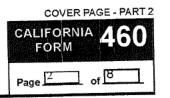
Recipient Committee CALIFORNIA 46 Campaign Statement **FORM Cover Page** Date of election if applicable: Statement covers period (Month, Day, Year) from 10-23-22 CITY OF TRAC TRACY, CA 11-8-22 through 11-15-22 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☑ Officeholder, Candidate Controlled Committee
○ State Candidate Election Committee
○ Recall Preelection Statement Quarterly Statement Primarily Formed Ballot Measure Semi-annual Statement Special Odd-Year Report Committee Termination Statement Controlled (Also file a Form 410 Termination) Sponsored (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee
Sponsored
Small Contributor Commit
Political Party/Central Commit Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER Treasurer(s) 3. Committee Information 1450125 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Mateo Bedolla for Tracy Mayor 2022 Diego Bedolla MAILING ADDRESS ZIP CODE AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) 95376 CA AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY ZIP CODE CA 95376 Tracy MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS AREA CODE/PHONE CITY ZIP CODE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct Executed on ______11-15-22 r Assistant Treasurer Executed on easure Proponent or Responsible Officer of Sponsor Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016))

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2



Officeholder or Candidate Controller NAME OF OFFICEHOLDER OR CANDIDATE	d Committee	6.	Primarily Formed Ballot NAME OF BALLOT MEASURE	Measure Co	ommittee		
Mateo Bedolla OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	V		SUPPORT OPPOSE
Mayor							OFFOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	Tracy CA 95376		Identify the controlling officer			easure propo	nent, if any.
Related Committees Not Included in not included in this statement that are controlled contributions or make expenditures on behalf of	ad by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		P	DISTRICT NO. IF	FANY
COMMITTEE NAME	I.D. NUMBER	7	. Primarily Formed Cand	idate/Office	holder Com	nmittee <i>Lis</i> i	t names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	,	officeholder(s) or candidate(s)	tor which this c	OFFICE SOUG	many formed	L SUPPORT
COMMITTEE ADDRESS STREET ADDRESS	SS (NO P.O. BOX)		., <u>.</u>				OPPOSE
CITY STAT	TE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUC	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE	SS (NO:P.O. BOX) TE ZIP CODE AREA CODE/PHONE		Atte	ach continuati	on sheets if ne	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period from $\frac{10 \cdot 23 \cdot 22}{}$	california 460
through 11-15-22	Page 3 of 8
	I.D. NUMBER 1450125

SEE INSTRUCTIONS ON REVERSE		through _	
NAME OF FILER Mateo Bedolla for Tracy Mayor 2022			I.D. NUMBER 1450125
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
 Monetary Contributions Loans Received Schedule A, Line 3 Subtotal Cash Contributions Add Lines 1 + 2 Nonmonetary Contributions Total Contributions Received Add Lines 3 + 4 	\$ \(\frac{13022.03}{(11900)} \) \$ \(\frac{822.03}{0} \) \$ \(\frac{1122.03}{0} \)	\$ 216/2.03 0 \$ 216/2.03 [U 216/2.03	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	2110 54	\$ 21672.03 0 \$ 21672.03 0 0 0 21672.03	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	10 1810.54 \$ 0	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.
18. Cash Equivalents	0		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule	Α	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

Statement covers period from 10-23-22 CALIFORNIA 460

through 11-15-22 Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mateo Bedolla for Tracy Mayor 2022

1450125

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. 1i- DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Juana Morelos, gacy, CA, 95376	ZIND COM OTH PTY SCC	Not employed	222.03	222.03	222.03
International Brotherhood of Electrical Workers Local 595 PAC Small Contributor Committee, #1273532, 555 Capitol Mall, Suite 400, Sacramento, CA, 95814	☐IND IZCOM ☐OTH ☐PTY ☐SCC		500	500	500
Alfonso Chávez, 95376	ZIND COM OTH PTY SCC	Chávez Farms	100	100	100
Maricela Morelos-Bedolla, Lane, Tracy, CA, 95376	IND COM OTH PTY	Educator, TUSD	4900	4900	4900
Marisol Morelos, 95376	ØIND □COM □OTH □PTY □SCC	Educator, TUSD	4000	4100	4100
	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Juana Morelos, 95376 International Brotherhood of Electrical Workers Local 595 PAC Small Contributor Committee, #1273532, 555 Capitol Mall, Suite 400, Sacramento, CA, 95814 Alfonso Chávez, 95376 Maricela Morelos-Bedolla, Lane, Tracy, CA, 95376 Marisol Morelos. Pacy, CA,	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Juana Morelos, 95376 acy, CA, 95376 International Brotherhood of Electrical Workers Local 595 PAC Small Contributor Committee, #1273532, 555 Capitol Mall, Suite 400, Sacramento, CA, 95814 PTY SCC Alfonso Chávez, 95376 Tracy, CA, 95376 Ind COM OTH PTY SCC Maricela Morelos-Bedolla, Lane, Tracy, CA, 95376 Marisol Morelos. 95376	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Juana Morelos, 95376 acy, CA, 95376 International Brotherhood of Electrical Workers Local 595 PAC Small Contributor Committee, #1273532, 555 Capitol Mall, Suite 400, Sacramento, CA, 95814 Alfonso Chávez, 95376 Iracy, CA, 95376 CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OCOM OTH	Juana Morelos, 1 Receivables and 2 in Coope 1 Contributor Coope 1 Contributor Coope 1	CONTRIBUTOR OCONTRIBUTOR OF CONTRIBUTOR OF SUSBERS AND EMPRIO. NUMBER) Juana Morelos, 95376 acy, CA, 95376 ZIND OCM OTH DTY DSCC Alfonso Chávez, 95376 Alfo

Schedule A Summary

1.		13022.03
	(Include all Schedule A subtotals.)	
		M

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

3.	Total monetary contributions received this period.		13022.03
	Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	.TOTAL	\$1

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars. | SCHEDULE A (CONT.)
| Statement covers period | FORM | 460 |
| through | 11-15-22 | Page | 5 | of | 8 |
| I.D. NUMBER | 1450125

NAME OF FILER

Mateo Bedolla for Tracy Mayor 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)
11-15-22	Diego Bedolla, Tracy, CA, 95376	ZIND COM OTH PTY SCC	Dieg's Hobby	3000	3000	3000
11-15-22	Bricklayers & Allied Craftworkers Local No. 3 PAC All Purpose Account, #1244975, 10806 Bigge Street, San Leandro, CA, 94577	☐IND COM ☐OTH ☐PTY ☐SCC		300	300	300
		OTH PTY				
		OTH SCC				
		□IND □COM □OTH □PTY □SCC				
***************************************			SUBTOTAL	\$ 3300		

*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

	Am	ounts may be rou	unded	_				DULE B - PART T
Schedule B - Part 1		to whole dollars			Statement cov	ers period	CALIFORM	VIA 460
Loans Received					from 10-23-22		FORM	
								d 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
					through11-15-22		Page 6	of 8
SEE INSTRUCTIONS ON REVERSE					tillough		I.D. NUMBER	. 01
NAME OF FILER							_	
Mateo Bedolla for Tracy Mayor 2022							1450125	
			750	(6)	(a)	(0)	(f)	(g) CUMULATIVE
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF AN INDIVIDUAL, ENTER: OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOD	N BALANCE AT	INTEREST PAID THIS PERIOD	ORIĞİNAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	PERIOD		☐ PAID	PERIOD			CALENDAR YEAR
Maricela Morelos-Bedolla acy, CA, 95376	Teacher, Tracy Unified			\$	s <u>0</u>	%	ş <u>4900</u>	s 4900
_				FORGIVEN		RATE		PER ELECTION**
		4900	0	4900			8-8-22	4900
		s <u></u>	s:	\$	DATE DUE	\$	DATE INCURRED	3-
TO IND COM OTH PTY SCC				PAID	2,112	 		CALENDAR YEAR
Marisol Morelos,	Educator, Tracy Unified				ş <u>0</u>		s 4000	4100
CA, 95376				\$	- 5	RATE	\$	3
				FORGIVEN		1		PER ELECTION**
	 	4000	0	4000			10-12-22	4100
TEND COM OTH PTY SCC		\$	\$	0	DATE DUE		DATE INCURRED)
Diego Bedolla,	Dieg's Hobby	1		PAID				CALENDAR YEAR
acy, CA, 95376	Diog 5 Heady				s <u>0</u>		s 3000	3000
acy, CA, 95570		II		F	1	RATE		V
				FORGIVEN			10072777	PER ELECTION**
	L	3000	s_0	\$ 3000	_	\$	10-13-22	\$ 3000
TEN IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	`
		SUBTOTALS S	\$ 0	\$ 11900	\$ 0	\$		
						(Enter (e) on Sch	edule E, Line 3)	
Schedule B Summary				. 0				
1. Loans received this period				\$				
	fi H C100 \				1900	(†Contributor Code	es
Column (b) plus unitemized loar Loans paid or forgiven this period				\$			IND - Individual	
(Total Column (c) plus loans under \$10	Ju pald or forgiven.)					1	COM - Recipient	Committee n PTY or SCC)
(Include loans paid by a third party tha	t are also itemized on Sch	edule A.)		NET ¢ (11900)		OTH - Other (e.g.	
(Include loans paid by a third party that 3. Net change this period. (Subtract Lin	e 2 from Line 1.)			NET 3		-	PTY - Political Pa	arty
Enter the net here and on the Summa	ry Page, Column A, Line 2.	•					SCC - Small Con	tributor Committee
					(May be a negative number)	•		

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

	nts may be rounded o whole dollars.	from	CALIFORNIA 460 FORM Page 7 of 8 1.D. NUMBER 1450125
CODES: If one of the following codes accurately describes the pay CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations PET pe FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* POS po	ember communications eetings and appearances ice expenses tition circulating one banks Iling and survey research stage, delivery and messenger ser ofessional services (legal, accounti	RAD radio airtime and production cost returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and product TRC candidate travel, lodging, and rroces TSF transfer between committees of	ion costs neals I meals I the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Meta, 1 Hacker Way, Menlo Park, CA, 94025	WEB		1800.61
Wix.com, Inc., 500 Tery A Francois Boulevard, Fl 6, San Francisco, CA 941	58 WEB		6
ActBlue, 366 Summer St, Somerville, MA 02144	PRO		3.93
* Payments that are contributions or independent expenditures must also be summarize	ed on Schedule D.	SUBI	TOTAL \$ 1810:54
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subto 2. Unitemized payments made this period of under \$100			\$ [0]

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mateo Bedolla for Tracy Mayor 2022	Amounts may be round to whole dollars.	ied	Statement covers period 10-23-22 from through	CALIFORNIA 460 FORM Page I.D. NUMBER 1450125
CODES: If one of the following codes accurately decodes accurately dec	MBR member communica MTG meetings and appea OFC office expenses PET petition circulating PHO phone banks POL polling and survey re	ations arances esearch ad messenger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and protaction candidate travel, lodging, a TRS staff/spouse travel, lodging, a	n costs duction costs nd meals , and meals es of the same candidate/sponsor ts (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Mateo Bedolla, acy, CA, 92	3376 RFL		SCRIPTION OF PAYMENT	AMOUNT PAID 300
* Payments that are contributions or independent expenditures mu	st also be summarized on Schedule D).	\$	SUBTOTAL \$ 300

COVER PAGE **Recipient Committee** CALIFORNIA Campaign Statement FORM Cover Page RECEIVED Page T Date of election if applicable: Statement covers period (Month, Day, Year) NOV 1 6 2022 る For Official Use Only 9-25-22 from CITY CLERK TT-8-22 TRACY 10-22-22 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement State Candidate Election Committee Semi-annual Statement Committee Special Odd-Year Report Termination Statement O Recall Controlled (Also file a Form 410 Termination) (Also Complete Part 5) Sponsored Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Small Contributor Committee Officeholder Committee O Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1450125 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Mateo Bedolla for Tracy Mayor 2022 Diego Bedolla MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE CITY Tracy CA 95376 AREA CODE/PHONE ZIP CODE NAME OF ASSISTANT TREASURER, IF ANY Tracy CA 953/6 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 11-15-22 Executed on . icenoicer, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ 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

COVER PAGE - PART 2
CALIFORNIA 460
FORM 400
Page Z of 8

Officeholder or Candidate Controlled C	ommittee	6.	Primarily Formed Ballo	t Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Mateo Bedolla						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT OPPOSE
Mayor						
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	ET) CITY STATE ZIP Tracy CA 95376		Identify the controlling office	holder, candic	late, or state measure pr	oponent, if any.
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR P	ROPONENT	
Related Committees Not Included in thi not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER		Mary Company of the C			
	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano	lidate/Office	eholder Committee	List names of
NAME OF TREASURER	☐ YES ☐ NO		omicenologi(s) or candidate(s)	ioi willen uns	committee is primarily for	
COMMITTEE ADDRESS STREET ADDRESS (N			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	□ SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
	YES NO					☐ OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O. BOX)					
CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if necessary	
CIIT STATE	ZII OOSE MAANAA MAA		Atta	on commutati	an one of a recording	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 9-25-22	CALIFORNIA 460
through	Page 3 of 8
	I.D. NUMBER
	1450125

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mateo Bedolla for Tracy Mayor 2022

Contributions Received 1. Monetary Contributions	0	* S	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	0	\$\frac{19561.49}{0}\$ \$\frac{19561.49}{0}\$ \$\frac{0}{0}\$ \$\frac{19561.49}{19561.49}\$	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	_	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 (866/275-377)

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Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov from [9-25-22]			SCHEDULE A CALIFORNIA 460 FORM Page 4 of 8		
SEE INSTRUCTION	ONS ON REVERSE			through 10-22-22					
NAME OF FILER Mateo Bedo	lla for Tracy Mayor 2022					1.D. NU 14501	JMBER 25		
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 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)		
	See Next Page	☐ 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	\$ 3000					
1. Amount re (Include a	A Summary eceived this period – itemized monetary contribution Ill Schedule A subtotals.)	· · · · · · · · · · · · · · · · · · ·	\$ =	000	OT PT	othe) H – Other Y – Politic	ual bient Committee r than PTY or SCC) (e.g., business entity)		

Schedule A				
Date received	Name, ID, Street address, ZIP	Individual's occupation and name of employer	Amount received this period	Cumulative to date calendar year
10-2-22	San Joaquin County Democratic Central Committee, #742165, 5445 Madison Avenue, Sacramento, CA 95841		200	200
10-2-22	Plumbers & Steamfitters Local 442, #871625, 4842 Nutcracker Lane, Modesto, CA 95356		500	500
10-3-22	San Joaquin County Building & Construction Trades Council, #890345, 3984 Cherokee Road, Stockton, CA 95215		500	500
10-3-22	Sheet Metal Workers Local 104, #850381, 3232 Constitution Drive, Livermore, CA 94551		500	500
10-11-22	Michael Repetto, Tracy, CA 95304	Tracy Disposal	500	500
10-16-22	Carmen Solario, Tracy, CA 95376	Not employed	25	25
10-16-22	Ana Terriquez,	Teacher, Tracy Unified	75	75
10-16-22	Linda Fresquez, Manteca, CA 95336	Not employed	50	50
10-17-22	Central Labor Council of San Joaquin and Calaveras Counties- COPE, #1260729, PO Box 30932, Stockton, California 95213		500	500
10-18-22	Marisol Morelos, Tracy, CA 95376	Educator, Tracy Unified	100	100
10-18-22	Maria Ramos, racy, CA 95376	Educator, Tracy Unified	50	50

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FOLL NAME, 5 THE ADDRESS AND PLODE OF LEDGER (PERSIDER AND PLODE OF LEDGER) FOR FLENDER (PERSIDER AND PLODE OF LEDGER) FOR FOR STANKE (PERSIDER AND PERSIDER) FOR FOR STANKE (PERSIDER) FOR STANKE (PERSIDER) FOR FOR STANKE (PERSIDER) FOR STANKE	Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars. Statement cover from 19-25-22				ers period	Tomason Sauto de Alamana	11A 460	
NAME OF FILER Mateo Bedolla for Tracy Mayor 2022 FULL NAME, STREET ADDRESS AND ZIP CODE OF COURATION AND EMPLOYER OF LONG FOR COURATION AND EMPLOYER (IF SEXFAMP.OVED SERVER NAME OF SEMESTS) FULL NAME, STREET ADDRESS AND ZIP CODE OF COURATION AND EMPLOYER (IF SEXFAMP.OVED SERVER NAME OF SEMESTS) FULL NAME, STREET ADDRESS AND ZIP CODE OF COURATION AND EMPLOYER (IF SEXFAMP.OVED SERVER NAME OF SEMESTS) FULL NAME, STREET ADDRESS AND ZIP CODE OF COURATION AND EMPLOYER (IF SEXFAMP.OVED SERVER NAME OF SEMESTS) FULL NAME, STREET ADDRESS AND ZIP CODE OF COURATION AND EMPLOYER (IF SEXFAMP.OVED SERVER NAME OF SEMESTS) FULL NAME, STREET ADDRESS AND ZIP CODE OF COURATION AND EMPLOYER (IF SEXFAMP.OVED SERVER NAME OF SEMESTS) FULL NAME, STREET ADDRESS AND ZIP CODE OF COURSE (IN SEXFAMP.OVED SEXFAM	OFF WOTOUGTIONS ON DEVERSE					through [10-22-2	Z	Page 6	of 8
Mateo Bedolla for Tracy Mayor 2022 FULL NAME, STREET ADDRESS AND ZIP CODE OF LEADING OF COURT OF AN INDIVIDUAL ENTER OF LEADING OF COURT OF AN INDIVIDUAL ENTER OF LEADING OF COURT OF AN INDIVIDUAL ENTER OF COURT OF COURT OF AN INDIVIDUAL ENTER OF COURT OF COURT OF COURT OF COURT OF								I.D. NUMBER	
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FOLIANDE, ST. CHARGER (LENGER LOS DETER LO NUMBER) FORMITTEE, ALSO ENTER LO NUMBER) FORMITTEE, ALSO ENTER LO NUMBER, ALTO ENTER LO NUMBER, AL			(a)	(6)	(c)	(d)	(o)	(f)	(g)
Naricela Morelos-Bedolla, Tracy, CA, 95376 Tr	OF LENDER	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	AMOUNT RECEIVED THIS	OR FORGIVED THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS	PAID THIS	ORIGINAL AMOUNT OF	CUMULATIVE CONTRIBUTION: TO DATE
Sample S		Teacher, Tracy Unified			\$	ş[<u>4900</u>	%	s 4900	s 4900
Marisol Morelos, CA, 95376 Fall	TAIND COM COTH CPTY CSCC		s 4900	\$ 0	\$	DATE DUE	\$		
Tracy, CA, 95376 Dieg's Hobby Subtract	Marisol Morelos,	Educator, Tracy Unified			\$	s 4000	% RATE	s 4000	-
Diego Bedolla, Tracy, CA, 95376 Fracy, CA, 95376 Dieg's Hobby Subtract Line 2 from Line 1) Diego Bedolla,	TENIND COM CLOTH CIPTY CISCO		\$	s 4000	\$	DATE DUE	s		PER ELECTION*
SUBTOTALS \$ 7000 \$ \$ 11900 \$ Substituting the second of t	Diego Bedolla,	Dieg's Hobby			PAID \$	ş <u>3000</u>	%	s 3000	S 3000
Schedule B Summary 1. Loans received this period	Trans Good Gotty Gary George		\$	s 3000	FORGIVEN \$	DATE DUE	\$		s SUUU
Schedule B Summary 1. Loans received this period	MIND COM TOTA THE SEC		SUBTOTALS !	\$ 7000	\$	\$ [11900	\$		20
1. Loans received this period									
(Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period	1. Loans received this period		*****************		s 170	000	-		
Enter the net here and on the Summary Page, Column A, Line 2.	 (Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha 3. Net change this period. (Subtract Line) 	of less than \$100.) O paid or forgiven.) t are also itemized on Sche 2 from Line 1.)	edule A.)		\$	000		ND – Individual COM – Recipient C (other than	Committee PTY or SCC) business entity)

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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

(May be a negative number)

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from	california 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mateo Bedolla for Tracy Mayor 2022		through [10-22-22	Page // of 8
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 communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at TRS staff/spouse travel, lodging,	n costs duction costs nd meals , and meals es of the same candidate/sponsor

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	R DESCRIPTION OF PAYMENT		AMOUNT PAID
See Next Page					
* Payments that are contributions or independent expenditures must also be summarized on Scho	edule D.			SUBTOTAL \$	17736.93
Schedule E Summary					7736.93
 Itemized payments made this period. (Include all Schedule E subtotals.) Unitemized payments made this period of under \$100 Total interest paid this period on loans. (Enter amount from Schedule B, Pa Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on 	 rt 1, Colu	ımn	(e).)	\$ <u></u> \$ <u></u>	7736.93
				FPPC F	orm 460 (Jan/2016)) .gov (866/275-3772)

www.fppc.ca.gov

SCHEDULE E

Schedule E	y registration (a.g., and a) and continued (b) the mining single where the second continued continued and a second	
Name, address of payee, ID	Code	Amount paid
Creative Vision Printing, 2232 Stewart Street, Stockton, CA 95202	LIT	9789.09
Wix.com, Inc., 500 Tery A Francois Boulevard, Fl 6, San Francisco, CA 94158	WEB	138
ActBlue, 366 Summer St, Somerville, MA 02144	PRO	28.91
Meta, 1 Hacker Way, Menlo Park, CA 94025	WEB	3035.75
USPS, 125 W 9th St, Tracy, CA 95376	POS	4745.18

COVER PAGE **Recipient Committee** CALIFORNIA 46 Campaign Statement **FORM** RECEIVED Cover Page OCT 27 2022 Date of election if applicable Statement covers period For Official Use Only (Month, Day, Year) 9-25-22 CITY CLERK from TRACY 11-8-22 CA 10-22-22 SEE INSTRUCTIONS ON REVERSE through SIM 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Quarterly Statement ☑ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Semi-annual Statement Special Odd-Year Report O State Candidate Election Committee Committee Termination Statement Controlled O Recall (Also file a Form 410 Termination) Sponsored (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 5) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1450125 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Mateo Bedolla for Tracy Mayor 2022 Diego Bedolla MAILING ADDRESS ZIP CODE AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) CA 95376 Tracy AREA CODE/PHONE ZIP CODE NAME OF ASSISTANT TREASURER, IF ANY STATE CA 95376 Tracy MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX AREA CODE/PHONE AREA CODE/PHONE ZIP CODE CITY ZIP CODE CITY OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and 10-27-22 Executed on 10-27-22 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on .. Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on -FPPC Form 460 (Jan/2016))

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2			
CALIFORNIA 460			
Page 2 of 8			

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure C	ommittee —————		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Mateo Bedolla							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	□s	UPPORT
	TOT NOMBER 11 AT LESS 1925,						PPOSE
Mayor							
RESIDENTIAD BOSINESS ADDITION (NO. ALTO	Tracy STATE ZIP		Identify the controlling office	holder, candida	ate, or state measure	e propon	ent, if any.
	Tracy CAT 52570		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PE	ROPONENT		
Related Committees Not Included in this Sta	tement: List any committees		OFFICE SOUGHT OR HELD		DISTRI	CT NO. IF	ANY
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	lidacy.						
	I.D. NUMBER						
COMMITTEE NAME	I.D. NUMBER						
		-	Primarily Formed Cano	lidate/Office	holder Committ	ee List i	names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	officeholder(s) or candidate(s)	for which this	committee is primarily	formed.	
NAME OF TREASURER	☐ YES ☐ NO				OFFICE SOUGHT OF		1
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE GOODING.		SUPPORT
							OPPOSE
CITY STATE ZIP C	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT
							OPPOSE
	I.D. NUMBER			OANDIDATE	OFFICE SOUGHT OF	HEID	
COMMITTEE NAME	I.B. Nomber		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	SUPPORT
							OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT
NAME OF THE POSITE.	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)				<u> </u>		
CITY STATE ZIP	CODE AREA CODE/PHONE		Att	ach continuatio	on sheets if necessa	iry	
with the second							

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period from 9-25-22	california 460
through 10-22-22	Page 3 of 8
	I.D. NUMBER 1450125

SEE INSTRUCTIONS ON REVERSE		through	I.D. NUMBER
NAME OF FILER Mateo Bedolla for Tracy Mayor 2022			1450125
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
 Monetary Contributions Loans Received Schedule A, Line 3 Subtotal Cash Contributions Add Lines 1 + 2 Nonmonetary Contributions Total Contributions Received Add Lines 3 + 4 	\$\frac{3000}{7000}\$ \$\frac{10000}{0}\$	\$ [8650] 11900 10000 0	1/1 through 6/30 7/1 to Date 20. Contributions
Expenditures Made 6. Payments Made	<u>U</u>	\$ [19561.49] \$ [17736.93] [0] [0] \$ [17736.93]	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	10000 177736.93 \$ 988.51	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.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Advice: advice@fppc.ca.gov (866/275-377 www.fppc.ca.g

Schedule A Monetary Contributions Received		Amount to	ts may be rounded whole dollars.	Statement cov	ers period	california 460		
SEE INSTRUCTIO	INIC ON DEVERSE			through [10-22-22	2	Page	of 8	
NAME OF FILER	a for Tracy Mayor 2022					I.D. NU 14501	JMBER 25	
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 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	See Next Page	□IND □COM □OTH □PTY □SCC						
		IND COM OTH PTY SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		IND COM OTH PTY						
		IND COM OTH PTY Scc						
			SUBTOTAL	\$ 3000				
Amount re (include al	A Summary ceived this period – itemized monetary contributio Il Schedule A subtotals.)		\$	000	OT P1	othe) TH – Othe TY – Politic	dual ipient Committee er than PTY or SCC) ir (e.g., business entity)	

Schedule A				
Date received	Name, ID, Street address, ZIP	Individual's occupation and name of employer	Amount received this period	Cumulative to date calendar year
10-2-22	San Joaquin County Democratic Central Committee, #742165, 5445 Madison Avenue, Sacramento, CA 95841		200	200
10-2-22	Plumbers & Steamfitters Local 442, #871625, 4842 Nutcracker Lane, Modesto, CA 95356		500	500
10-3-22	San Joaquin County Building & Construction Trades Council, #890345, 3984 Cherokee Road, Stockton, CA 95215		500	500
10-3-22	Sheet Metal Workers Local 104, #850381, 3232 Constitution Drive, Livermore, CA 94551		500	500
10-11-22	Michael Repetto,	Tracy Disposal	500	500
10-16-22	Carmen Solario, Fracy, CA 95376	Not employed	25	25
10-16-22	Ana Terriquez, acy, CA 95376	Teacher, Tracy Unified	75	75
10-16-22	Linda Fresquez, teca, CA 95336	Not employed	50	50
10-17-22	Central Labor Council of San Joaquin and Calaveras Counties- COPE, #1260729, PO Box 30932, Stockton, California 95213	The second secon	500	500
10-18-22	Morisol Morelos,	Educator, Tracy Unified	100	100
10-18-22	María Ramos, Tracy, CA 95376	Educator, Tracy Unified	50	50

	A	aunta may ba ray	undad				SCHED	ULE B - PART 1	
Schedule B – Part 1	Alli	ounts may be rou to whole dollars		ſ	Staternent cove	ers period	california 460		
oans Received	from 19-25-22						FORM		
					through 10-22-2	2	Page 6	of 8	
EE INSTRUCTIONS ON REVERSE							I.D. NUMBER		
AME OF FILER							1450125		
Mateo Bedolla for Tracy Mayor 2022							1		
	IF AN INDIVIDUAL, ENTER	(a)	(b)	(c) AMOUNT PA	ID OUTSTANDING	(e) INTEREST	ORIGINAL	(g) CUMULATIVE	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	OCCUPATION AND EMPLOYER	OUTSTANDING BALANCE	AMOUNT RECEIVED THIS	OR FORGIVE	FN BALANCE AT	PAID THIS	AMOUNT OF	CONTRIBUTIONS	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BEGINNING THIS PERIOD	PERIOD	THIS PERIO	D. CLOSE OF THIS PERIOD	PERIOD	LOAN	TO DATE	
Maricela Morelos-Bedolla,	Teacher, Tracy Unified			PAID			F/10/10/	CALENDAR YEAR	
Fracy, CA, 95376	l l			\$	s4900	%	s 4900	\$ 4900	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				FORGIVEN		RATE		PER ELECTION**	
		4900	0	- TONOME	`		8-8-22	4900	
		\$ <u></u>	s	\$	DATE DUE	\$	DATE INCURRED	s L	
Ø IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				PAID				CALENDAR YEAR	
Marisol Morelos	Educator, Tracy Unified			L 1210	4000		s 4000	4100	
				s	_ \$	RATE	8	3	
				☐ FORGIVE	N			PER ELECTION**	
			4000			s	10-12-22	\$ 4100	
IND COM OTH PTY SCC		5	s=====		DATE DUE		DATE INCURRED		
Diego Bedolla	[Dieg's Hobby			☐ PAID				CALENDAR YEAR	
Diego Determina				s	\$ 3000	%	s 3000	\$ 3000	
				FORGIVE	N I	RATE		PER ELECTION**	
			3000	La ronorte	`		10-13-22	3000	
		\$	s	\$	DATE DUE	\$	DATE INCURRED	5	
MIND COM OTH PTY SCC					DATE DOL		DATE INCOMED		
		SUBTOTALS S	7000	\$	\$ 11900	\$			
						(Enter (e) on Sche	edule E, Line 3)	EVADOUS PARENTE	
Schedule B Summary				F	7000				
Loans received this period				\$ <u>L</u>		-			
(Total Column (b) plus unitemized loar	ns of less than \$100.)			10	Ď l	G	Contributor Codes	5	
Loans paid or forgiven this period				\$ <u>L</u>			ND - Individual		
(Total Column (c) plus loans under \$1	00 paid or forgiven.)					'	COM Recipient C	committee PTY or SCC)	
(Include loans paid by a third party that	at are also itemized on Sch	eaule A.)		NET &	7000	١,	other than .,.OTH Other (e.g	business entity)	
3. Net change this period. (Subtract Lin	ne 2 from Line 1.)			NEI DE			PTY - Political Par	ty	
Enter the net here and on the Summa	iry Page, Column A, Line 2.						SCC - Small Conti	ibutor Committee	

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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

(May be a negative number)

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mateo Bedolla for Tracy Mayor 2022	Amounts may b to whole do			Statement covers period from 9-25-22 through 10-22-22	CALIFORNIA 46 FORM Page 7 of 8 I.D. NUMBER 1450125		
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	es the payment, you make meetings and office expens petition circul PHO phone banks POL polling and suppostage, deliper professional support print ads	munications I appearances es ating urvey research very and mess	enger services	erwise, describe the payment RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and proceed to candidate travel, lodging, staff/spouse travel, lodging, transfer between committed voter registration WEB words are payment.	on costs s oduction costs and meals g, and meals ees of the same	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DE	SCRIPTION OF PAYMENT		AMOUNT PAID	
See Next Page							
			·				
* Payments that are contributions or independent expenditures must also be	be summarized on Sche	dule D.			SUBTOTAL	17736.93	
Schedule E Summary 1. Itemized payments made this period. (Include all Schedu 2. Unitemized payments made this period of under \$100					\$ <u>-</u>	7736.93	
3. Total interest paid this period on loans. (Enter amount from 4. Total payments made this period. (Add Lines 1, 2, and 3.	om Schedule B, Pa . Enter here and on	rt 1, Columr the Summa	ı (e).) ary Page, Columr	n A, Line 6.)	\$ <u>-</u> тотаl \$ [7736.93	

FPPC Form 460 (Jan/2016))

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

Schedule E		
Name, address of payee, ID	Code	Amount paid
Creative Vision Printing, 2232 Stewart Street, Stockton, CA 95202	LIT	9789.09
Wix.com, Inc., 500 Tery A Francois Boulevard, Fl 6, San Francisco, CA 94158	WEB	138
ActBlue, 366 Summer St, Somerville, MA 02144	PRO	28.91
Meta, 1 Hacker Way, Menlo Park, CA 94025	WEB	3035.75
USPS, 125 W 9th St, Tracy, CA 95376	POS	4745.18

Recipient Committee CALIFORNIA Campaign Statement **FORM** Cover Page Page T Date of election if applicable Statement covers period (Month, Day, Year) For Official Use Only 7-1-22 from 11-8-22 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Quarterly Statement Semi-annual Statement O State Candidate Election Committee Committee Special Odd-Year Report Termination Statement O Recall Controlled (Also file a Form 410 Termination) O Sponsored (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee □ Primarily Formed Candidate/ Sponsored
Small Contributor Committee Officeholder Committee O Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER Treasurer(s) 3. Committee Information 1450125 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Mateo Bedolla for Tracy Mayor 2022 Diego Bedolla MAILING ADDRESS ZIP CODE AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) CITY Tracy CA 95376 STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY CITY CA 95376 Tracy MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE STATE CITY OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, 9-29-22 Executed on Date Executed on Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

COVER PAG

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
california 460
Page 2 of 6

Officeholder or Candidate Control	led Committee	6.	Primarily Formed Ballo	t Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Mateo Bedolla							
OFFICE SOUGHT OR HELD (INCLUDE LOCATI	ON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Mayor							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. ANI	STREET) CITY STATE ZIP Tracy CA 95376		Identify the controlling office	holder, candi	date, or state measur	re propon	nent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included not included in this statement that are control contributions or make expenditures on behalf	in this Statement: List any committees illed by you or are primarily formed to receive if of your candidacy.		OFFICE SOUGHT OR HELD	water	DISTRI	ICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
		7.	Primarily Formed Can	didate/Offic	eholder Committ	tee List i	names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	• • •	officeholder(s) or candidate(s	for which this	committee is primaril	y formed.	
	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	Ι
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)						SUPPORT
CITY ST	ATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CAÑDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT
	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)				.1		.1.
CITY ST	ATE ZIP CODE AREA CODE/PHONE		Atta	ach continuati	on sheets if necessa	iry	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMARY PAG
Statement covers period from 7-1-22	california 460
through 9-24-22	Page [3 of [6
	I.D. NUMBER
	1450105

SEE INSTRUCTIONS ON REVERSE		through	9-24-22 Page
NAME OF FILER Mateo Bedolla for Tracy Mayor 2022			I.D. NUMBER 1450125
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	\$ [5650] \$ [10550] \$ [10550] \$	\$ <u>4900</u> \$ \$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ \$ \$ \$ 21. Expenditures Made \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Expenditures Made 6. Payments Made	U TI824.56	\$ \$ \$	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	10550 0 1824.56 8725.44	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.	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ [1900]	from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377 www.fppc.ca.go

Schedule A		Amoun	ts may be rounded				SCHEDULE		
Monetary Contributions Received		to	whole dollars.	Statement cov	ers period	CALIFORNIA 460			
wonous y				from [7-1-22		F	ORM TO		
							4 6		
SEE INSTRUCTION	ONS ON REVERSE			through 9-24-22		Page	4 of 6		
NAME OF FILER						I.D. NU			
	lla for Tracy Mayor 2022					145012	25		
	FULL NAME, STREET ADDRESS AND ZIP CODE OF		IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE 1	O DATE	PER ELECTION		
DATE	CONTRIBUTOR	CONTRIBUTOR	OCCUPATION AND EMPLOYER	RECEIVED THIS	CALENDAR	YEAR	TO DATE		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD	(JAN. 1 - DE	C. 31)	(IF REQUIRED)		
8-8-22	Mateo Bedolla, Tracy,	☑ IND	Council Member, City of	4900	4900				
	CA, 95376	СОМ	Tracy			- 11	1		
		□OTH □PTY							
		scc		<u> </u>	<u> </u>				
8-10-22	Alyce Eversole, Iracy, CA,	☑ IND	Not employed	250	250				
	95376	□сом							
		ОТН							
		□ PTY □ SCC							
<u></u>	Harry S. Truman Club of San Joaquin #1269373, 3247	DIND		500	500				
9-8-22	West March Lane, Ste 120, Stockton, CA 95219	Z COM							
	West March Lane, Ste 120, Stockton, CA 20212	ОТН							
		□PTY				- 11			
L		□scc							
		□IND							
		СОМ							
		□OTH □PTY							
		scc							
		DIND							
	<u>.</u>	COM							
		□отн							
		□ PTY □ SCC							
		1 🗆 300	SUBTOTAL	s [5650					
Schedule	A Summary					ontributor () Individ			
	eceived this period – itemized monetary contributions			550		M – Recip	pient Committee		
(Include a	II Schedule A subtotals.)				ОТ		r than PTY or SCC) (e.g., business entity)		
2. Amount re	eceived this period – unitemized monetary contribution	ons of less that	n \$100\$		PT	Y - Politic			
3. Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	1.)TOTAL \$	650			PC Form 460 (Jan/2016		
(ı	FPPC Advice: ad	vice@fpp	c.ca.gov (866/275-377) www.fppc.ca.gc		

	Δm	ounts may be ro	unded				SCHEL	JULE B - PART
Schedule B – Part 1	A	to whole dollars			Statement cover	ers period	CALIFORN	11A 460
Loans Received				1	from 7-1-22	1	FORM	··· 400
Loans Received				1	Irom .			
					through 9-24-22		_ [5	of 6
SEE INSTRUCTIONS ON REVERSE					through		Page 3	01
NAME OF FILER							I.D. NUMBER	***
Mateo Bedolla for Tracy Mayor 2022							1450125	
								(g)
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	(a) OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS	AMOUNT PAID OR FORGIVEN	BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIOD	PERIOD	FERIOD	LOAN	CALENDAR YEA
Maricela Morelos-Bedolla,	Teacher, Tracy Unified			PAID	PRODECT 1		12900	4900
Tracy, CA, 95376				\$	s 4900	%	\$ 4900	s 4500
				FORGIVEN		RATE		PER ELECTION
			4900			1	8-8-22	4900
		\$	s	s	DATE DUE	\$	DATE INCURRED	\$
™ IND □ COM □ OTH □ PTY □ SCC				PAID	DATE DOE		- DATE MODIFIED	CALENDAR YEA
				LI PAID				
				\$	\$	% RATE	\$	\$
				FORGIVEN		KAIE		PER ELECTION
t		\$	\$	5	DATE DUE	3	DATE INCURRED	3
IND COM OTH PTY SCC				PAID		1		CALENDAR YEA
				\$	\$	RATE	\ \	\$
				FORGIVEN				PER ELECTION
		1.				,		5
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$	-	DATE DUE		DATE INCURRED	1
- IND I COM I OH I PH I See	I	l	1	L	7000	1	160.600.000.0000	
	•	SUBTOTALS S	\$ 4900	\$	\$ 4900	\$		
						(Enter (e) on Sched	dule E, Line 3)	
Schedule B Summary				49	00			
1. Loans received this period				\$ <u> </u>				
(Total Column (b) plus unitemized loar	ns of less than \$100.)			0		Œ	Contributor Code:	<u> </u>
2. Loans paid or forgiven this period				\$ <u>L</u>			ND – Individual	•
(Total Column (c) plus loans under \$10	00 paid or forgiven.)					C	OM - Recipient C	
(Include loans paid by a third party that	it are also itemized on Sche	edule A.)		49	00	١,		PTY or SCC)
Net change this period. (Subtract Lin	e 2 from Line 1.)			NET \$ 🖳			OTH – Other (e.g., PTY – Political Par	
Enter the net here and on the Summa	ry Page, Column A, Line 2.					1 '	CC - Small Conti	,
				1)	May be a negative number)	C		

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule E	Amounts may be rounded to whole dollars.		Statement covers period CALIFORNIA 46		
Payments Made			from F		RM 400
			through 9-24-22	Page [6	of 6
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUM	BER
Mateo Bedolla for Tracy Mayor 2022				145012	25
CODES: If one of the following codes accurately descr	ibes the payment, y	you may enter the code. Othe	rwise, describe the payment.		
CMP campaign paraphernalia/misc.	MBR member cor MTG meetings ar	mmunications	RAD radio airtime and production RFD returned contributions	costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	OFC office expen	nses	SAL campaign workers' salaries TEL t.v. or cable airtime and production costs		
CVC civic donations FIL candidate filing/ballot fees	PET petition circu PHO phone bank		TRC candidate travel, lodging, an		
FND fundraising events	POL polling and	survey research	TRS staff/spouse travel, lodging, a TSF transfer between committees	and meals	e candidate/sponsor
IND independent expenditure supporting/opposing others (explain)* LEG legal defense		livery and messenger services I services (legal, accounting)	VOT voter registration		
LIT campaign literature and mailings	PRT print ads		WEB information technology costs	; (internet, e-	-mail)
NAME AND ADDRESS OF PAYEE		CODE OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)					
Secretary of State, 1500 11th Street, Rm 495, Sacramento, CA,	95814	FIL			50
Wix.com, Inc., 500 Tery A François Boulevard, Fl 6, San Franco	asco, CA, 94158	I WEB 1			29
Win.com, inc., 500 for in included bout that, 27 of 222	,				
Creative Vision Printing, 2232 Stewart Street, Stockton, CA, 9.	5205				1745.56
* Payments that are contributions or independent expenditures must als	o be summarized on Sch	nedule D.	SU	JBTOTAL \$	1824.56
Schedule E Summary					
•	dula E auktatala)				824.56
1. Itemized payments made this period. (Include all Sche				10)
2. Unitemized payments made this period of under \$100.					
3. Total interest paid this period on loans. (Enter amount to					824.56
4. Total payments made this period. (Add Lines 1, 2, and	3. Enter nere and o	n the Summary Page, Column	м, шие о.)	≠1/NL Ψhm	

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