

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>EVANS FOR TRACY CITY COUNCIL 2022</b>			Date of This Filing <u>10/30/22</u>	Date Stamp  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>CALIFORNIA FORM 497</b>          For Official Use Only          2022 OCT 31 AM 11:08       </div>
AREA CODE/PHONE NUMBER <div style="background-color: black; width: 100px; height: 20px;"></div>	I.D. NUMBER (if applicable) <b>1446503</b>		Report No. <u>2</u>	
STREET ADDRESS <div style="background-color: black; width: 150px; height: 30px;"></div>			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY <b>TRACY</b>	STATE <b>CA</b>	ZIP CODE <b>95376</b>	No. of Pages <u>1</u>	

## 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
10/29/22	CREPAC #890106 515 S Figueroa St Ste 1110, Los Angeles, CA 90071	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00  <input checked="" 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

# 497 Contribution Report

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NAME OF FILER <b>Erans for Tracy City Council 2022</b>		Date of This Filing <b>10-17-22</b>	Date Stamp <b>2022 OCT 17 PM 10:42</b>	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <b>1446503</b>	Report No. <b>1</b>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY <b>Tracy</b>	STATE <b>CA</b>	ZIP CODE <b>95376</b>	No. of Pages <b>1-1</b>	

## 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
10-14-22	Dan Evans [REDACTED] Tracy CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jacobs Project manager	1500. <sup>00</sup> <input checked="" type="checkbox"/> Check if Loan 0 % 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

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