| 497 Contribu   | ution Report                    | Amou                     | nts may be rounded to v       | whole dollars.       | 3456>   |   |  |
|--|---------------------------------|--------------------------|-------------------------------|----------------------|---|---|--|
| NAME OF FILER Eleassia Davis for Mayor of Tracy              |                                 |                          | Date of This Filing 11/02/22  |                      | CALIFORNIA FORM 497   |   |  |
| AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1446883 |                                 | Report No. 4             |                               | RECEIVED FOR         | Official Use Only   |   |  |
| STREETADDRESS  |                                 |                          | Amendment to Report No.       |                      | NOV - 3 2022<br>CITY CLERK<br>TRACY<br>CA   |   |  |
| CITY<br>Tracy  |                                 | CA 95377                 | (explain below)  No. of Pages |                      | 18 8 18 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8   |   |  |
| 1. Contribution  | (s) Received                    |                          | •                             |                      |   |   |  |
| DATE<br>RECEIVED   |                                 | DRESS AND ZIP CODE OF CO | NTRIBUTOR                     | CONTRIBUTOR<br>CODE* | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  | AMOUNT<br>RECEIVED                                  |  |
| 11/01/22   | Leesa Ballier-Mellion Tracy, CA |                          |                               | ☐ COM☐ OTH☐          | Self-Employed Caregiver   | 1,000.00  |  |
|  |                                 |                          |                               | □ PTY<br>□ SCC       | * ¥   | Provide interest rate                               |  |
|  | u .                             |                          |                               | IND COM OTH PTY SCC  |   | Check if Loan  Check if Loan  Provide interest rate |  |
|  |                                 |                          |                               | D COM D CC           |   | ☐ Check if Loan                                     |  |
| Reason for Amend   | ment:                           |                          |                               |                      | * Contributor Codes IND - Individual COM - Recipient Committee (other OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee |   |  |

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

| IAME OF FILER<br>Eleassia Davis for                         | Mayor of Tracy                                | Date of This Filing 10        | /11/22                    | CALIFORNIA 497   |                       |  |
|---|---|-------------------------------|---------------------------|--|-----------------------|--|
| REA CODE/PHONE NUMBER  I.D. NUMBER (If applicable)  1446883 |   | Report No. 3                  |                           | RECEIVED For   | Official Use Only     |  |
| TREET ADDRESS   |   | Amendment to Report No.       |                           | OTTY CUERK   |                       |  |
| иту<br>Ггасу  | STATE ZIP CODE<br>CA 95377                    | (explain below) No. of Pages1 |                           | 1000   |                       |  |
| I. Contribution   | (s) Received                                  |                               |                           | 1101   |                       |  |
| DATE<br>RECEIVED  | FULL NAME, STREET ADDRESS AND ZIP CODE OF COI | NTRIBUTOR                     | CONTRIBUTOR<br>CODE*      | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED    |  |
| 10/10/22  | Leesa Ballier-Mellion P.O.Box1053             |                               | ☑ IND □ COM □ OTH         | Self-Employed, Caregiver   | 1,000.00              |  |
|   | Tracy, CA                                     |                               | □ PTY<br>□ SCC            |  | Provide interest rate |  |
|   |   | 0                             | ☐ IND☐ COM☐ OTH☐ PTY      |  | ☐ Check if Loan       |  |
| 181   |   |                               | □ scc                     |  | Provide interest rate |  |
|   |   |                               | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC |  | ☐ Check if Loan       |  |

Reason for Amendment: \_

IND - Individual COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

\* Contributor Codes

## **497 Contribution Report**

Amounts may be rounded to whole dollars.

| NAME OF FILER Eleassia Davis for Mayor of Tracy 2022         |   | Date of This Filing  | /19/22   | Date Stamp CALIFORNIA 497                 |   |   |
|--|---|--|--|---|---|---|
| AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1446883 |   | Report No. 02  |  | RECEIVED                                  | Official Use Only   |   |
| STREET ADDRESS  CITY  Tracy                                  | TY STATE ZIP CODE   |  | ☐ Amendmen<br>to Report No.<br>(explain below)<br>No. of Pages |   | SEP 1 9 2022  CITY CLERK TRACY CA   |   |
| 1. Contribution(s  | s) Received   |  | 8  |   | WW 1 2 3 4 5 6  |   |
| DATE<br>RECEIVED   |   | ET ADDRESS AND ZIP CODE OF<br>COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR  | CONTRIBUTOR<br>CODE*                      | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  | AMOUNT<br>RECEIVED                              |
| 09/19/22   | Grin Investments Inc. dba<br>6009 El Dorado Street<br>Stockton, CA. 95207 | Arco AM PM   |  | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC                 |   | 1,000  Check if Loan  **  Provide interest rate |
|  |   |  |  | IND COM OTH PTY SCC                       |   | Check if Loan                                   |
| -  | -   |  | 2  | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC |   | ☐ Check if Loan                                 |
| Reason for Amendm  | ent:  |  |  |   | * Contributor Codes IND - Individual COM - Recipient Committee (other OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee |   |

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| 497 Contribu   | ition Report Amount   | nts may be rounded to v                 | whole dollars.                            | 345678  |  |
|--|---|---|---|---|--|
| NAME OF FILER<br>Eleassia Davis for M                        | Mayor of Tracy 2022   | Date of This Filing 08/                 | 2/20/2022                                 | Date Stamp CALIFO   |  |
| AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1446883 |   | Report No. 01                           |   | AUG 2 0 2022 For G  | Official Use Only                                |
| STREET ADDRESS  CITY  Tracy                                  | STATE ZIP CODE CA 95377                                     | Amendment to Report No. (explain below) | 1   | TOTAL STATE OF STATE | e.   |
| 1. Contribution(   | s) Received   |   |   |   | *  |
| DATE<br>RECEIVED   | FULL NAME, STREET ADDRESS AND ZIP CODE OF CON-              | TRIBUTOR                                | CONTRIBUTOR<br>CODE*                      | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  | AMOUNT<br>RECEIVED                               |
| 08/19/2022   | Carlos For State Assembly P.O. Box 1282 Stockton, CA. 95201 |   | IND COM OTH PTY SCC                       |   | \$2,400.00  Check if Loan  Provide interest rate |
|  |   | ¥                                       | IND COM OTH PTY SCC                       |   | Check if Loan  Provide interest rate             |
|  | - 5   |   | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC |   | Check if Loan  Provide interest rate             |
| Reason for Amendr  | ment:   |   |   | * Contributor Codes IND - Individual COM - Recipient Committee (other OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee   | •  |