022		Martin		Sacramento	CA	95818	Ind	Policy	EQCA	\$100.00	\$10
8/8/2022	Veronica	Vargas		Tracy	CA	95377	/ Ind	Owner	Agora Land Development	\$100.00	
8/13/2022	Harmandeep	Ratia		Tracy	CA	95376	Ind	unemployed	unemployed	\$100.00	\$10
8/13/2022		Cose		Tracy	CA	95378	3 Ind	Don Cose & Associates	Owner	\$500.00	\$50
	Planned Parenthood Mar Monte Committee	Committee # C00527226	400 Capiol Mall, Ste 1545	Sacramento	CA	95814	1 Com			\$500.00	
8/15/2022	Shawn	Kumagai		Dublin	CA	94568	3 Ind	Councilmember	City of Dublin	\$100.00	\$10
8/17/2022	Sharon	Gardner-Losch		Tracy	CA	95376	3 Ind	Operations Manager	EJ Gallo	\$100.00	\$10
8/18/2022	Kevin	Quintanilla		North Highlands	CA	95660) Ind	beauty advisor	Caudalie	\$25.00	\$19
8/19/2022		Smith-Salinas		Tracy	CA	95377	7 Ind	Product Manager	Workday, Inc	\$100.00	\$10
8/22/2022	v-2	Eversole		Tracy	CA	95376	3 Ind	unemployed	unemployed	\$50.00	\$1,20
8/22/2022		Rohr		Menlo Park	CA	9402		Attomey	Palo Alto Networks	\$200.00	\$30
8/24/2022	, marie 1	Yasemsky		Tracy	CA	95304	1 Ind	unemployed	unemployed	\$150.00	\$15
8/24/2022		Quintanilla		North Highlands	CA	95660	Ind	ВА	Caudalie	\$5.00	
8/26/2022		Barrios		Tracy	CA	95304	4 Ind	District Manager	TCCA	\$100.00	\$10
8/27/2022	No. 200	Muetzenberg		Tracy	CA	9537	7 Ind	Program Manager	Public Health Advocates	\$250.00	\$60

					Schedule	e A				Market and Advanced	
8/27/2022	Mawata	Kamara		Tracy	CA	95377	Ind	RN	Almenda Health system	\$100.00	\$100.00
8/27/2022		Purewal		Sacramento	CA	95835	Ind	unemployed	unemployed	\$120.00	\$120.00
8/28/2022		Howell		Tracy	CA	95376	Ind	Retired	Retired	\$150.00	\$150.00
8/28/2022	Anne	Baird		Stockton	CA	95207	Ind	Retired	Retired	\$250.00	\$250.00
8/28/2022	Mitra	Behnam		Tracy	CA	95376	Ind	Self-Employed	Self-Employed	\$100.00	\$350.00
8/31/2022		Adamson		Tracy	CA	95376	Ind	Realtor	Re/Max Grupe Gold	\$100.00	\$200.00
	Rhodesia	Ransom		Tracy	CA	95377	Ind	Director	U.S. House of Representatives	\$250.00	\$350.00
9/6/2022		Middleton		Palm Springs	CA	92264	Ind	Мауог	Palm Springs	\$250.00	\$250.00
9/8/2022	Harry S Truman Club of San	Committee # 1269373	PO Box 693246	Stockton	CA	95269	Com			\$1,000.00	\$1,000.00
9/8/2022	David	Muetzenberg		Tracy	CA	95377	Ind	Dell	Software Engineer	\$1,000.00	\$1,300.00
9/9/2022	/	Matz		Tracy	CA	95377	Ind	Marketing	Fortinet Inc.	\$150.00	\$150.00
9/10/2022	Jeffrey	Recinos		North Highlands	CA	95660	Ind	Carpenter	Tjœ	\$26.00	\$101.00
9/10/2022	Robert	Hoock		Tracy	CA	95376	Ind	Owner	Self employed	\$100.00	\$100.00
9/10/2022	Mike	Mahedy		Tracy	CA	95304	Ind	Sr. Director	Workday	\$500.00	\$500.00
9/13/2022	Noil	Pople	* ****	Roseville	CA	95678	Ind	Campaign Manager	Paula Villescaz for State Senate 2022	\$100.00	\$100.00
9/13/2022	ja	Barrett		Tracy	CA	95377	Ind	CEO	Jali Enterprises	\$100.00	\$100.00
9/13/2022	·	Molle		Tracy	CA	95376	Ind	unemployed	unemployed	\$100.00	\$100.00
9/21/2022	er of conservations	Caudillo		Sacramento	CA	95811	Ind	unemployed	unemployed	\$250.00	\$350.00
9/21/2022		Cole		Tracy	CA	95377	Ind	Software Consultant	MIPRO Consulting	\$26.00	\$276.00
9/21/2022		Sasso		Tracy	CA	95376	Ind	Research Development Specialist	San Jose State University	\$250.00	\$300.00
9/21/2022		Eversole		Tracy	CA	95376		unemployed	unemployed	\$50.00	\$1,200.00
9/22/2022		Muetzenberg		Tracy	CA	95377	· · · · · · · · · · · · · · · · ·	Analyst	Visa	\$500.00	\$750.00

				SCHEDULE E				
Schedule E	Amounts may b	Γ	Statement covers period	CALIF	california 460 FORM			
Payments Made	to whole de	onars.						
				through 9/24/2022	Page _7	of_8		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			<u> </u>		I.D. NUM	BER		
William Muetzenberg for City Council 2022					144342	24		
CODES: If one of the following codes accurated compaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain to the compaign literature and mailings)	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s	nmunications d appearances ses lating survey research ivery and messenge	r services	rise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro candidate travel, lodging, a staff/spouse travel, lodging, TSF transfer between committee voter registration information technology cost	n costs duction costs nd meals , and meals es of the sam	e candidate/sponsor		
NAME AND ADDRESS OF PAYI (IF COMMITTEE, ALSO ENTER I.D. NUM		CODE OR	DESC	RIPTION OF PAYMENT		AMOUNT PAID		
See Attached Page								
	d also be a summarized an Caba	dula D		S	UBTOTAL S			
* Payments that are contributions or independent expenditures	must also be summarized on Sche	edule D.		3	OBIOIAL			
Schedule E Summary					1	1,420.78		
1. Itemized payments made this period. (Include a	ill Schedule E subtotals.)				\$	376.79		
2. Unitemized payments made this period of unde	r \$100				\$`			

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

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule E									
Payee	Address	City	State	Zip	Amount	Code			
At Park	2499 Neptune Ct	Tracy	CA	95304	\$450.00	FND			
City of Tracy	333 Civic Center Plaza	Tracy	CA	95376	\$1,500.00	FIL			
Creative Vision Printing	2232 Stewart St	Stockton	CA	95205	\$587.24	LIT			
Creative Vision Printing	2232 Stewart St	Stockton	CA	95205	\$317.86	LIT			
Donorbox	601 King Street, Suite 200	Alexandria	VA	22314	\$349.24	OFC			
H&S Signs	418 Neal St	Grass Valley	CA	95945	\$1,157.87	LIT			
Pacific Printing	1445 Monterey Rd	San Jose	CA	95110	\$1,184.67	LIT			
Pacific Printing	1445 Monterey Rd	San Jose	CA	95110	\$1,093.75	LIT			
PDI	PO Box 59570	Norwalk	CA	90652	\$1,700.00	WEB			
Southside Community Organization	126 W 1st St	Tracy	CA	95376	\$500.00	cvc			
Tabletop Strategies	PO Box 1825	Stockton	CA	95202	\$1,500.00	CNS			
Tabletop Strategies	PO Box 1825	Stockton	CA	95202	\$306.00	CNS			
Tabletop Strategies	PO Box 1825	Stockton	CA	95202	\$384.15	CNS			
Tracy Chamber Foundation	10th St	Tracy	CA	95376	\$150.00	CVC			
UPS	793 S Tracy Blvd	Tracy	CA	95376	\$240.00	OFC			

-

Recipient Committee		F	Date Stamp	CALIFO	PRNIA 460
Campaign Statement			RECEIVE	505	46U
Cover Page			Commence of the second	7 5-1	7
	Statement covers period from 1/1/2022	Date of election if applicable: (Month, Day, Year)	023 JAN 31 PM	Page	of 7
SEE INSTRUCTIONS ON REVERSE	through <u>6/30/2022</u>	11/8/2022	CITY OF TRA	ACY A	
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
O State Candidate Election Committee O Recall (Also Complete Part 5)	rimarily Formed Ballot Measure committee Controlled Sponsored so Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ten Amendment (Explain bel	ow)	Quarterly Stateme Special Odd-Year	ent Report
Sponsored P Small Contributor Committee	rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	Updated donations and e	xpenses		
3 Committee Information	. NUMBER 143424	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	11/141	NAME OF TREASURER			
William Muetzenberg for City Council 2022		Michael Muetzenberg			
		MAILING ADDRESS		V 18-00-14100-14100	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Tracy	CA	95377	
STATE ZIP COL	50 50 50 50 50 50 50 50 50 50 50 50 50 5	NAME OF ASSISTANT TREASURE	R, IF ANY	\ <u>-</u>	
Tracy CA 95377 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			-
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S		
I. Verification					
I have used all reasonable diligence in preparing and reviewin	g this statement and to the best of my ki	nowledge the information contained h	erein and in the attach	ed schedules is true	e and complete. I
certify under penalty of perjury under the laws of the State of C	California that the foregoing is true and c	correct. Aa			
Executed on Date	8				
Executed on Date	В		cero	f Sponsor	
Executed on	Bysic	gnature of Controlling Officeholder, Candidate, Sta			
Executed on	Ву	gradules of controlling critical black, callulate, or	are measure i reportorit		
Data	Cie	mature of Controlling Officeholder Candidate Sta	to Maggi iro Proponent		

COVER PAGE

COVER PAGE - PART 2								
CALIFORNIA FORM	460							
Page 2	of 7							

j.	. Officeholder or Candidate Controlled Committee				6.	.	Primarily Formed Ballot	Measure C	ommittee		
	NAME OF OFFICEHOLDER OR CANDIDATE					i	NAME OF BALLOT MEASURE				
	William Muetzenberg										
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER I	F APPLICA	ABLE)			BALLOT NO. OR LETTER	JURISDICTIO	N	1.	SUPPORT
	City Councilmember, City of Tracy										OPPOSE
	PESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) C	Tracy	STATE CA	ZIP 95377		Identify the controlling officeholder, candidate, or state measure proponent, if any.					ponent, if any.
	Made de servicion						NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	ROPONENT		
	Related Committees Not Included in this Sta not included in this statement that are controlled by you of contributions or make expenditures on behalf of your cand	r are primarily f	st any com formed to	mittees receive			OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
	NAME OF TREASURER	I.D. NUMBER	D COMMI		7.		Primarily Formed Cand officeholder(s)	idate/Office for which this o	holder Co	mmittee !	ist names of ed.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)	□ №				NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	IGHT OR HEL	SUPPORT OPPOSE
	CITY STATE ZIP C			DE/PHONE	•		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	IGHT OR HEL	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER	t				NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	IGHT OR HEL	D □ SUPPORT □ OPPOSE
	NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLE YES	D COMMI				NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	IGHT OR HEL	SUPPORT OPPOSE
			AREA COI	DE/PHONE			Atta	ch continuatio	n sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ _

18. Cash Equivalents See instructions on reverse

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

Cash Equivalents and Outstanding Debts

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA

Statement covers period

Summary Fage		from 1/1/2022	FORM 40U	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER William Muetzenberg for City Council 2022			through 6/30/2022	Page 3 of 7
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 8,910.01 \$ 8,910.01	**Example 1.00	Running in Both General Election	ummary for Candidates the State Primary and s /1 through 6/30 7/1 to Date
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$ 8,910.01	\$ 8,910.01	Made \$ -	\$
Expenditures Made 6. Payments Made Schedule E, Line 4	\$ 2,207.22	\$ 2,207.22	Expenditure Lim Candidates	it Summary for State
7. Loans Made	\$ 2,207.22	\$ 2,207.22		lative Expenditures Made* ct to Voluntary Expenditure Limit) Total to Date
10. Nonmonetary Adjustment	\$ 2,207.22	\$ 2,207.22	(mm/dd/yy)	\$
Current Cash Statement 12. Beginning Cash Balance	\$\frac{0}{8,910.01} \frac{2,207.22}{6,702.79}	To calculate Column add amounts in Column and to the correspond amounts from Column of your last report. Amounts in Column be negative figures should be subtracted previous period amounts in Column be subtracted by the column be s	tumn ting mn B Some n A may that ed from *Amounts in this section reported in Column B.	son may be different from amounts

this is the first report being filed for this calendar year,

only carry over the amounts from Lines 2, 7, and 9 (if

any).

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCH	-	 _	•

Statement covers period

Monetary Contributions Received		to	whole dollars.	Statement covers period from 1/1/2022		california 460 form	
SEE INSTRUCTION	ONS ON REVERSE			through <u>6/30/20</u>	22	Page .	4 of
NAME OF FILER William Mue	etzenberg for City Council 2022			I.D. NUI 144342	Ĭ		
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 1 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
	See Attached Sheet	☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□ COM □ OTH □ PTY □ SCC					
		□IND □COM □OTH □PTY □SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL	\$			
Amount re (Include a	A Summary eceived this period – itemized monetary contribution III Schedule A subtotals.)		\$	450.00 460.01	INE CO OT PT	other) H – Other (Y – Politica	al ent Committee than PTY or SCC) (e.g., business entity)
O T-1-1	netary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C			910.01		FPP	C Form 460 (Jan/2016)) .ca.gov (866/275-3772) www.fppc.ca.gov

Date Received Contributor Fi	rst Contributor Last Address	City	State	Zip Contributor Code	Employer	Occupation	Amount (Cumulative
1/13/2022 William	Muetzenberg	Tracy	CA	95377 Ind	Program Manager	Public Health Advocates	\$100.00	\$100.0
1/13/2022 Kevin	Quintanilla	North Highlands	CA	95660 Ind	VENDOR	DDG	\$10.00	\$150.0
1/22/2022 Alyce	Eversole	Tracy	CA	95376 Ind	unemployed	unemployed	\$500.00	\$1,050.0
1/22/2022 Alyce	Eversole	Tracy	CA	95376 Ind	unemployed	unemployed	\$50.00	\$1,050.0
1/22/2022 Sashary	Zaroyan	Monrovia	CA	91016 Ind	Legislative Liaison	LAHSA	\$150.00	\$150.0
1/31/2022 Jose	Chavez	Norvalk	CA	90650 Ind	unemployed	unemployed	\$100.00	\$100.0
2/14/2022 Christopher	Lee	Sacramento	CA	95816 Ind	Leg. Rep.	CA State Assoc. of Counties	\$100.00	\$125.0
	Rohr	Sunnyvale	CA	94085 Ind	Attorney	Palo Alto Networks	\$100.00	\$100.0
2/19/2022 Meredith	Eversole	Tracy	CA	95376 Ind	unemployed	unemployed	\$50.00	\$1,050.0
2/22/2022 Alyce		Tracy	CA	95377 Ind	Director	U.S. House of Representatives	\$100.00	\$100.0
3/8/2022 Rhodesia	Ransom	**************************************	CA	95377 Ind	Software Consultant	MIPRO Consulting	\$250.00	\$250.0
3/12/2022 Robin	Cole	Tracy	CA	93377 1110	Soltware Consultant	City of South San	1	
3/13/2022 James	Coleman	South San Francisco	CA	94080 Ind	Councilmember	Francisco	\$100.00	\$100.0
3/19/2022 Carolyn	Berg	Tracy	CA	95376 Ind	architect	GRA+D architects	\$100.00	\$100.0
3/19/2022 Carolyll 3/19/2022 Susan	Mccabe	Marina Del Rey	CA	90292 Ind	Consultant	McCabe & Company	\$200.00	\$200.0
3/22/2022 Alyce	Eversole	Tracy	CA	95376 Ind	unemployed	unemployed	\$50.00	\$1,050.0
	Pluma	La Habra	CA	90631 Ind	unemployed	unemployed	\$100.00	\$100.0
4/2/2022 Alexandria	Quintanilla	North Highlands		95660 Ind	Beauty Advisor	DDG	\$30.00	\$150.0
4/7/2022 Kevin	Herber	Sacramento	CA	95818 Ind	unemployed	unemployed	\$500.00	\$500.0
4/7/2022 Rosanna		Tracy	CA	95377 Ind	Analyst	Visa	\$250.00	\$250.0
4/15/2022 Michael	Muetzenberg	Tracy	CA	95376 Ind	Self-Employed	Self-Employed	\$250.00	\$250.0
4/22/22 Mitra	Behnam		CA	95376 Ind	unemployed	unemployed	\$50.00	\$1,050.0
4/22/2022 Alyce	Eversole	Tracy		95377 Ind	Dell	Software Engineer	\$300.00	\$300.0
4/23/2022 David	Muetzenberg	Tracy	CA	95376 Ind	Realtor	RE/MAX Grupe Gold	\$100.00	\$100.0
4/23/2022 Janice	Adamson	Tracy	CA		Aide	CA Leg	\$100.00	\$100.0
4/23/2022 Grayson	Doucette	Sacramento	CA	95811 Ind		Rose Inc	\$35.00	\$150.0
4/23/2022 Kevin	Quintanilla	North Highlands		95660 Ind	Beauty advisor	Self	\$250.00	\$250.0
4/23/2022 Richard	Zbur	Los Angeles	CA	90038 Ind	Attorney	CFEE	\$250.00	\$250.0
4/24/2022 Jay	Hansen	Sacramento	CA	95814 Ind	President unemployed	unemployed	\$500.00	\$500.0
4/26/2022 Hardip	Singh	Tracy	CA	95376 Ind		Retired	\$50.00	\$100.0
5/22/2022 Jane	Jackson	Tracy	CA	95304 Ind	Retired		\$50.00	\$1,050.0
5/22/2022 Alyce	Eversole	Tracy	CA	95376 Ind	unemployed	unemployed	\$100.00	\$1,050.0
5/25/2022 Ethan	Caudillo	Sacramento	CA	95811 Ind	unemployed	unemployed	\$125.00	\$125.0
5/27/2022 Cheryl	Hays	Tracy	CA	95377 Ind	unemployed	unemployed		\$250.0
5/28/2022 Dharia	McGrew	Sacramento	CA	95833 Ind	Policy director	PhRMA	\$250.00	\$100.0
5/28/2022 Carrie	Holmes	Sacramento	CA	95835 Ind	unemployed	unemployed	\$100.00	
5/31/2022 Louis	Mirante	Sacramento	CA	95811 Ind	Legislative Director	California YIMBY	\$100,00	\$100.0
		West	CA	95691 Ind	Director	Lighthouse Public Affairs	\$100.00	\$100.0
5/31/2022 Martin	Radosevich	Sacramento	CA	95814 Ind	Meteorologist	RMS, Inc	\$250.00	\$250.0
6/1/2022 Matthew	Nielsen	Sacramento	CA	95816 Ind	Legislative Representative	CA State Assoc. of Counties	\$25.00	\$125.0
6/2/2022 Christopher	Lee	Sacramento		95660 Ind	Beauty Advisor	Tula	\$50.00	\$150.0
6/2/2022 Kevin	Quintanilla	North Highlands		95608 ind	unemployed	unemployed	\$100.00	\$100.0
6/13/2022 Dennis	Mangers	Carmichael	CA		RN	Sutter Tracy Hospital	\$1,000.00	\$1,000.0
6/14/2022 Dorothy	Nygard	Tracy	CA	95376 Ind		a faran anna ann an aithe an aireitheachan ann ann air	\$50.00	\$1,050.0
6/22/2022 Alyce	Eversole	Tracy	CA	95376 Ind	unemployed	unemployed		\$1,030.0
6/25/2022 Jane	Jackson	Tracy	CA	95304 Ind	Retired	Retired	\$50.00	\$1,050.0
6/25/2022 Alyce	Eversole	Tracy	CA	95376 Ind	unemployed	unemployed	\$250.00	
6/25/2022 Kevin	Quintanilla	North Highlands	CA	95660 Ind	Beauty Advisor	Rose Inc	\$25.00	\$150.0
6/28/2022 Mary	Mitracos	Tracy	CA	95378-0261 Ind	Real Estate Broker	Self	\$100.00	\$100.0

Schedule E Payments Made	Amounts may be to whole d				Statement covers period from $\frac{1/1/2022}{}$	CALI	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER William Muetzenberg for City Council 2022						Page . 1.D. NU	MBER	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	munications d appearanc ses lating urvey resear	es ech essenger services	F F S T T	se, describe the paymer RAD radio airtime and product returned contributions campaign workers' salari t.v. or cable airtime and p candidate travel, lodging rRS staff/spouse travel, lodging rrsf between commit voter registration WEB information technology c	tion costs ies production cos , and meals ing, and meals ttees of the sai	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCR	IPTION OF PAYMENT		AMOUNT PAID	
See Attached Page								
		-						
* Payments that are contributions or independent expenditures must also	be summarized on Scho	edule D.				SUBTOTAL	\$	
Schedule E Summary						-	1 609 50	
1. Itemized payments made this period. (Include all Schedu						\$ _	1,698.59	
2. Unitemized payments made this period of under \$100	\$ _	508.63						
3. Total interest paid this period on loans. (Enter amount fro	\$ _							

SCHEDULE E

Schedule E									
Payee	Address	City	State	Zip	Amount	Code	Description		
Alice B. Toklas LGBTQ Democratic Club	2261 Market Street #1800	San Francisco	CA	94114	\$100.00		Event Sponsorship		
City of Tracy	333 Civic Center Plaza	Tracy	CA	95376	\$136.00		Event Expenses		
Donorbox	601 King Street, Suite 200	Alexandria	VA	22314	\$367.19	OFC	and the second		
La Villa Mexican Restaurant	57 E 11th St	Tracy	CA	95376	\$100.43		Event Expenses		
Microtel Inn & Suites	861 W Clover Rd	Tracy	CA	95376	\$112.20		Lodging		
The UPS Store	1852 W 11th St	Tracy	CA	95376	\$240.00	OFC			
Tracy Chamber Foundation	223 10th St	Tracy	CA	95376	\$125.00		Event Sponsorship		
Walmart	3010 W Grant Line Rd	Tracy	CA	95304	\$193.77		Event Supplies		
Wix	500 Terry A Francois Boulevard Sixth Floor	San Francisco	CA	94158	\$324.00	WEB			

Recipient Committee Campaign Statement

Campaign Statement Cover Page		200	Date Stamp	CALIFORNIA 460
	Statement covers period from 9/25/2022		M. 27202 CITY CLERK CITY CACY	Page 1 of 7 For Official Use Only
EE INSTRUCTIONS ON REVERSE	through 10/22/2022	11/8/2022	0168	
. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	01 11	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	☐ Specia	rly Statement il Odd-Year Report
Committee information	NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	443424	NAME OF TREASURER		
William Muetzenberg for City Council 2022		Michael Muetzenberg		
William Midelzenberg for Oity Council 2022		MAILINGADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP COD	224
CITY STATE ZIP CO	DE AREA CODE/PHONE	Tracy NAME OF ASSISTANT TREASURER, IF ANY	CA 95377	
		NAME OF AGGIGNANT TREAGGREN, II AND	1	
Tracy CA 9537 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILINGADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRESS		
. Verification				
I have used all reasonable diligence in preparing and reviewin	ng this statement and to the best of my k	knowledge the information contained herein ar	nd in the attached sche	dules is true and complete. I
certify under penalty of perjury under the laws of the State of				
Executed on 10/27/12	Ву	Signature of Transpurer or Assistant Transpurer		_
Executed on 10/4-7 / 2 2 Date	BySignature or Control	olling Officeholder, Candidate, State Measure Proponent or R	tesponsible Officer of Sponsor	_
Executed on	Ву	ignature of Controlling Officeholder, Candidate, State Measur	re Proponent	
Executed on	Bys	ignature of Controlling Officeholder, Candidate, State Measur	re Proponent	
				FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca. 56/275-3772)

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

			NAME OF BALLOT MEASURE			
TE			NAME OF BALLOT MEASURE			
CATION AND DISTRICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	N	SUPPORT
7						OPPOSE
	STATE ZIP CA 95377		Identify the controlling office	holder, candida	ate, or state measure	proponent, if any.
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	ROPONENT	
ontrolled by you or are primarily for	any committees rmed to receive		OFFICE SOUGHT OR HELD		DISTRICT	T NO. IF ANY
I.D. NUMBER			And the second s			
		7.	Primarily Formed Cand	idate/Office	holder Committee	e List names of
			officeholder(s) or candidate(s)	for which this c	committee is primarily f	ormea.
	∐ NO		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR H	IELD
IDDRESS (NO P.O. BOX)						
						SUPPORT OPPOSE
	REA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	☐ OPPOSE
STATE ZIP CODE AI	REA CODE/PHONE		NAME OF OFFICEHOLDER OR O		OFFICE SOUGHT OR H	HELD SUPPORT
y 5	Tracy Ided in this Statement: List controlled by you or are primarily for behalf of your candidacy. I.D. NUMBER	Tracy CA 95377 Controlled by you or are primarily formed to receive behalf of your candidacy. Controlled Committees Controlled Committees Controlled Committees Controlled Committees	Tracy CA 95377 Ided in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy. I.D. NUMBER 7.	D. AND STREET) CITY STATE ZIP Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN Identify the controlling office NAME OF OFFICEHOLDER, CAN Indeed in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy. I.D. NUMBER Tracy CA 95377 Identify the controlling office NAME OF OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD Tracy CA 95377 Identify the controlling office NAME OF OFFICE NAME OF O	DO AND STREET) CITY STATE ZIP Tracy CA 95377 Identify the controlling officeholder, candidate of the controlled by you or are primarily formed to receive behalf of your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? YES NO	D. AND STREET) CITY STATE ZIP Tracy CA 95377 Identify the controlling officeholder, candidate, or state measure NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT OFFICE SOUGHT OR HELD DISTRICT OFFICE SOUGHT OR HELD T.D. NUMBER OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE HOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 9/25/2022 CALIFORNIA 460 FORM Page 3 of 7

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE				unic	ougn		I.D. NUMBER
NAME OF FILER							1443424
William Muetzenberg for City Council 2022							
Contributions Received	(F	COLUMN A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE		Calendar Year Sum Running in Both th General Elections	mary for Candidates e State Primary and
 Monetary Contributions	\$ \$	19,351 0 19,351 0 19,351	\$ \$	39,288 39,288 39,288		1/1 ti 20. Contributions Received \$ 21. Expenditures	9
Expenditures Made 6. Payments Made	\$	12,836.25	\$	27,502.02		Expenditure Limit (Candidates	
SUBTOTAL CASH PAYMENTS	\$	12,836.25	\$	27,502.02			ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
10. Nonmonetary Adjustment	\$	12,836.25	\$	27,502.02			\$
Current Cash Statement 12. Beginning Cash Balance		5271.23 19,351 0 12,836.25 11,785.98	ac A ar of ar be sh pr	o calculate Column B, and amounts in Column to the corresponding mounts from Column B your last report. Some negative figures that nould be subtracted from the intervious period amount is is the first report be	n B me nay t t rom ots. If eing	*Amounts in this section reported in Column B.	\$may be different from amounts
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	\$		or fro	ed for this calendar ye nly carry over the amo om Lines 2, 7, and 9 (ny).	ounts		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$					FPPC Advice: ad	FPPC Form 460 (Jan/201 vice@fppc.ca.gr:: 1866/275-377 w.fppc.ca.g

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

	SCHEDULE A				
Statement covers period	CALIFORNIA A CO				
from 9/25/2022	CALIFORNIA 460				
through <u>10/22/2022</u>	Page 4 of 7				

SEE	INS	TRUC	CHOIS	S ON	REV	ERSI	Ε
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NAME OF FILER

William Mustzenberg for City Council 2022

I.D. NUMBER 1443424

William Muc	etzenberg for City Council 2022					
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)
	See Attached Sheet	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		COM OTH PTY SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL	\$		
	A 0				*Contributor (odec .

Schedule A Summary

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

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 \$ \$\frac{\$19,351.00}{}\$

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC For 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.

66/275-3772)

Nata Bassis and	Contributor First	Contributor Last	Address	Schedule City	State	Zip	Contributor Code	Employer	Occupation	Amount	Sum of Amount
			Address	lewport Beach	CA	92660		Principal	Integral Communi	\$400.00	\$1,200.00
9/26/2022		Stanek		lewport Beach	CA	92660		Managing Partner	Integral Communi	\$400.00	\$1,200.00
9/26/2022	·	Stanek		lewport Beach	CA	92660		Principal	Integral Communi	\$400.00	\$1,200.00
9/27/2022		Stanek		racy	CA	95377		unemployed	unemployed	\$50.00	
9/27/2022	<u> </u>	Moore	and the second		CA	95376		unemployed	unemployed	\$101.00	
	Harmandeep	Ratia		racy	CA	95304		unemployed	unemployed	\$50.00	
9/29/2022		Yasemsky		racy	CA	95304		Behavior Technician	Therapeutic pathy	\$50.00	
9/29/2022		Fontaine		racy	CA	-:		and production and the second of the second of the	Therapeutic pathy		
9/29/2022		Fontaine		racy	CA	95376	ina	Denavior recinician	merapedue paul	Ψ20.00	
10/1/2022	Susan Eggman for Lieutenant Governor 2026	Committee # 1445465	7909 Walerga Rd, Suite 112, #11	Antelope	CA	95843	Com		in the second se	\$500.00	\$500.00
	San Joaquin Countty Democratic Central	0	5445 Madison Ave	Sacramento	CA	95841	Com			\$1,000.00	\$1,000.00
	Committee	Committee # 742165	5445 Madisoli Ave	Sacramento	CA	95814		Partner	Lighthouse Public	\$100.00	\$100.00
10/1/2022		Hansen		Tracy	CA	95377		Site Program Manag	÷	\$26.00	
10/1/2022	· · · · · · · · · · · · · · · · · · ·	Salamanca		··	CA	95377		Product Manager	Workday	\$250.00	p
10/1/2022		Smith-Salinas		Tracy Stockton	CA	95206		Social worker	At Joseph	\$250.00	,
10/1/2022	ý	Warmsley		<u> </u>	CA	95377	***************************************	N/a	N/a	\$26.00	
10/1/2022	j=,	Salamanca		Tracy	CA	95376		Analyst	State of California	\$100.00	<u> </u>
10/1/2022	Ana	Blanco		Tracy	CA	95376		Deputy District Attorr			
10/1/2022		Arriola		Tracy		· j		Deputy District Attorr	j.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ç
10/1/2022	· · · · · · · · · · · · · · · · · · ·	Arriola		Tracy	CA	95376		Master Tech	Audi	\$26.00	
10/1/2022	Ana	Blanco		Tracy	CA	95376		Behavior Technician			
10/1/2022	Steven	Fontaine		Tracy	CA	95376		Software Consultant	,		j,-,i
10/1/2022	Robin	Cole		Tracy	CA	95377				\$10.00	
10/1/2022	Jeffrey	Recinos		North Highlands	CA	95660	Ind	Carpenter	TJCC	\$10,00	\$111.00
10/7/2022	Stonewall Democratic Club of Greater Sacramento	Committee # 1247892	1787 Tribute Rd Ste K	Sacramento	CA	95815	Com			\$500.00	\$1,000.00
10/9/2022		Howell	1	Tracy	CA	95376	Ind	unemployed	unemployed	\$500.00	\$150.00
		Howell		Tracy	CA	95376	Ind	unemployed	unemployed	-\$500.00	\$150.00
10/9/2022	Democratic Club of Greater Tracy	FPPC #12299762	340 Hunter Trail	Tracy	CA	95376	Com			\$500.00	\$500.00
10/12/2022	4	Hawkins		Tracy	CA	95376	Ind	Retired	Retired	\$1,000.00	\$1,000.00
	Operating Engineers Local Union No. 3	Committee # 8991397	1620 South Loop Rd	Alameda	CA	94502	Com			\$1,000.00	
10/12/2022	! Henry	Juarez		Tracy	CA	95376	Ind	Retired	Retired	\$1,000.00	<u> </u>
10/12/2022	- j	Juarez		Tracy	CA	95376	Ind	Retired	Retired	\$1,000.00	y
10/12/2022	ajon para anti-rational anti-rational and a second	Juarez		Tracy	CA	95376	Ind	Retired	Retired	\$1,000.00	
10/13/2022		Singh		Tracy	CA	95376	Ind	Self-employed	Tiger Cargo Inc.	\$4,500.00	\$4,500.00
10/17/2022	Equality California	Committee # 125401	515 S. Figuero St Ste 1110	Los Angeles	ÇA	90071	Com			\$500.00	
10/18/2022	Sandra	Hernandez		Tracy	CA	95376	Ind	Retired	Retired	\$2,500.00	
10/20/2022		Bazinet		Tracy	ÇA	95377	ind	unemployed	unemployed	\$100.00	\$100.00
	Stonewall Democratic Club of Greater		4707 Tribute Dd Che V	Sacramento	CA	95815	Com			\$500.00	\$1,000.00
	2 Sacramento	Committee # 1247892	1787 Tribute Rd Ste K					unamployed	unemployed	\$50.00	
10/22/2022	2 Alyce	Eversole		Tracy	CA	95376	.ind	unemployed	unemployed	φ50,00	\$1,200

Schedule	E
Payments	Made

Amounts may be rounded

	COLIEDULE
Statement covers period	california 460
from 9/25/2022	FORM HOU
	6 7
through <u>10/22/2022</u>	Page of
	I.D. NUMBER

SCHEDULE

Payments Made	to whole dollars.	from 9/25/2022	FORM 460
SEE INSTRUCTIONS ON REVERSE		through <u>10/22/2022</u>	Page of
NAME OF FILER			I.D. NUMBER
William Muetzenberg for City Council 2022			1443424
	least the second way may enter the code. Oth	paving describe the payment	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
See Attached Page				

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100......\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.g (866/275-3772)

w.fppc.ca.gov

Schedule E							
Payee	Address	City	State	Zip	Amount	Code	
Facebook	1 Hacker Way	Menlo Park	CA	94025	\$175.00	WEB	
Morgan Territory	1885 N MacArthu	Tracy	CA	95376	\$225.00	FND	
Donorbox	601 King Street,	Alexandria	VA	22314	\$418.83	OFC	
Taqueria La Mexicana	1284 W 11th St	Tracy	CA	95376	\$431.92	FND	
At Park	2499 Neptune Cl	Tracy	CA	95304	\$450.00	FND	
Facebook	1 Hacker Way	Menlo Park	CA	94025	\$600.00	WEB	
Alliance Graphics	1101 Eighth St, S	Berkeley	CA	94710	\$610.29	CMP	
Morgan Territory	1885 N MacArthi	Tracy	CA	95376	\$686.17	FND	
PDI	PO Box 59570	Norwalk	CA	90652	\$1,700.00	WEB	
Autumn Press	945 Camella St	Berkeley	CA	95376	\$2,855.04	POS	
Autumn Press	945 Camella St	Berkeley	CA	95376	\$4,544.40	POS	

Recipie committee Campaign Statement Cover Page			PECEIVE	CALIFO	RM 400
	Statement covers period from 7/1/2022	Date of election if applicable: (Month, Day, Year)	SEP 29 20 CITY CLI	22 Page 1	Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 9/24/2022	11/8/2022	POS DE T	THE	
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored ko Complete Part 6) rimarily Formed Candidate/ ffficeholder Committee ko Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter Amendment (Explain bel		Quarterly Statem Special Odd-Yea	nent r Report
2 CAMMINITAN INTARMOSTIAN	. NUMBER 143424	Treasurer(s)			Marie de la companya
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
William Muetzenberg for City Council 2022		Michael Muetzenberg			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Tracy	CA	95377	
CITY STATE ZIP COL	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY		
Tracy CA 95377	7				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	-	MAILING ADDRESS			
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS		
Verification I have used all reasonable diligence in preparing and reviewing.	g this statement and to the best of my k	knowledge the information contained h	nerein and in the attach	ned schedules is tru	ue and complete. I
certify under penalty of perjury under the laws of the State of 0	California that the ferroring is true and	correct , a			
Executed on 9/29/2022		istant Ti	reasurer		
Executed on 9/29/2022 Date	Signature or cylint	4.075-000-075-04	onent or Responsible Officer	of Sponsor •	
Executed on	Ву	ignature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent		
Executed on	ByS	ignature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	·	

FPPC Form 460 (Jan/2016))
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www.fppc.ca.gov

OVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVE	R PAGE - PART 2
CALIFOR	NIA 460
FORM	00
Page 2	of <u>7</u>

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
William Muetzenberg							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	ISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
City Councilmember, City of Tracy							PPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP Tracy CA 95377		Identify the controlling office			ıre propon	ent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this a not included in this statement that are controlled by yo contributions or make expenditures on behalf of your o	u or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTR	RICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER	•					
	,						
	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	didate/Office	eholder Commit	t tee List i	names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	officeholder(s) or candidate(s)) for which this	committee is primari	ny tormea.	names of
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO F	☐ YES ☐ NO	. 7.	Primarily Formed Cano officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR) for which this	eholder Commit committee is primari	ny tormea.	SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO F	☐ YES ☐ NO		officeholder(s) or candidate(s)	CANDIDATE	committee is primari	OR HELD	SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO F	YES NO		officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE	OFFICE SOUGHT O	DR HELD	SUPPOR SUPPOR OPPOSE SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO F	YES NO P.O. BOX) PIP CODE AREA CODE/PHON		NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT O	OR HELD OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO F	P.O. BOX) P.O. BOX) I.D. NUMBER CONTROLLED COMMITTEE? YES		NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT O	OR HELD OR HELD	SUPPO SUPPO SUPPO SUPPO OPPOS SUPPO SUPPO

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE			I.D. NUMBER
NAME OF FILER			1443424
William Muetzenberg for City Council 2022			
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	0	\$ 19,937 \$ 19,937 \$ 19,937	20. Contributions Received \$\$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ _11,873.31	\$ 14,665.77	Expenditure Limit Summary for State Candidates
7. Loans Made	\$ 11,873.31	\$ 14,665.77	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)			Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment	\$ 11,873.31	\$ 14,665.77	\$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 6017.55 11,126.99 0 11,873.31 \$ 5271.23	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse	\$		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	-	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

Schedule Monetary	Contributions Received		ntsy be rounded whole dollars.	Statement covers period from 7/1/2022		CALI:	FORNIA 460
PEE INSTRUCTI	IONS ON REVERSE		,	through 9/24/202	22	Page.	4 of
NAME OF FILER						I.D. NUI 144342	
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 CALENDAR Y (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
	See Attached Sheet	□IND □COM □OTH □PTY □SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		□IND □COM □OTH □PTY □SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC				dealers Durgy 133	
			SUBTOTAL	\$			
Amount re (Include al	A Summary eceived this period – itemized monetary contributional Schedule A subtotals.)				IND COM OTH PTY	other) H – Other (Y – Politica	ual sient Committee r than PTY or SCC) (e.g., business entity)

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ \(\frac{11,126.99}{2} \)

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					ScheduelA							
			Contributo	Address	City	State	Zip	Employer	Occupation	Amount	Cumulative to Date	Per Election
ate Received		Contributor Last		Address	Tracy	CA		Analyst	Visa	\$500.00	\$750.00	\$1,200.00
9/23/2022		Muetzenberg	Ind			CA	95376	unemployed	unemployed	\$50.00	\$1,200.00	\$1,200.00
9/22/2022		Eversole	Ind		Sacramento	CA	95811	unemployed	unemployed	\$250.00	\$350.00	\$1,000.00
9/21/2022	Ethan	Caudillo	Ind		Tracy	CA		Research Development Specialist	San Jose State University	\$250.00	\$300.00	\$750.00
9/21/2022	Barbara	Sasso	Ind		Iracy			Software	MIPRO Consulting	\$26.00	\$276.00	\$600.00
9/21/2022	Robin	Cole	Ind		Tracy	CA	9537		Jali Enterprises	\$100.00	\$100.00	\$600.00
9/13/2022		Barrett	Ind	Ē	Tracy	CA	9537	CEO	Paula Villescaz for	\$100.00		
9/13/2022		Pople	ind	2	Roseville	CA		Campaign Manager	State Senate 2022	\$100.00	\$100.00 \$100.00	\$500.00 \$500.00
9/13/2022		Molle	Ind	F	Tracy	CA		unemployed	unemployed	\$100.00	\$500.00	\$500.0
9/10/2022		Mahedy	Ind	E	Tracy	CA		Sr. Director	Morkday	\$500.00	\$101.00	\$350.0
9/10/2022		Recinos	Ind	6	North Highlands	CA		Carpenter	Tjcc	\$26.00		\$350.0
		Hoock	Ind		Tracy	CA	9537	Owner	Self employed	\$100.00	\$100.00	
9/10/2022		Matz	Ind		Tracy	CA	9537	Marketing	Fortinet Inc.	\$150.00	\$150.00	\$350.0
9/9/2022		Muetzenberg	Ind	1	Tracy	CA	9537	Dell	Software Engineer	\$1,000.00	\$1,300.00	\$300.0
9/8/2022		Committee#	- Inia							Į.		
	Harry S Truman Club		Com	PO Box 693246	Stockton	CA	9526			\$1,000.00	\$1,000.00	\$300.0
	of San Joaquin	1269373	Ind	PO 80x 093240	Palm Springs	CA	9226	Mayor	Palm Springs	\$250.00	\$250.00	\$276.0
9/6/2022	Lisa	Middleton	ing		T dilli Spinigs	1			U.S. House of			
	l	_	l		Tracy	CA	9537	Director	Representatives	\$250.00	\$350.00	\$250.0
	Rhodesia	Ransom	Ind		Tracy	CA		Realtor	Re/Max Grupe Gold	\$100.00	\$200.00	\$250.0
8/31/2022	Janice	Adamson	Ind	1		CA		Self-Employed	Self-Employed	\$100.00	\$350.00	\$250.0
8/28/2022	Mitra	Behnam	Ind		Tracy	CA	9520		Retired	\$2,50,00	\$2,50.00	\$250.0
8/28/2022	Anne	Baird	Ind		Stockton	CA		6 Retired	Retired	\$150.00	\$150.00	\$201.0
8/28/2022	Patricia	Howell	Ind	1	Tracy	ICA	9357	necirea	Public Health			
			i		' l_		0007	Torram Manager	Advocates	\$250.00	\$600.00	\$201.0
8/27/2022	William	Muetzenberg	Ind	li .	Tracy	CA	9537			\$120.00	\$120.00	\$200.0
8/27/2022		Purewal	Ind		Sacramento	CA	9583	5 unemployed	unemployed	3120,00	Vacante	
G/L//LULL								1	Almenda Health	r.m.m	\$100.00	\$200.0
8/27/2022	Maurata	Kamara	Ind		Tracy	CA	9537		system	\$100.00	\$100.00	\$190.0
8/26/2022		Barrios	Ind		Tracy	CA		4 District Manager	TCCA	\$100.00		\$190.0
		Quintanilla	Ind	T	North Highlands	CA	9566	0 BA	Caudalle	\$5.00	\$190.00	\$190.0
8/24/2022		Yasemsky	ind	†	Tracy	CA	9530	4 unemployed	unemployed	\$150.00	\$150.00	
8/24/2022		Eversole	Ind	1	Tracy	CA	9537	6 unemployed	unemployed	\$50.00	\$1,200.00	\$150.0
8/22/2022		Rohr	Ind	+	Menlo Park	CA	9402	5 Attorney	Palo Aito Networks	\$200.00	\$300.00	\$150.0
	Meredith			+	Tracy	CA	9537	7 Product Manager	Workday, Inc	\$100.00	\$100.00	\$150.0
8/19/2022		Smith-Salinas	Ind	-	North Highlands	CA	9566	0 beauty advisor	Caudalie	\$25.00	\$190.00	\$150.
8/18/2022	Kevin	Quintanilla	ind		Tracy	CA	9587	Operations 6 Manager	EJ Gallo	\$100.00	\$100.00	\$150.
8/17/2022	Sharon	Gardner-Losch	Ind		Dublin	CA		8 Councilmember	City of Dublin	\$100.00	\$100.00	\$120.
8/15/2022	Shawn Planned Parenthood	Kumagai	Ind		Dubin		1					
	Mar Monte	Committee#				CA.	9581	٨		\$500.00	\$500.00	\$101.
8/14/202	Committee	C00527226	Com	400 Caplol Mall, Ste 1545	Sacramento	LA	930.	Don Cose &		1		
					= _		000	8 Associates	Owner	\$500.00	\$500.00	\$100.
8/13/202	Don	Cose	Ind		Tracy	CA			unemployed	\$100.00	\$201.00	
	Harmandeep	Ratia	ind		Tracy	CA		6 unemployed	EQCA	\$100.00	\$100.00	
8/8/202		Martin	Ind		Sacramento	CA	9587	8 Policy		3100.00	5200.00	1
	2 Veronica	Vargas	Ind		Тгасу	CA	9537		Agora Land Development	\$100.00	\$100.00	\$100.
3/0/202	1	T	T			1	1	Storefront		62.50.00	\$150.00	\$100.
e /2 /2 02	Marant	Bellafatto	Ind		Sacramento	CA	9583		Delta Print Group	\$150.00		
8/2/202	2 Margaret	Hudson	Ind		Tracy	CA	953	7 Sales	Fresh Coat painters	\$250.00		
		Mitracos	Ind	1	Tracy	CA	95378-026	1 Real Estate Broker	Self	\$50.00	\$150.00	\$100.
7/31/202	Z Mary	I WINCI GLOS	1110						Devine Solutions			
		Davina	Ind		Tracy	CA	953	6 Marketing	Group	\$2,50,00		\$100
7/30/202		Devine	Ind		Tracy	CA		6 unemployed	unemployed	\$100.00	\$100.00	\$100
7/30/202	2 Lisa	Roth	ind	-	1				Lighthouse Public	1		1
		l.	l		Rancho Mirage	CA	972	70 Partner	Affairs	\$100.00	\$100.00	
7/30/202	2 Marian	Lee	Ind	-	North Highlands	CA		60 Beauty advisor	Rose Inc	\$10.00	\$190.00	\$100
7/29/202	2 Kevin	Quintanilla	Ind			CA		76 unemployed	unemplayed	\$50.00		\$100
7/22/202	2 Alyce	Eversole	Ind	1240 00000000	Tracy	TUA .	1 235	Janes III Project	Public Health	T	1	
					-	١.,		77 Dragen m Manager	Advocates	\$250.00	\$600.00	\$100
	2 William	Muetzenberg	ind		Tracy	CA		77 Program Manager	unemployed	\$100.00		
7/14/202						100	905	50 unemployed	unemployed	3200.00	\$200.00	
7/14/202 7/11/202		Chavez	Ind		Norwalk San Francisco	CA		21 Analyst	PG&E	\$100.00	\$100.00	\$100

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 7/1/2022	california 46
		through <u>9/24/2022</u>	Page of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			I.D. NUMBER

William Muetzenberg for City Council 2022					144342	<u>'4</u>
CODES: If one of the following codes accurately describes the payment, your campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* Civic donations FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member com meetings and office expens petition circul phone banks polling and supporting professional independent expenditure supporting/opposing others (explain)* POS postage, delimprofessional independent expenditure and mailings	munications d appearances es lating urvey research very and mess	n senger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production	uction costs d meals and meals s of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	R	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
See Attached Page						
* Payments that are contributions or independent expenditures must also be summarized on Scho	edule D.			su	BTOTAL	Б
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedule E subtotals.)			• • • • • • • • • • • • • • • • • • • •		\$	
Unitemized payments made this period of under \$100					\$ e	
 Total interest paid this period on loans. (Enter amount from Schedule B, Paid. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on 	rt 1, Columi	1 (e).)	umn A lina	.e) To	Ф — Э ідта	
4 Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	the Summa	ary Page, Co	unin A, Line	0.)	17 = \(\psi \)	

FPPC Form 460 (Jan/2016))

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SCHEDULE E

1443424

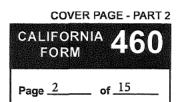
Schedule E							
Payee	Address	City	State	Zip	Amount	Code	
Creative Vision							
Printing	2232 Stewart St	Stockton	CA	95205	\$587.24		
Google	1600 Amphitheatre Parkway	Mountain	CA	94043		OFC	
At Park	2499 Neptune Ct	Tracy	CA	95304			
Pacific Printing	1445 Monterey Rd	San Jose	CA	95110	\$1,184.67	LIT	
Southside							
Community							
Organization	126 W 1st St	Tracy	CA	95376		ļ	
Tabletop Strategies	PO Box 1825	Stockton	CA	95202	<u> </u>		
City of Tracy	333 Civic Center Plaza	Tracy	CA	95376			
PDI	PO Box 59570	Norwalk	CA	90652			
The UPS Store	1852 W 11th St	Tracy	CA	95376			
Google	1600 Amphitheatre Parkway	Mountain	CA	94043	\$36.00	OFC	
Tracy Chamber Foundation	10th St	Tracy	CA	95376	<u> </u>		
Google	1600 Amphitheatre Parkway	Mountain	CA	94043	\$18.00	OFC	
Pacific Printing	1445 Monterey Rd	San Jose	CA	95110	\$1,093.75	LIT	
Creative Vision							
Printing	2232 Stewart St	Stockton	CA	95205			
Tabletop Strategies	PO Box 1825	Stockton	CA	95202	\$384.15		
Tabletop Strategies	PO Box 1825	Stockton	CA	95202	\$306.00		
H&S Signs	418 Neal St	Grass Valle	CA	95945			
Donorbox	601 King Street, Suite 200	Alexandria	VA	22314	\$418.83	OFC	

*

Recipient Committee			Date Stamp CA1	COVER PAGE
Campaign Statement Cover Page		(S)	A	FORM 460
	Statement covers period from 1/1/2022	Date of election if applicable:/ (Month, Day, Year)	AUG 1 - 2022	_1 of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>6/30/2022</u>	11/8/2022	CITY CLERK TRACY CA	
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	370000	
 ✓ 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)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termin ☐ Amendment (Explain below)		tement Year Report
3. Committee Information	I.D. NUMBER 1443424	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE		NAME OF TREASURER		
William Muetzenberg for City Council 2022		Michael Muetzenberg	LOUIST TRUE SE DITTO	S. Mary C. St. C.
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP	CODE AREA CODE/PHONE	Tracy NAME OF ASSISTANT TREASURER, IF	CA 95377	
	377	NAME OF ADDIOTARY TREADORER, II	Aiti	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E		MAILING ADDRESS		
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 revie certify under penalty of perjury under the laws of the State			in and in the attached schedules is	s true and complete. I
7/21/2022	1013	Contes		
Date Date	By	Signature of Treasurer or Assistant Treasu	irer	
Executed on 7/31/2022	Ву	pponen	nt or Responsible Officer of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State M	leasure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State M	ieasure Proponent	200 (1 - /2-2-5)

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Recipient Committee Campaign Statement Cover Page — Part 2



Officeholder or Candidate Controlled	Committee			6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			·····		NAME OF BALLOT MEASURE				
William Muetzenberg									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUM	BER IF APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	Īn	SUPPORT
City Councilmember, City of Tracy								,	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	EET) CITY	STATE	ZIP						
	Tracy	CA	95377		Identify the controlling office	holder, candi	date, or state m	easure propo	nent, if any.
	· · · · · · · · · · · · · · · · · · ·				NAME OF OFFICEHOLDER, CAI	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in the									
not included in this statement that are controlled be contributions or make expenditures on behalf of y		arily formed to	receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
	•								
COMMITTEE NAME	I.D. NUM	IBER							
NAME OF TREASURER	CONTR	OLLED COMMI	ITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	eholder Com	nmittee List	t names of
	☐ YE	S 🗌 NO)				committee is pri	many tormed	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
									OPPOSE
CITY STATE	ZIP CODE	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	
									☐ SUPPORT
COMMITTEE NAME	I.D. NUN	BER			NAME OF OFFICEHOLDER OR (DANDIDATE	OFFICE SOUG	UT OR UELD	OPPOSE
					NAME OF OFFICEHOLDER OR	JANUIDATE	OFFICE SOUG	HI OK HELD	☐ SUPPORT
NAME OF TREASURER	CONTR	OLLED COMMI	TTTTO						☐ OPPOSE
NAME OF TREASURER					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO PO BOX)	S NO							OPPOSE
THE TABLES (
CITY STATE	ZIP CODE	AREA COI	DE/PHONE		Aun	ah aantinusti	on sheets if nec		
					Апас	on continuatio	эн эпеецз и пес	essary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

William Muetzenberg for City Council 2022			1443424
Contributions Received 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 8,810.01 0 \$ 8,810.01 0 \$ 8,810.01	**Example 1.00	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	\$\frac{2,792.46}{0}\$ \$\frac{2,792.46}{0}\$ \$\frac{0}{0}\$ \$\frac{2,792.46}{0}\$ \$\frac{0}{2,792.46}\$	\$\frac{2,792.46}{0}\$ \$\frac{2,792.46}{0}\$ \$\frac{0}{2,792.46}\$ \$\frac{0}{2,792.46}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$	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. FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

,				from 1/1/2022		F	ORM 46U
SEE INSTRUCTION	ONS ON REVERSE			through <u>6/30/202</u>	22	Page	4of15
NAME OF FILER William Mue	etzenberg for City Council 2022					I.D. NU	IMBER
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 1 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
1/13/2022	William Muetzenberg Tracy, CA 95377	☑ IND □ COM □ OTH □ PTY □ SCC	Public Health Advocates Program Manager	\$100.00	\$100.00		
1/13/2022	Kevin Quintanilla North Highlands, CA 95660	☑ IND □ COM □ OTH □ PTY □ SCC	DDG VENDOR	\$10.00	\$150.00		
1/22/2022	Alyce Eversole Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	unemployed unemployed	\$500.00	\$1,050.00		
1/22/2022	Alyce Eversole Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	unemployed unemployed	\$50.00	\$1,050.00		
1/22/2022	Sashary Zaroyan Monrovia, CA 91016	☑ IND □ COM □ OTH □ PTY □ SCC	LAHSA Legislative Liaison	\$150.00	\$150.00		
			SUBTOTAL\$	810			
I. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) 2. Amount received this period – unitemized monetary contributions of less than \$100					IND COM OTH PTY	(other to - Other (or - Politica	al ent Committee than PTY or SCC) e.g., business entity)
(Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.)TOTAL \$ <u>8,8</u>	10.01		FPPC	Form 460 (Jan/2016))

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 4

Statement covers period

•				from 1/1/2022		FC	DRM 400
				through 6/30/2022	2	İ	5 of
NAME OF FILER						I.D. NU	
William Mue	tzenberg for City Council 2022					144342	24
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
1/31/2022	Jose Chavez Norwalk, CA 90650	☑ IND □ COM □ OTH □ PTY □ SCC	unemployed unemployed	\$100.00	\$100.00		
2/14/2022	Christopher Lee Sacramento, CA 95816	☑ IND □ COM □ OTH □ PTY □ SCC	CA State Assoc. of Counties Leg. Rep.	\$100.00	\$125.00		
2/19/2022	Meredith Rohr Sunnyvale, CA 94085	☑ IND □ COM □ OTH □ PTY □ SCC	Palo Alto Networks Attorney	\$100.00	\$100.00		
2/22/2022	Alyce Eversole Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	unemployed unemployed	\$50.00	\$1,050.00		
3/8/2022	Rhodesia Ransom Tracy, CA 95377	☑ IND □ COM □ OTH □ PTY □ SCC	U.S. House of Representatives Director	\$100.00	\$100.00		

SUBTOTAL \$ 450

*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 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA /

FORM

Statement covers period

from 1/1/2022

NAME OF FILER William Mue	etzenberg for City Council 2022				Page . I.D. NI 14434	JMBER	
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 CALENDAR Y (JAN, 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
3/12/2022	Robin Cole Tracy, CA 95377	☑ IND □ COM □ OTH □ PTY □ SCC	MIPRO Consulting Software Consultant	\$250.00	\$250.00		
3/13/2022	James Coleman South San Francisco, CA 94080	☑ IND □ COM □ OTH □ PTY □ SCC	City of South San Francisco Councilmember	\$100.00	\$100.00		
3/19/2022	Carolyn Berg Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	GRA+D architects architect	\$100.00	\$100.00		
3/19/2022	Susan Mccabe Marina Del Rey, CA 90292	☑ IND □ COM □ OTH □ PTY □ SCC	McCabe & Company Consultant	\$200.00	\$200.00		
3/22/2022	Alyce Eversole Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	unemployed unemployed	\$50.00	\$1,050.00		
SUBTOTAL \$ 700							

IND – Individual
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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

*Contributor Codes

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received		to whole o	iollars.	Statement covers period from 1/1/2022		FORM 460	
				through _6/30/202	2	1	7 of
NAME OF FILER William Mu	etzenberg for City Council 2022					I.D. NU 144342	
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 T CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
4/2/2022	Alexandria Pluma La Habra, CA 90631	☑ IND □ COM □ OTH □ PTY □ SCC	unemployed unemployed	\$100.00	\$100.00		
4/7/2022	Kevin Quintanilla North Highlands, CA 95660	☑ IND □ COM □ OTH □ PTY □ SCC	DDG Beauty Advisor	\$30.00	\$150.00		
4/7/2022	Rosanna Herber Sacramento, CA 95818	☑ IND □ COM □ OTH □ PTY □ SCC	unemployed unemployed	\$500.00	\$500.00		
4/15/2022	Michael Muetzenberg Tracy, CA 95377	☑ IND □ COM □ OTH □ PTY □ SCC	Visa Analyst	\$250.00	\$250.00		
4/22/2022	Mitra Behnam Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Self-Employed Self-Employed	\$250.00	\$250.00		

SUBTOTAL \$ 1,130

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 4

Statement covers period

from 1/1/2022

NAME OF FILER				through _6/30/2022		Page .	8 of
William Mue	etzenberg for City Council 2022					14434	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
4/22/2022	Alyce Eversole Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	unemployed unemployed	\$50.00	\$1,050.00		
4/23/2022	David Muetzenberg Tracy, CA 95377	☑ IND □ COM □ OTH □ PTY □ SCC	Dell Software Engineer	\$300.00	\$300.00		
4/23/2022	Janice Adamson Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	RE/MAX Grupe Gold Realtor	\$100.00	\$100.00		
4/23/2022	Grayson Doucette Sacramento, CA 95811	☑ IND □ COM □ OTH □ PTY □ SCC	CA Leg Aide	\$100.00	\$100.00		
4/23/2022	Kevin Quintanilla North Highlands, CA 95660	☑ IND □ COM □ OTH □ PTY □ SCC	Rose Inc Beauty advisor	\$35.00	\$150.00		
SUBTOTAL S			585			PARTITION OF THE PARTIT	

*Contributor Codes IND - Individual

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PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from _1/1/2022

NAME OF FILER William Mue	tzenberg for City Council 2022			through 6/30/2022	2	raye_	JMBER	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTI TO DATE (IF REQUIRE	i
4/23/2022	Richard Zbur Los Angeles, CA 90038	☑ IND □ COM □ OTH □ PTY □ SCC	Self Attorney	\$250.00	\$250.00			
4/24/2022	Jay Hansen Sacramento, CA 95814	IND COM OTH SCC	CFEE President	\$250.00	\$250.00			
4/26/2022	Hardip Singh Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	unemployed unemployed	\$500.00	\$500.00			
5/22/2022	Alyce Eversole Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	unemployed unemployed	\$50.00	\$1,050.00			
5/25/2022	Ethan Caudillo Sacramento, CA 95811	☑ IND □ COM □ OTH □ PTY □ SCC	unemployed unemployed	\$100.00	\$100.00			
	SUBTOTAL				and a special special state of the special spe	enter (State)		

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PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 460

FORM

Statement covers period

from _1/1/2022

NAME OF FILER William Mue	etzenberg for City Council 2022			through 6/30/202	2	Page _ I.D. NU 14434	JMBER
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
5/27/2022	Cheryl Hays Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	unemployed unemployed	\$125.00	\$125.00		
5/28/2022	Dharia McGrew Sacramento, CA 95833	IND COM OTH SCC	PhRMA Policy director	\$250.00	\$250.00		
5/28/2022	Carrie Holmes Sacramento, CA 95835	☑ IND □ COM □ OTH □ PTY □ SCC	unemployed unemployed	\$100.00	\$100.00		
5/31/2022	Louis Mirante Sacramento, CA 95811	☑ IND □ COM □ OTH □ PTY □ SCC	California YIMBY Legislative Director	\$100.00	\$100.00		
5/31/2022	Martin Radosevich West Sacramento, CA 95691	Ø IND □ COM □ OTH □ PTY □ SCC	Lighthouse Public Affairs Director	\$100.00	\$100.00		
SUBTOTAL				675			CARLOS II VERSONES (CENTRALIS CONTRALIS CONTRA

*Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d		Statement coverage from 1/1/2022	ers period	CALIFORNI FORM	^ 460
				through _6/30/202	2	Page	of
AME OF FILER						I.D. NUMBER	
William Mue	tzenberg for City Council 2022					1443424	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE C	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR Y		R ELECTION TO DATE

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)
6/1/2022	Matthew Nielsen Sacramento, CA 95814	IND COM OTH PTY	RMS, Inc Meteorologist	\$250.00	\$250.00	
6/2/2022	Christopher Lee Sacramento, CA 95816	IND COM OTH PTY	CA State Assoc. of Counties Legislative Representative	\$25.00	\$125.00	
6/2/2022	Kevin Quintanilla North Highlands, CA 95660	☑ IND □ COM □ OTH □ PTY □ SCC	Tula Beauty Advisor	\$50.00	\$150.00	
6/13/2022	Dennis Mangers Carmichael, CA 95608	IND COM OTH PTY	unemployed unemployed	\$100.00	\$100.00	
6/14/2022	Dorothy Nygard Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Sutter Tracy Hospital RN	\$1,000.00	\$1,000.00	
		n e sa	Programme Control of the Control of			

*Contributor Codes

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OTH - Other (e.g., business entity)

PTY - Political Party SCC - Small Contributor Committee

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

				from _1/1/2022			ORM 46U
				through 6/30/202	2	Page .	12 of
NAME OF FILER						I.D. N	UMBER
William Mue	etzenberg for City Council 2022					14434	124
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION
RECEIVED	CONTRIBUTOR	CODE *	(IF SELF-EMPLOYED, ENTER NAME)	RECEIVED THIS	CALENDAR Y		TO DATE
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OF BUSINESS)	PERIOD	(JAN. 1 - DEC	. 31)	(IF REQUIRED)
6/22/2022	Alyce Eversole	☑ IND	unemployed unemployed	\$50.00	\$1,050.00		
		□отн					
	Tracy, CA 95376	□ PTY □ SCC					
6/25/2022	Alyce Eversole	☑ IND		****	4		
012312022	Alyce Eversole	□сом □отн	unemployed unemployed	\$250.00	\$1,050.00		
	Tracy, CA 95376	☐ PTY					
	,,	scc			-		
6/25/2022	Kevin Quintanilla	☑ COM	Rose Inc Beauty Advisor	\$25.00	\$150.00		
		□ OTH	•		,		
	North Highlands, CA 95660	□ PTY □ SCC					
		□IND					
		□сом					
		□OTH □PTY					
		□scc					
		□IND					
		□сом □отн					
		PTY					
	SUPTOTAL \$ 205						
SUBTOTAL \$ 325							

*Contributor Codes IND -- Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

		SCHEDULE E
Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
	from	FORM TOO
	through	Page of
		to whole dollars.

SEE INSTRUCTIONS ON REVERSE		· · · · · · · · · · · · · · · · · · ·	
NAME OF FILER			I.D. NUMBER
William Muetzenberg for City Council 2022			1443424
	nmunications d appearances ses lating	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and production trace candidate travel, lodging, and transfer between committees voter registration WEB information technology costs (ction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
Donorbox, 601 King Street, Suite 200 Alexandria, VA 22314	OFC		\$952.43
Wix, 500 Terry A Francois Boulevard Sixth Floor San Francisco, CA 94158	WEB		\$324.00
The UPS Store, 1852 W 11th St Tracy, CA 95376	OFC		\$240.00
* Payments that are contributions or independent expenditures must also be summarized on Scho	edule D.	SUE	3TOTAL \$ 1,516.43
Schedule E Summary			
Itemized payments made this period. (Include all Schedule E subtotals.)	\$		
Unitemized payments made this period of under \$100	\$ _508.63		
Total interest paid this period on loans. (Enter amount from Schedule B, Paid	t 1 Column (e))		\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	TAL \$ 2,792.46		
4. Total payments made this pendu. (Add Lines 1, 2, and 3. Enter here and on	·		

Schedule E (Continuation Sheet) Payments Made	Amounts may b to whole d		Statement covers period from 1/1/2022			FORM 4		
SEE INSTRUCTIONS ON REVERSE				through <u>6/</u>	30/2022	Page _	of	
NAME OF FILER William Muetzenberg for City Council 2022						I.D. NUM		
CODES: If one of the following codes accurately descr	ihes the navment v	ou may on	iter the ender O	thonwing dogs	iba tha navers	1443424		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expen: PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearance ses lating s curvey researd ivery and mes	s	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transf VOT voter	airtime and producti ed contributions aign workers' salarie cable airtime and pi date travel, lodging, pouse travel, lodgine er between committe	ion costs es roduction costs and meals ig, and meals ees of the same	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR (DESCRIPTION OF F	AYMENT		AMOUNT PAID	
Walmart, 3010 W Grant Line Rd Tracy, CA 95304		FND					\$193.77	
City of Tracy, 333 Civic Center Plaza Tracy, CA 95376		FND					\$136.00	
Tracy Chamber Foundation, 223 10th St Tracy, CA 95376		СТВ					\$125.00	
Microtel Inn & Suites, 861 W Clover Rd Tracy, CA 95376		TRS					\$112.20	
					·			

FND

La Villa Mexican Restaurant, 57 E 11th St Tracy, CA 95376

\$100.43

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

Schedule	E	
(Continua	tion	Sheet)
Pavments	Mag	de

SCHEDULE E (CC	N	T.)	١
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(Continuation Sheet) Payments Made	to whole dollars.	Statement covers period from	california 460
SEE INSTRUCTIONS ON REVERSE		through <u>6/30/2022</u>	Page of
NAME OF FILER			I.D. NUMBER
William Muetzenberg for City Council 2022			1443424
	the describes the payment you may enter the code	Otherwise, describe the navmen	+

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID OR DESCRIPTION OF PAYMENT CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) \$100.00 **CTB** Alice B. Toklas LGBTO Democratic Club, 2261 Market Street #1800 San Francisco, CA 94114

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

COVER PAGE FALIFORNIA 460	
For Official Use Only	
Statement odd-Year Report	
AREA CODE/PHONE	
AREA CODE/PHONE	

Recipient Committee Campaign Statement Cover Page			Date Stamp	to F	FORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 07/01/2021 through 12/31/2021	Date of election if applicable: (Month, Day, Year)	2022 JAN 31 A	AM II: 09	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor 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 Te Amendment (Explain be	TRACY.	6 2	ement 'ear Report
7 Committee Intermedien	D. NUMBER 429166 DE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Michael Muetzenberg MAILING ADDRESS CITY Tracy NAME OF ASSISTANT TREASURE	STATE CA ER, IF ANY	ZIP CODE 95377	AREA CODE/PHONE
Tracy CA 9537 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS		MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRE	STATE	ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on Date Executed on Executed on I/28					true and complete. I

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

Executed on __

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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Recipient Committee Campaign Statement Cover Page — Part 2

COVE	R PAGE - PART 2
CALIFOR	NIA A CO
FORM	NIA 460
	_
Page 2	of

Officeholder or Candidate Con	trolled Committee		6.	Primarily Formed Ballot	t Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDAT	E		-	NAME OF BALLOT MEASURE			
William Muetzenberg							
OFFICE SOUGHT OR HELD (INCLUDE LO	CATION AND DISTRICT NUMB	ER IF APPLICABLE)	-	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Tracy City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO.	AND STREET) CITY	STATE ZIP	-				
KEGIDEN I INDBOOME CONTROL (110)	Tracy	CA 95377		Identify the controlling office	holder, candi	date, or state measure pro	oponent, if any.
			-	NAME OF OFFICEHOLDER, CAN	NDIDATE, OR P	ROPONENT	
Related Committees Not Include not included in this statement that are co	led in this Statement:	List any committees ilv formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
contributions or make expenditures on b	ehalf of your candidacy.	•					
COMMITTEE NAME	I.D. NUME	RER	-				
COMMITTEE NAME	I.B. Nom	221					
			7	Primarily Formed Cand	idate/Offic	eholder Committee	List names of
NAME OF TREASURER	CONTRO	LLED COMMITTEE?	- /.	officeholder(s) or candidate(s)	for which this	committee is primarily for	ned.
	☐ YES	s 🗌 NO			DANDIDATE	OFFICE SOUGHT OR HEI	5 T
COMMITTEE ADDRESS STREET A	DDRESS (NO P.O. BOX)		-	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT ON HEL	☐ SUPPOR
							OPPOSE
CITY	STATE ZIP CODE	AREA CODE/PHONE	Ē	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPOR
							☐ OPPOSE
		RED	=		CANDIDATE	OFFICE SOUGHT OR HEI	
COMMITTEE NAME	I.D. NUMI	DEN				TOFFICE SOUGHT ON HE	n I
COMMITTEE NAME	I.D. NUM	DEN		NAME OF OFFICEHOLDER OR	CANDIDATE		D SUPPOR
COMMITTEE NAME			_	NAME OF OFFICEHOLDER OR	CANDIDATE		☐ SUPPOR
COMMITTEE NAME NAME OF TREASURER		LLED COMMITTEE?	-	NAME OF OFFICEHOLDER OR		OFFICE SOUGHT OR HE	OPPOSE
		LLED COMMITTEE?	-				☐ OPPOSE □ SUPPOR
NAME OF TREASURER	CONTRO	LLED COMMITTEE?	-				☐ OPPOSE □ SUPPOR
NAME OF TREASURER	CONTRO	ILLED COMMITTEE?	-				☐ OPPOSE
NAME OF TREASURER	CONTRO	LLED COMMITTEE?	- -	NAME OF OFFICEHOLDER OR	CANDIDATE		☐ OPPOSE □ SUPPOF

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2021	CALIFORNIA 460
through 12/31/2021	Page 3 of
	I.D. NUMBER
	1429166

William Muetzenberg			1420100
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
7. Loans Made	\$\frac{275.00}{0.00}\$ \$\frac{275.00}{0.00}\$ \$\frac{275.00}{0.00}\$ \$\frac{4,865.00}{0.00}\$ \$\frac{4,865.00}{0.00}\$ \$\frac{4,865.00}{0.00}\$ \$\frac{4,865.00}{0.00}\$	\$\frac{555.00}{0.00}\$ \$\frac{555.00}{0.00}\$ \$\frac{555.00}{0.00}\$ \$\frac{555.00}{0.00}\$ \$\frac{5,341.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{5,341.00}{0.00}\$ \$\frac{5,341.00}{0.00}\$	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) \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 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	\$\frac{5,518.25}{275.00} \frac{0.00}{4,865.00} \$\frac{938.25}\$ \$\frac{0.00}{0.00}\$	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).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/201) FPPC Advice: advice@fppc.ca.gov (866/275-377)

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement covers period from 07/01/2021		california 460		
SEE INSTRUCTION	ONS ON REVERSE			through 12/31/202		Page 4		
NAME OF FILER William M ue						1.D. NUN 142916		
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 CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
11/21/2021	Alyce Eversole	☑IND □COM □OTH □PTY □SCC	Unemployed	\$250.00	\$450.00			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL	\$ 250.00				
Amount re (Include a	A Summary eceived this period – itemized monetary contribution III Schedule A subtotals.) eceived this period – unitemized monetary contribute		Ψ	5.00	IND- COM OTH PTY	(other t – Other (d – Political	al ent Committee than PTY or SCC) e.g., business entity)	
	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, C				PRC Advisor advi		Form 460 (Jan/2016)	

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be rou to whole dollars		Statement cover 67/01/2021 from	s period	california 460		
				through 12/31/2021		Page	of	
NAME OF FILER William Mue						1.D. NUMB 142916		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
12/22/2021	Central Valley Victory PAC #1441612	Monetary Contribution		\$1,000.00	\$1,000.00			
		Nonmonetary Contribution						
	Support Oppose	Independent Expenditure	•					
12/22/2021	San Joaquin County Democratic Central Committee #742165	Monetary Contribution		\$1,000.00	\$1,000.00			
	Committee #742165	Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
12/22/2021	Democratic Club of Greater Tracy #1299762	Monetary Contribution		\$1,000.00	\$1,000.00			
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
			SUBTOTAL	. \$ 3,000.00	and the second			
Schedule	D Summary					_æ 3	,000.00	
1. Itemized	contributions and independent expenditures made	e this period. (Include a	all Schedule D subtotals	5.)		\$ <u>—</u> \$ <u>0</u>	.00	
2 Unitemize	ed contributions and independent expenditures mate this	ade this period of unde	er \$100			Ф —		

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NS campaign consultants TB contribution (explain nonmonetary)* VC civic donations IL candidate filing/ballot fees ND fundraising events independent expenditure supporting/opposing others (explain)* EG legal defense	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications d appearances es lating	RAD RFD SAL TEL TRS TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries	ne candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION	ON OF PAYMENT	AMOUNT PAIL

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
The UPS Store 1852 W. 11th St., Tracy, CA 95376	POS	Mailbox fees	\$260.00
Alyce Eversole racy, CA 95376	RFD	Refund	\$400.00
Central Valley Victory PAC FPPC#1441612 7909 Walerga Rd Suite 112-1121, Antelope, CA 95843	СТВ		\$1,000.00

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

* SUBTOTAL \$ 1,660.00

S	ch	ed	ule	E	Su	mn	nary
---	----	----	-----	---	----	----	------

SEE INSTRUCTIONS ON REVERSE

William Muetzenberg

NAME OF FILER

		4,660.00
1.	Itemized payments made this period. (Include all Schedule E subtotals.)	205.00
2.	Unitemized payments made this period of under \$100	\$
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.)	AL \$ _4,865.00

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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I.D. NUMBER

1429166

Schedule	E	
(Continua	tion	Sheet)
Payments	Ma	de

Amounts may be rounded to whole dollars.

	•
Statement covers period	CALIFORNIA 160
07/01/2021	FORM TOO
through <u>12/31/2021</u>	Page of
	I.D. NUMBER
	1429166

SEE INSTRUCTIONS ON REVERSE NAME OF FILER William Muetzenberg

	munications I appearances es ating	Otherwise, describe the payment. RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the sam voter registration WEB information technology costs (internet, e	e candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID		
Democratic Club of Greater Tracy FPPC#1299762 PO Box 1146, Tracy, CA 95378	СТВ		\$1,000.00		
San Joaquin County Democratic Central Committee FPPC#742165 PO Box 78061, Stockton, CA 95207	СТВ		\$1,000.00		
Capitol LGBTQ Staff Association 1017 L St. #231, Sacramento, CA 95814	cvc		\$1,000.00		
Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1,315.00					

Statement covers period from 101/2021 Date of election if applicable? CEMPS For Official Use Only	Recipient Committee Campaign Statement Cover Page	* *		Date Stamp	FOR	CALIFORNIA 460	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officioholdor, Candidate Controlled Committee Primarily Formed Ballot Measure Controlled State Controlled Committee Controlled Sponsored Controlled Cont	SEE INSTRUCTIONS ON REVERSE	from 01/01/2021	(Month, Day, Year)	ERM'S '-8 AMIO: 12	Page 1	of 7 Official Use Only	
Preselection Statement Quarterly Statement State Candidate Election Committee Primarily Formed Ballot Measure Committee Primarily Formed Candidate Statement Special Odd-Year Report State Candidate Election Committee Operation	Type of Recipient Committee: All Committees - Commit			DE COLO			
Committee information 1429166 NAME (OF CANDIDATE'S NAME IF NO COMMITTEE) NAME (OF REASURER William Muetzenberg for City Council 2022 MalLing Address Name (OF REASURER Michael Muetzenberg Name (OF ASSISTANT TREASURER, IF ANY NAME (OF ASSISTANT TREASU	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be Amendment to reflect	rmination) low) Candidate Stateme	Special Odd-Year	Report	
COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTEE) William Muetzenberg for City Council 2022 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Tracy CA 95377 (209) MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE Tracy CA 95377 (209) 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 centained herein and in the attached schedules is true and complete certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on Date Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Date Executed on Date Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Date Execute	? Committee Intermation		Treasurer(s)			Land	
CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS 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 centained herein and in the attached schedules is true and complete certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on By	William Muetzenberg for City Council 2022 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIPC Tracy CA 9537	ODE AREA CODE/PHONE 7 (209)	Michael Muetzenberg MAILING ADDRESS CITY Tracy NAME OF ASSISTANT TREASURE	CA		AREA CODE/PHONE (209)	
OPTIONAL: FAX / E-MAIL ADDRESS Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on		A Paris Control of the Control of th		CTATE	710 0005	AREA CODE/RHONE	
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information centained herein and in the attached schedules is true and complete certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on		ODE AREA CODE/PHONE			ZIP CODE	AREA GODEFHORE	
FPPC Form 460 (Jan/	I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on	f California that the foregoing is true an By By Signature of Co	ntrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer tate Measure Proponent	of Sponsor		

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Recipient Committee Campaign Statement Cover Page — Part 2

- 2	- 7
CALIFOR FORM	NIA 460
	R PAGE - PART 2

. Officeholder or Candidate Controlled Com	mittee		6.	Primarily Formed Ballo	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE William Muetzenberg				NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS Tracy City Council	TRICT NUMBER IF APP	LICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STA			Identify the controlling office	·	· · · · · · · · · · · · · · · · · · ·	oponent, if any.
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your cal	or are primarily formed			OFFICE SOUGHT OR HELD	NDIDATE, OR F	DISTRICT	IO. IF ANY
COMMITTEE NAME	I.D. NUMBER		7.	Primarily Formed Cand	lidate/Office	eholder Committee	list names of
NAME OF TREASURER	CONTROLLED CON	MMITTEE?		officeholder(s) or candidate(s)	for which this	committee is primarily for	med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	CODE AREA	CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED CON YES BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA	CODE/PHONE		Atta	ch continuatio	on sheets if necessary	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

o whole dollars.	Statement covers period from 01/01/2021	FORM 460		
	through 06/30/2021	Page 3 of 7		
	L	I.D. NUMBER 1429166		

William Muetzenberg			1429166
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	0.00	\$\frac{270.00}{0.00}\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	0.00	\$ 476.00 0.00 \$ 638.35 0.00 0.00 638.35	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 0.00	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).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016)
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	Φ		FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

Schedule Monetary	e A v Contributions Received		nts may be rounded o whole dollars.	Statement cov	vers period	CALIF FO	SCHEDULE FORNIA 460 DRM
SEE INSTRUCTI	ONS ON REVERSE			through 06/30/202	1	Page 2	4 of
NAME OF FILER William Mue						I.D. NUI 142916	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDARY (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
07/21/2021	Alyce Eversole racy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Unemployed	\$200.00	\$200.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL \$	200.00			
Amount red (Include all	A Summary ceived this period – itemized monetary contributions I Schedule A subtotals.)		70		IND - COM OTH	(other th	nt Committee nan PTY or SCC) .g., business entity)

3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2016))
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SCC - Small Contributor Committee

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Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from	CALIFORNIA 460
through <u>06/30/2021</u>	Page 5 of 6
	I.D. NUMBER
	4400400

Payments Made	from	FURIN
	through <u>06/30/2021</u>	Page ⁵ of ⁶
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER
William Muetzenberg		1429166

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) PRT print ads LIT campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
The UPS Store 1852 W. 11th St., Tracy, CA 95376	POS	Mailbox	\$120.00
Amazon 440 Terry Avenue North Seattle, WA 98109 USA	OFC	Green Screen	\$128.71
The UPS Store 1852 W. 11th St., Tracy, CA 95376	POS	Mailbox	\$120.00

SUBTOTAL \$ 368.71 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary 2. Unitemized payments made this period of under \$100......\$ -3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

> FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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hedule E	Amounts may be rounded		SCHEDULE E (CONT.)		
ontinuation Sheet)	to whole dollars.	Statement covers period	CALIEORNIA ACO		

Schedule	E
(Continuat	tion Sheet)
Payments	Made

Statement covers period	CALIFORNIA 460
01/01/2021 from	FORM 40U
through <u>06/30/2021</u>	Page of
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE				unrou	gn oorsorzozi	Page _	of
NAME OF FILER William Muetzenberg						1.D. NUN 142916	
CODES: If one of the following codes accurately describe	es the payment, y	ou may en	ter the code. O	therwise,	describe the payn		,,,
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	nmunications d appearance ses lating urvey researc	s h senger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and prod returned contributions campaign workers' sai t.v. or cable airtime an candidate travel, lodgi staff/spouse travel, loc transfer between comi voter registration information technology	uction costs laries d production cost ng, and meals dging, and meals mittees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR I	DESCRIPTIC	N OF PAYMENT		AMOUNT PAID
Wix 500 Terry A Francois Boulevard, San Francisco, CA 94158		WEB	Website and o	domain			\$138.00
* Payments that are contributions or independent expenditures must also be	summarized on Sched	dule D.				SUBTOTAL	138.00

FPPC Form 460 (Jan/2016))

Schedule Miscellane	I eous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2021	CALIFORNIA 460
OFF INOTOLIOTIC	ON DEVEDOE		through	Page 7 of 7
NAME OF FILER	ONS ON REVERSE			I.D. NUMBER
William Mu	etzenberg			1429166
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
02/04/202	City of Tracy 333 Civic Center Drive, Tracy, CA 95376	Refund for ca	andidate statement	\$225.58
Attach addi	itional information on appropriately labeled continuation sheets.		SUBTOTA	L\$ 225.58
Schedule I	Summary		225.58	
1. Itemized in	creases to cash this period		\$	
2. Unitemized	d increases to cash of under \$100 this period		<u>\$</u> 0.00	
	interest received this period on loans made to others. (Sch		0.00	
4. Total misce	ellaneous increases to cash this period. (Add Lines 1, 2, ar Page, Line 14.)	nd 3. Enter here and on the	225.58	
Guilliary	age, Line 14.)			FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

COVER PAGE LIFORNIA 460 FORM
For Official Use Only
atement -Year Report
·
AREA CODE/PHONE
AREA CODE/PHONE

C	ecipient Committee ampaign Statement over Page		CITY GLERK'S OFFICE	CALIFORNIA 460
SE	E INSTRUCTIONS ON REVERSE	Statement covers period from 01/01/2021 through 06/30/2021	Date of election if applicable: / UG -2 PM 1:45 (Month, Day, Year) CITY OF TRACY RACY	For Official Use Only
1.	Type of Recipient Committee: All Committee		2. Type of Statement:	
· · · · · · · · · · · · · · · · · · ·	 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)		arterly Statement ecial Odd-Year Report
3.	Committee Information	I.D. NUMBER 1429166	Treasurer(s)	
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMI William Muetzenberg for City Council 202		NAME OF TREASURER Michael Muetzenberg MAILING ADDRESS	
	STREET ADDRESS (NO P.O. BOX)			CODE AREA CODE/PHONE
	CITY STATE	ZIP CODE AREA CODE/PHONE	Tracy CA 95	377
	Tracy CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR	95377 R.P.O. BOX	MAILING ADDRESS	
	CITY STATE	ZIP CODE AREA CODE/PHONE	CITY STATE ZIP O	CODE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
	Verification I have used all reasonable diligence in preparing and certify under penalty of perjury under the laws of the Executed on S/2/2 Date Executed on Date Dat	State of California that the foregoing is true and	knowledge the information contained herein and in the attached so correct. Signature of Treesurer or Assistant Treasurer Trolling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Spon	T.

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ____

Date

Recipient Committee Campaign Statement Cover Page — Part 2

Page 2	of 6
CALIFOR FORM	^{NIA} 460
	ER PAGE - PART 2

Officeholder or Candidate Controlled Comm	nittee			6.	Primarily Formed Ballot	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE			
William Muetzenberg								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUME	BER IF APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
Tracy City Council								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP					
	Tracy	CA	95377		Identify the controlling office	holder, candi	date, or state measure p	roponent, if any.
4		· · · · · · · · · · · · · · · · · · ·			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR F	PROPONENT	
Related Committees Not Included in this St	atement	List any cor	nmittees					
not included in this statement that are controlled by you	or are prima				OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
contributions or make expenditures on behalf of your car	панаасу.							
COMMITTEE NAME	I.D. NUM	MBER						
NAME OF TREASURER	CONTR	OLLED COMM	ITTEE2	7.	Primarily Formed Cand	idate/Offic	eholder Committee	List names of
NAME OF TREASURER	YE				officeholder(s) or candidate(s)	for which this	committee is primarily for	med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O		.5 140	,		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HE	
•	,							SUPPORT
CITY STATE ZIP	CODE	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HE	OPPOSE
					WANTE OF OFFICE FOR CITY	ANDIDATE	OFFICE SOUGHT ON HE	SUPPORT
COMMITTEE NAME	I.D. NUM	ARER						OPPOSE
oommine was	1.5. 1101	IDLIN			NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
								OPPOSE
NAME OF TREASURER	CONTRO	OLLED COMMI	TTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HE	LD
	YE	s no)					SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)							OPPOSE
CITY STATE ZIP	CODE	AREA CO	DE/PHONE		Attac	ch continuatio	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1429166 William Muetzenberg Column A Column B Calendar Year Summary for Candidates Contributions Received CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 270.00 270.00 1/1 through 6/30 7/1 to Date 0.0020. Contributions 270.00 270.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0.00 0.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 270.00 270.00 TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 476.00 476.00 Candidates 6. Payments Made...... Schedule E, Line 4 0.00 0.00 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made* 638.35 638.35 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date 0.00 0.00 (mm/dd/yy) 10. Nonmonetary Adjustment...... Schedule C, Line 3 638.35 638.35 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 3,498.23 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 270.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 638.35 amounts in Column A may 3,129.88 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. 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 **Cash Equivalents and Outstanding Debts** any). 0.00 18. Cash Equivalents See instructions on reverse 0.00 FPPC Form 460 (Jan/2016)) 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE			ts may be rounded whole dollars.	Statement cov from <u>01/01/2021</u> through <u>06/30/20</u>		SCHEDULE CALIFORNIA 460 FORM Page 4 of 6	
NAME OF FILER William Muet	tzenberg					1.D. NU 14291	JMBER 66
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH					

DATE RECEIVED	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
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		OTH				
		PTY				
		scc				
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		СОМ				
		ОТН				
		PTY				
		scc				

SUBTOTAL \$ 0.00

Schedule A Summary

Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00
(morade an confedure // Sabrotais.)	

2. Amount received this period – unitemized monetary contributions of less than \$100 $\frac{270.00}{}$

lotal monetary contributions received this period.	
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	270.00

*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 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedu	ıle	E
Payme	nts	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA** from 01/01/2021 **FORM** Page _5 through 06/30/2021 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1429166 William Muetzenberg

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants CNS SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* PET petition circulating TEL t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
The UPS Store 1852 W. 11th St., Tracy, CA 95376	POS	Mailbox	\$120.00
Amazon 440 Terry Avenue NorthSeattle, WA98109USA	OFC	Green Screen	\$128.71
The UPS Store 1852 W. 11th St., Tracy, CA 95376	POS	Mailbox	\$120.00

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

SUBTOTAL \$ 368.71

Schedule E Summary

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

> FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER William Muetzenberg	Amounts may be to whole do			fron	tatement covers period 01/01/2021 	CALIF(6 of 6 BER
CNS campaign consultants MT CTB contribution (explain nonmonetary)* CVC civic donations PE FIL candidate filing/ballot fees PH FND fundraising events PC	member coming meetings and office expense petition circulary phone banks DL polling and suppostage, delivation professional sections.	munications appearances es ating urvey researc very and mes services (lega	s n senger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, an staff/spouse travel, lodging, transfer between committees	luction costs d meals and meals s of the sam	ne candidate/sponsor
Wix 500 Terry A Francois Boulevard, San Francisco, CA 94158		WEB	Website and		ON OF PAYMENT		\$138.00

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