

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Eleassia Davis for Mayor of Tracy			Date of This Filing 11/02/22		<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1446883		Report No. 4		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Tracy	STATE CA	ZIP CODE 95377	No. of Pages _____		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
11/01/22	Leesa Ballier-Mellion [REDACTED] Tracy, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Caregiver	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

\* 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

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NAME OF FILER Eleassia Davis for Mayor of Tracy		Date of This Filing 10/11/22		<b>CALIFORNIA FORM 497</b>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1446883	Report No. 3		For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Tracy	STATE CA	ZIP CODE 95377	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/10/22	Leesa Ballier-Mellion P.O.Box1053 Tracy, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed, Caregiver	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate
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NAME OF FILER Eleassia Davis for Mayor of Tracy 2022		Date of This Filing 09/19/22	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1446883	Report No. 02		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Tracy	STATE CA	ZIP CODE 95377	No. of Pages _____	

## 1. Contribution(s) Received

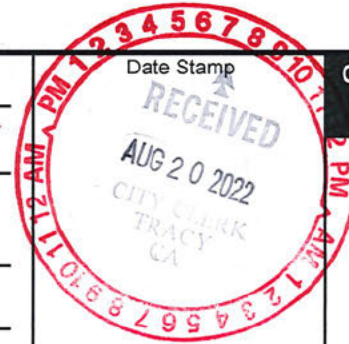
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/19/22	Grin Investments Inc. dba Arco AM PM 6009 El Dorado Street Stockton, CA. 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000  <input type="checkbox"/> Check if Loan  _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan  _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan  _____% <small>Provide interest rate</small>

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NAME OF FILER  
Eleassia Davis for Mayor of Tracy 2022

AREA CODE/PHONE NUMBER  
[REDACTED]

I.D. NUMBER (if applicable)  
1446883

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE  
Tracy CA 95377

Date of This Filing 08/20/2022

Report No. 01

Amendment to Report No. (explain below)

No. of Pages 1

**CALIFORNIA FORM 497**

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## 1. Contribution(s) Received

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
08/19/2022	Carlos For State Assembly P.O. Box 1282 Stockton, CA. 95201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,400.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
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