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COVER PAGE

# Recipient Committee Campaign Statement Cover Page — Part 2

CC	OVER PAGE - PART 2
CALLE	ORNIA 460
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FOI	XW See See See See See See See See See Se
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<b>n</b> 2	of 5
Page 2	01

Officeholder or Candidate Controlled Commi	ittee		6.	Primarily Formed Ballo	t Measure (	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE		****** ******* ******		111111111111111111111111111111111111111
Dan Arriola								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	NC		SUPPORT OPPOSE
City Councilmember, City of Tracy								
KESIDEN (IAEIBOOINESS /ISSNESS (ITSNISS - ITSNISS - ITSN	ITY Tracy	STATE ZIP CA 95376		Identify the controlling office			measure pro	ponent, if any.
				NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	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	any committees rmed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER				***************************************			
NAME OF TREASURER	CONTROLLE	COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Offic	eholder Co	mmittee !	ist names of ned.
NAME OF TREASURER	YES	□ NO					JGHT OR HEL	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOC	JOHN ON HEE	SUPPORT OPPOSE
CITY STATE ZIP C	ODE A	REA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER	☐ YES	COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	UGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I		REA CODE/PHONE		Att	ach continuati	ion sheets if n	necessary	1

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE				I.D. NUMBER
NAME OF FILER				1409106
Dan Arriola for Tracy City Council 2022				
Contributions Received	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
<ol> <li>Monetary Contributions</li> <li>Loans Received</li> <li>Schedule A, Line 3</li> <li>Subtotal Cash Contributions</li> <li>Add Lines 1 + 2</li> <li>Nonmonetary Contributions</li> <li>Total Contributions RECEIVED</li> <li>Add Lines 3 + 4</li> </ol>	\$ <u>0</u>	\$ \frac{0}{0} \\ \$ \fra	20. Contributions Received \$	7/1 to Date \$\$
Expenditures Made  6. Payments Made	0	\$\frac{3.94}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{3.94}\$		Summary for State  ve Expenditures Made* Voluntary Expenditure Limit)  Total to Date
Current Cash Statement  12. Beginning Cash Balance	0 0 3.94 \$ 0	Te 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 reported in Column B.	\$
19. Outstanding Debts Add Line 2 + Line 9 in Column B above			FPPC Advice: ad	FPPC Form 460 (Jan/2016 vice@fppc.ca.gov (866/275-377) www.fppc.ca.go

	to whole dollars	<b>5.</b>		Statement coverage from 1/1/2024	ers period	CALIFORN FORM	<sup>1</sup> 460
2				through <u>3/28/20</u>	24	Page 4 I.D. NUMBER 1409106	of _5
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	OR FORGIVE	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Attorney San Joaquin County District Attorney's Office	\$	\$ <u>0</u>	\$ — PAID  \$ — FORGIVEN  \$ 1500	s 0	% RATE	\$_1500 3/31/2022 DATE INCURRED	\$ 4000  PER ELECTION**  \$
Attorney San Joaquin County District Attorney's Office	2500 s	\$ <u>0</u>	\$	s 0	% RATE	\$ 2500 11/16/20a DATE INCURRED	\$ 4000 PER ELECTION**
	s	\$	PAID  S — FORGIVEN  S — FORGIVEN	DATE DUE	% RATE	\$ DATE INCURRED	\$ PER ELECTION** \$
S	UBTOTALS \$		\$	\$	\$		
			\$ _0		(Enter (e) on Sch	edule E, Line 3)	
00 paid or forgiven.)	dule A.)		\$ 4	4000	-	IND – Individual COM – Recipient C (other than OTH – Other (e.g.,	Committee PTY or SCC) business entity) ty
֡	Attorney San Joaquin County District Attorney's Office  Attorney San Joaquin County District Attorney's Office  Soffice  Soffice	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  Attorney San Joaquin County District Attorney's Office  Attorney San Joaquin County District Attorney's Office  SUBTOTALS  SUBTOTALS  are also itemized on Schedule A.) are 2 from Line 1.)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  Attorney San Joaquin County District Attorney's Office  Attorney San Joaquin County District Attorney's Office  Substituting Substitution of the second substitution of the	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SEL-EMPLOYED, ENTER NAME OF BUSINESS)  Attorney San Joaquin  County District Attorney's Office  Attorney San Joaquin  County District Attorney's Office  Substituting Selection of the selection	FAN INDIVIDUAL, ENTER   OUTSTANDING BALANCE   BEGINNING THIS PERIOD   OR FORGIVEN THIS PERIOD   DATE DUE	FAN INDIVIDUAL ENTER   OUTSTANDING BALANCE   FREDERIC   PERIOD   PERIOD   OUTSTANDING BALANCE   PERIOD   PERIOD   OUTSTANDING BALANCE   PERIOD   OUTSTANDING BALANCE   PERIOD   OUTSTANDING BALANCE   PERIOD   OUTSTANDING BALANCE AT   PERIOD   O	Frant Individual_Enter   Page 4   Page 5   Page 6   Pag

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

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA

Payments Made					from		RW
					through <u>3/28/2024</u>	Page	5 of 5
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUI	MBER
Dan Arriola for Tracy City Council 2022						14091	06
CODES: If one of the following codes accurately describe  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 circul PHO phone banks POL polling and si POS postage, deliv PRO professional si PRT print ads	munication  appearances  ating  urvey reseavery and m	s ces rch essenger servic	ces	RFD returned contribution SAL campaign workers' TEL. t.v. or cable airtime TRC candidate travel, lo	ons ' salaries e and production cost odging, and meals , lodging, and meals committees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.				SUBTOTAL	\$
Schedule E Summary							
Itemized payments made this period. (Include all Schedul	le E eubtotale \					\$	0
<ol> <li>Itemized payments made this period. (Include all Schedul</li> <li>Unitemized payments made this period of under \$100</li> </ol>	e E Subiolais.)				••••	\$	3.94
2. Unitemized payments made this period of under \$100						¢	0
<ol> <li>Total interest paid this period on loans. (Enter amount from</li> <li>Total payments made this period. (Add Lines 1, 2, and 3.</li> </ol>	m Schedule B, Pa	π I, Colu	mn (e).)			+	
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	ule Sull	mary rage,	Columnia	.,	•	

Recipient Committee Campaign Statement Cover Page

Cover Page		E S	JAN 3 1 2024	TOKWI
	Statement covers period from 7/1/2023	Date of election if applicable: (Month, Day, Year)	CITY CLERK TRACY CA	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2023</u>	11/3/2022	8 2 9 9 8 8	<b>b</b> /
1. Type of Recipient Committee: All Committees - Con	plete 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	rimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 5) crimarily Formed Candidate/ fficeholder Committee Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminatio Amendment (Explain below)	□ s <sub>i</sub>	tuarterly Statement pecial Odd-Year Report
3 Committee Information	NUMBER 109106	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Dan Arriola For Tracy City Council 2022		Beckett Kelly MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITI	STATE ZIP	P CODE AREA CODE/PHONE
		Stockton	CA 9:	5204
Tracy CA 95376		NAME OF ASSISTANT TREASURER, IF AN	Y	
Tracy CA 95370 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIP	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of the Executed on 1/30/2024  Executed on 1/30/2024  Executed on Date  Executed on Date  Executed on Date	California that the foregoing is true and  By —  By —  By —  By —  S	knowledge the information contained herein a correct	are Proponent	
				FPPC FORM 460 (Jan/2016))

FPPC Form 460 (Jan/2016))

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COVER PAGE

CALIFORNIA 460

COVER PAG	
CALIFORNIA FORM	460
Page 2 of	6

Officeholder or Candidate Controlled	l Committee			6.	Primarily Formed Ballo	t Measure (	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Dan Arriola									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER	RIFAPPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTIO	NC		SUPPORT
City Councilmember, City of Tracy									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	TREET) CITY	STATE	ZIP		Identify the controlling office	holder candir	lata oretata i	neasure prope	onent. if any.
	Tracy	CA	95376					neasure prop	
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPUNENT		
Related Committees Not Included in not included in this statement that are controlled contributions or make expenditures on behalf of	i by you or are primarily	List any con y formed to	mmittees receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBI	ER						-	
				7.	Primarily Formed Cand	tidate/Office	eholder Co	mmittee Lis	at names of
NAME OF TREASURER	1	LED COMM			officeholder(s) or candidate(s,	for which this	committee is p	rimarily forme	a.
	☐ YES	□ NC	)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS	5 (NO P.O. BOX)								OPPOSE
CITY STATE	ZIP CODE	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBI	ER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROL	LED COMM	ITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT
	☐ YES	□ NO	<u> </u>						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)								
CITY STATE	ZIP CODE	AREA CO	DE/PHONE		Att	ach continuati	on sheets if n	ecessary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

NAME OF FILER			I.D. NUMBER 1409106
Dan Arriola for Tracy City Council 2022  Contributions Received  1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  \$ \frac{0}{0} \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\	**Column B	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 \$ \$
Expenditures Made  6. Payments Made	0	\$\frac{2,667.50}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{2,667.50}\$	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		Te 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			FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received		Amount to	ts may be rounded whole dollars.	Statement cov from $\frac{7/1/12023}{}$		california 460		
SEE INSTRUCTIO	INC ON DEVERSE			through 12/31/20	23	Page .	4 of _6	
NAME OF FILER	or Tracy City Council 2022					I.D. NU 140910		
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 Y (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		□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	\$				
Schedule /	A Summary				*Co	ontributor C	Codes	

(Include all Schedule A subtotals.) 2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$  $\frac{0}{2}$ 

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

3. Total monetary contributions received this period. 

1. Amount received this period – itemized monetary contributions.

SCHEDULE B - PART 1	SCH	IEDUL	EB-	PART 1
---------------------	-----	-------	-----	--------

			undad				SCHED	ULE B - PART 1	
Schedule B - Part 1	Amounts may be rounded to whole dollars.				Statement cove	ers period	CALIFORNIA 460		
Loans Received					from 7/1/2023		FORM 40		
Loans Received									
					through 12/31/20	)23	Page _5	of_6	
SEE INSTRUCTIONS ON REVERSE					anough		I.D. NUMBER		
NAME OF FILER									
Dan Arriola for Tracy City Council 2022							1409106		
	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b) AMOUNT	(c) AMOUNT PAIL	O OUTSTANDING	(e) INTEREST	ORIGINAL	(g) CUMULATIVE	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	RECEIVED THIS		N BALANCE AT	PAID THIS PERIOD	AMOUNT OF LOAN	CONTRIBUTIONS TO DATE	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	PERIOD	PERIOD		PERIOD	1 211100	20/111	CALENDAR YEAR	
				PAID	1500		s_1500	s_4000	
Dan Arriola	Attorney San Joaquin			\$	s 1500	RATE	\$_1500	\$	
	County District Attorney's			FORGIVEN		RAIL		PER ELECTION**	
Tracy, CA 95376	Office	1500	0				3/31/2022		
taua Bass Bass Bass Bass		\$	\$	*	DATE DUE	-	DATE INCURRED	<b>V</b>	
TO IND COM OTH PTY SCC				PAID				CALENDAR YEAR	
Dan Arriola	Attorney San Joaquin			s	s 2500	%	s_2500	s_4000	
Dan Antom	County District Attorney's			FORGIVEN		RATE		PER ELECTION**	
Tracy, CA 95376	Office			☐ FORGIVEN			11/16/202	PERELECTION	
11acy, 621 7557 0	Once	2500	2500	s	DATE DUE	s	DATE INCURRED	\$	
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		-	<b>-</b>	<u> </u>	DATE DUE		DATE INCORRED	CALENDAR YEAR	
				☐ PAID				OALLINGTH LEAR	
				\$	. \$	RATE	\$	s	
				FORGIVEN		RAIE	1	PER ELECTION**	
town Down Down Down		\$	\$	,	DATE DUE		DATE INCURRED	1	
TO IND COM OTH PTY SCC		1				<u> </u>			
	;	SUBTOTALS	\$	\$	\$	Þ			
Sahadula B Summani						(Enter (e) on Sched	dule E, Line 3)		

	chedule B Summary		2500
1.	Loans received this period	.\$	
	(Total Column (b) plus unitemized loans of less than \$100.)	•	0
2.	Loans paid or forgiven this period	Φ.	
	(Total Column (c) plus loans under \$100 paid or forgiven.)		
	(Include loans paid by a third party that are also itemized on Schedule A.)	¢	2500
3.	(Include loans paid by a third party that are also itemized on Schedule A.)  Net change this period. (Subtract Line 2 from Line 1.)  NET	Φ	
	Enter the net here and on the Summary Page, Column A, Line 2.		

†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

(May be a negative number)

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

			SCHEDULE E		
	nay be rounded ble dollars.	Statement covers period	CALIFORNIA 460		
Payments Made		from <u>7/1/2023</u>	FORM TOO		
		through <u>12/31/2023</u>	Page of		
SEE INSTRUCTIONS ON REVERSE			I.D. NUMBER		
NAME OF FILER  Dan Arriola for Tracy City Council 2022			1409106		
CNS campaign consultants CTB contribution (explain nonmonetary)*  CVC civic donations FIL candidate filing/ballot fees FND fundraising events  POS postage  POS postage  POS postage	r communications s and appearances cpenses circulating banks and survey research c, delivery and messenger services ional services (legal, accounting)	RAD radio airlime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and prod TRC candidate travel, lodging, ar	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	DESCRIPTION OF PAYMENT	AMOUNT PAID		
Tabletop Strategies, 11 S San Joaquin St, Ste 805, Stockton, CA 95202	PRO		\$125		
Pacific Storage, 1615 W 11th St, Tracy, CA 95376	OFC		\$128		
* Payments that are contributions or independent expenditures must also be summarized on	Schedule D.	SI	UBTOTAL \$		
Schedule E Summary					
-			253.00		
1. Itemized payments made this period. (Include all Schedule E subtotals.	)		138.81		
Unitemized payments made this period of under \$100	••••••				
Total interest paid this period on loans. (Enter amount from Schedule B	, Part 1, Column (e).)		\$ OTAL # 391.81		

Basiniant Committee					COVER PAGE	Ξ
Recipient Committee Campaign Statement Cover Page			Date Stamp	FO	ORNIA 460	
	Statement covers period from $\frac{1/1/2023}{}$	Date of election if applicable: (Month, Day, Year)		Page 1 PAGE 1	TRACY CITY CL S to The Serial of S	31 BEC.D
SEE INSTRUCTIONS ON REVERSE	through <u>6/30/2023</u>	11/0/2022				
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		en e		•
✓ 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 Te Amendment (Explain be	rmination)	Quarterly Statem Special Odd-Yea	nent ir Report	
3. Committee Information	I.D. NUMBER 1409106	Treasurer(s)				•
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER				
Dan Arriola For Tracy City Council 2022		Beckett Kelly				
Daniel 2022		MAILING ADDRESS				**
270557 4000530 440 00 0004						
STREET ADDRESS (NO P.O. BOX)		CITY		ZIP CODE	AREA CODE/PHONE	
CITY STATE ZIP	CODE AREA CODE/PHONE	Stockton  NAME OF ASSISTANT TREASURE	CA ER JE ANY	95204		
77		NAME OF ASSISTANT TREASURE	IN, IF ANT	**		
Tracy CA 95: MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	0X	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 ADDRES	SS			<b>*</b>
4. Verification						
I have used all reasonable diligence in preparing and revie			herein and in the attache	ed schedules is tru	ue and complete. I	
certify under penalty of perjury under the laws of the State	or California that the foregoing is true and	Cørrect.				
Executed on 7/26/2023	Ву		asurer			
Executed on 7/26/2023	D <sub>11</sub>					
Date Date	By — Signature of Con	trolling Officeholder, Coolidate, State Measure Prog	ponent or Responsible Officer of	f Sponsor		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent			
		and the state of t	and and and a report of the			
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent			

#### Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2	
CALIFORNIA 460	
CALIFORNIA 460	
Page _2 of _8	

Office	holder or Candidate Control	lled Committee		6.	Primarily Formed Ballo	t Measure (	Committee		
NAME C	F OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Dan A	rriola								
OFFICE	SOUGHT OR HELD (INCLUDE LOCATI	ON AND DISTRICT NUMBER I	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
City C	Councilmember, City of Tracy								OPPOSE
•	NTIAL/BUSINESS ADDRESS (NO. ANI	D STREET) CITY Tracy	STATE ZIP CA 95376		Identify the controlling office	holder, candi	date, or state measu	re propo	nent, if any.
	***************************************	incy	021 73370		NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	PROPONENT		
not incl	ed Committees Not Included uded in this statement that are contro- utions or make expenditures on behal	olled by you or are primarily fo	t any committees ormed to receive		OFFICE SOUGHT OR HELD		DISTR	IICT NO. II	ANY
COMMIT	TEE NAME	I.D. NUMBER							
NAME C	F TREASURER	CONTROLLE	D COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	committee is primari	ly tormed	names of
соммп	TEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	K HELD	SUPPORT OPPOSE
CITY	ST		AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	RHELD	SUPPORT OPPOSE
COMMIT	TTEE NAME	ED. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	R HELD	SUPPORT OPPOSE
	F TREASURER	☐ YES	D COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	R HELD	SUPPORT OPPOSE
CITY		ESS (NO P.O. BOX)  ATE ZIP CODE	AREA CODE/PHONE		Atta	ch continuati	on sheets if necessa	ary	

### 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 1/1/2023	california 460
through 6/30/2023	Page of8
	I.D. NUMBER
	1409106

Dan Arriola for Tracy City Council 2022			1409106
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	\$ \frac{99}{0} \\ \$ \frac{0}{0} \\ \$ \frac{99}{99} \\ \$ \frac{99}{0} \\ \$ \frac{99}{0} \\ \$ \frac{99}{0} \\ \$ \frac{10}{0} \\ \$ \frac{99}{0} \\ \$ \frac{10}{0} \\ \$ \frac{10}{	1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$\frac{2275.69}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{2275.69}\$ \$	\$\frac{2275.69}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{2275.69}\$ \$	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	\$	Te 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	\$		FPPC Form 460 (3an/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received  SEE INSTRUCTIONS ON REVERSE		Amoun to	ts may be rounded whole dollars.	Statement covers period from $\frac{1/1/12023}{}$ CALIFORNIA FORM  through $\frac{6/30/2023}{}$ Page $\frac{4}{}$ of			
NAME OF FILER	S ON REVERSE					I.D. NU	
Dan Arriola fo	r Tracy City Council 2022					140910	6
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR YE	1	PER ELECTION TO DATE
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD	(JAN. 1 - DEC.	ı	(IF REQUIRED)
		IND					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		,			
		COM OTH PTY SCC					

SUBTOTAL \$

#### Schedule A Summary

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

\*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 B – Part 1 Loans Received	
SEE INSTRUCTIONS ON REVERSE	
NAME OF FILER  Dan Arriola for Tracy City Council 2022	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN OCCUP

Amounts	may	be	rounded
to w	hole i	lob	are

SCHEDULE B - PART 1 Statement covers period CALIFORNIA / from 1/1/2023 FORM through 6/30/2023 Page 5 I.D. NUMBER 1409106

Dan Arriola for Tracy City Council 2022								
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	THIS PERIOD+	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dan Arriola Tracy, CA 95376	Attorney San Joaquin County District Attorney's Office	s	s_0	SS FORGIVEN	s 1500	% RATE	s 1500 3/31/2022 DATE INCURRED	s 4000  PER ELECTION*  5
Dan Arriola  Tracy, CA 95376  To lind com oth pty scc	Attorney San Joaquin County District Attorney's Office	2500 s	s	PAID  S FORGIVEN  S FORGIVEN	s 2500	RATE	s_2500 11/16/20 <del>2</del>	S_4000  PER ELECTION**
† IND COM OTH PTY SCC		\$	s	S FORGIVEN	S	RATE	S	S  PER ELECTION**
	<u> </u>	SUBTOTALS S	<b>B</b>	\$	\$	\$		

(Enter (e) on Schedule E, Line 3)

(Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period......\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

†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

(May be a negative number)

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

						STREET, Suppose relicion (Secretaria SESSE)	SCHEDULE E
Schedule E	Amounts may b to whole de				Statement covers period	CALIF	DRNIA 460
Payments Made				fro	m	FO	3M - F - C
OFF WOTPHOTIONS ON PEVEDSE				thre	ough 6/30/2023	Page _6	of8
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUM	BER
Dan Arriola for Tracy City Council 2022						140910	96
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	imunications d appearances ses lating urvey researc very and mes	s h senger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airlime and production returned contributions campaign workers' salaries t.v. or cable airlime and prod candidate travel, lodging, an	luction costs d meals and meals s of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR	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 \$	;
Schedule E Summary							
•	Ja E aubtotala \					\$ 2	,066.00
1. Itemized payments made this period. (Include all Schedu	iie ⊏ Subiotais.)						00.60

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

Schedule E										
Pavee	Address	City	State	Zip	Am	ount	Code			
Public Storage	1615 W 11th St	Tracy	CA		95376	\$128.00	OFC			
Public Storage	1615 W 11th St	Tracy	CA		95376	\$113.00	OFC			
Public Storage	1615 W 11th St	Tracy	CA		95376	\$113.00	OFC			
Public Storage	1615 W 11th St	Tracy	CA	:	95376	\$113.00	OFC			
Public Storage	1615 W 11th St	Tracy	CA	:	95376	\$113.00	OFC			
Public Storage	1615 W 11th St	Tracy	CA	electrical and the second seco	95376	\$113.00	OFC			
Public Storage	1615 W 11th St	Tracy	CA		95376	\$113.00	OFC			
Tabletop Strategies	11 S San Joaquin St Ste 805	Stockton	CA	- market are a star Market at 11 11 11 11 11 11 11	95202	\$425.00	CMS			
Tabletop Strategies	11 S San Joaquin St Ste 805	Stockton	CA	:	95202	\$625.00	CMS			
The UPS Store	1852 W 11th St	Tracy	CA	and a committee of the first state of the committee of th	95376	\$210.00	OFC			

Schedule		Amounts may be rounded to whole dollars.	Statement covers period	SCHEDUL
Miscelland	eous Increases to Cash	to whole donard.	from 1/1/2023	california 460
075 NOTELIOTIS	DING ON DEVEROE		through 6/30/2023	Page <u>8</u> of <u>8</u>
NAME OF FILER	ONS ON REVERSE			I.D. NUMBER
Dan Arriola fo	or Tracy City Council 2022			1409106
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	[	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
3/21/2023	City of Tracy 333 Civic Center Plaza Tracy, CA 95376	Filing Fee Retu	ırn	714.36
	,			
Attach add	itional information on appropriately labeled continuation sheets.		SUBTOTA	NL\$ 714.36
Schedule	Summary ncreases to cash this period.		\$_714.36	

Schedule I Summary

1. Itemized increases to cash this period.

2. Unitemized increases to cash of under \$100 this period.

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)

TOTAL

FEPC Advice: advice@fr

Recipient Committee Campaign Statement Cover Page			RECEIVED Y CLERK'S OF		400
	Statement covers period from $\frac{10/23/2022}{}$	Date of election if applicable 2. (Month, Day, Year)		10.0	of 8
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2022</u>	11/8/2022	TRACY, CA	Y .	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Pert 5) General Purpose Committee Sponsored	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 Te Amendment (Explain be Added Signature	ermination)	Quarterly Statement Special Odd-Year Repo	ort
3 Committee Information	D. NUMBER 1409106	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		•	
Dan Arriola For Tracy City Council 2022		Beckett Kelly Mailing address			
STREET ADDRESS (NO P.O. BOX)		Stockton	STATE CA	ZIP CODE ARI	EA CODE/PHONE
STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		73204	
Tracy CA 953	76				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	DX .	MAILING ADDRESS			
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE ARI	EA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS		
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     Executed on   2/8/2023   Date	f California that the foregoing is true and of By  By  Signature  By  Signature		ble Office	ched schedules is true and	d complete. I

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

	COVER	AGE -	PARI	2
CALI	FORNI. ORM	A	SU	
F	ORM		UU	
Page .	2	of _8		

NAME OF OFFICEHOLDER OR CANDIDA	ATE	NAME OF BA	LOT MEASURE				
Dan Arriola							
	OCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO.	OR LETTER	JURISDICTIO	NC	1 —	SUPPORT OPPOSE
City Councilmember, City of Trac	zy						OPPUSE
RESIDENTIAL/BUSINESS ADDRESS (N	O. AND STREET) CITY STATE ZIP  Tracy CA 95376	<del>-</del>	controlling offic			measure propoi	nent, if any.
		NAME OF OF	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
Related Committees Not Inclu not included in this statement that are of contributions or make expenditures on	uded in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy.	OFFICE SOU	GHT OR HELD	<u> </u>		DISTRICT NO. IF	ANY
	LD. NUMBER				1		
COMMITTEE NAME	I.D. NOWIBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily officeholder	Formed Can	ididate/Offic s) for which this	eholder Co committee is p	mmittee List	names of
		officeholder	(s) or candidate(s	s) for which this	committee is p	orimarily formed.	names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	officeholder	Formed Can (s) or candidate(s)	s) for which this	committee is p	mmittee List orimarily formed	SUPPOR
NAME OF TREASURER	CONTROLLED COMMITTEE?	officeholder NAME OF OF	(s) or candidate(s	s) for which this	OFFICE SOU	orimarily formed.	names of  SUPPOR OPPOSE SUPPOR OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET.	CONTROLLED COMMITTEE?  YES NO ADDRESS (NO P.O. BOX)	NAME OF OF	(s) or candidate(s	s) for which this	OFFICE SOU	OF MATTING TO THE LD	SUPPOR OPPOSE

### **Campaign Disclosure Statement Summary Page**

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from  $\frac{10/23/2022}{\text{through}}$   $\frac{12/31/2022}{\text{california}}$   $\frac{3}{\text{l.D. NUMBER}}$ 

NAME OF FILER 1409106 Dan Arriola for Tracy City Council 2022 Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE **General Elections** 86,886 1. Monetary Contributions...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 2500 4000 20. Contributions 90.886 36,043 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 36,043 **Expenditures Made Expenditure Limit Summary for State** 89,027.92 46,092.81 **Candidates** 6. Payments Made...... Schedule E. Line 4 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Total to Date Date of Election 0 (mm/dd/vv) \$46,092.81 89,027.92 **Current Cash Statement** 11,907.89 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ Te calculate Column B. 36,043 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 amounts from Column B reported in Column B. of your last report. Some 46,092.81 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 1,858.08 be negative figures that 16. ENDING CASH BALANCE ......Add 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. 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse 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) www.fppc.ca.gov

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement cov from 10/23/2022	•	CALI F	SCHEDULE FORNIA 460 ORM
SEE INSTRUCTION	ONS ON REVERSE			through	)22	Page	4 of 8
NAME OF FILER				<u> </u>		I.D. NI	JMBER
Dan Arriola	for Tracy City Council 2022					14091	06
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 Attached 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	\$			
	A Summary eceived this period – itemized monetary contribution	ns.	37	970	IND	ontributor ( ) — Individ	

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) .....\$

......

2. Amount received this period – unitemized monetary contributions of less than \$100 ...... $\frac{573}{100}$ 

OTH – Other (e.g., business entity)
PTY – Political Party

 SCC - Small Contributor Committee

(other than PTY or SCC)

#### Schedule A

D-4- D	Contributes First	Contabuton Look	Astrono		State	710	Contributor Code	Employer	Occupation	۸۵	nount	SUM of Amount
Date Received		Contributor Last	Address	City	CA	95377		Not Employed	Not Employed	\$	50.00	\$ 350.00
10/24/2022		Moore		Tracy					, ,	-	20.00	\$ 140.00
10/24/2022		Hays		Tracy	CA	95377	ina	Not Employed	Not Employed	\$	20,00	\$ 140,00
	Angelo K, Tsakopoulo and Affiliated Entities	: -	7919 Folsom Blvd, Suite 300	Sacramento	CA	95826	Oth	AKT Development	Chairman	\$	2,450.00	\$2,450.00
10/25/2022	Louis	Vismara		Sacramento	CA	95819	Ind	Retired	Retired	\$	2,450.00	\$ 2,450.00
10/29/2022	Henry	Cole		Tracy	CA	95377	Ind	Retired	Retired	\$	500.00	\$ 500.00
10/30/2022	Lisa	Roth		Tracy	CA	95376	Ind	Not Employed	Not Employed	\$	100,00	\$ 200.00
	International Brotherhood of Electrical Workers Local 595 PAC Small Contributor Committee	Committee # 1273532	555 Capitol Mall Ste 400	Sacramento	CA	95814	Com			\$	1,000.00	\$1,000.00
		Committee # 890106	515 S Figueroa St, Ste 1110	Los Angeles	CA	90071	Com			\$	1,000.00	\$ 1,000.00
11/2/2022	C Evan	Knapp		Newport Beach	CA	92660	Ind	Integral Communities	Principal	\$	750.00	\$ 1,450.00
11/2/2022	Carolina	Manchester		Newport Beach	CA	92660	Ind	Not Employed	Not Employed	\$	750.00	\$ 750.00
11/2/2022	Paula	Stanek		Newport Beach	CA	92660	Ind	Not Employed	Not Employed	\$	750.00	\$ 750.00
11/3/2022	Gurdip	Singh		Manteca	CA	95337	Ind	Miri Piri Inc.	Self-Employed	\$	4,900.00	\$4,900.00
11/3/2022	Neil	McKenzie		Tracy	CA	95377	Ind	Americas Tire	Service Coordinator	\$	4,900.00	\$4,900.00
11/3/2022	Norm	Oldroyd		Alamo	CA	94507	Ind	Self-Employed	Contractor	\$	4,900.00	\$4,900.00
11/3/2022	Adam	Carranza		El Monte	CA	91732	Ind	El Monte City School District	Teacher	\$	100.00	\$ 100.00
11/3/2022	Elias	Lopez		Tracy	CA	95376	Ind	Not Employed	Not Employed	\$	4,900.00	\$4,900.00
11/7/2022	Lance	Waite		Rancho Santa Fe	CA	92067	Ind	Integral Communities	Real Estate Investment	\$	750.00	\$ 750.00
11/10/2022	Dapeng	Liu		Union City	CA	94587	Ind	Golden Park Real Estate LLC	Member	\$	1,000.00	\$1,000.00
	Bricklayers & Allied Craftworkers	Committee # 1244975	10806 Bigge St	San Leandro	CA	94577	Com			\$	300.00	\$300,00
12/14/2022	C. Evan	Knapp		Newport Beach	CA	92660	Ind	Integral Communities	Principal	\$	700.00	\$1,450.00
12/14/2022	Craig	Manchester		Newport Beach	CA	92660	Ind	Integral Communities	Managing Partner	\$	700.00	\$ 700.00

Schedule B – Part 1 Loans Received	Am	nounts may be ro to whole dollar			Statement cov from <u>10/23/2022</u>	•	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through <u>12/31/2</u>	022	Page 6	of_8	
NAME OF FILER	***************************************						I.D. NUMBER		
Dan Arriola for Tracy City Council 2022							1409106		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVED THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Dan Arriola Tracy, CA 95376	Attorney San Joaquin County District Attorney's Office	1500	0	PAID \$ FORGIVEN	s 1500	% RATE	s_1500 3/31/2022	\$ 4000	
†   IND   COM   OTH   PTY   SCC		s	\$ <u> </u>	\$	DATE DUE	\$	DATE INCURRED	\$	
Dan Arriola Tracy, CA 95376	Attorney San Joaquin County District Attorney's Office	2500	2500	PAID s FORGIVEN	s <u>2500</u>	% RATE	s_2500 11/16/20 <del>2</del>	s 4000	
† IND COM OTH PTY SCC		\$	\$	S	DATE DUE	\$	DATE INCURRED	\$	
:		·		PAID  S  FORGIVEN	. \$	% RATE	\$	SPER ELECTION*	
†   IND   COM   OTH   PTY   SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	\$	
	\$	SUBTOTALS S	\$	\$	\$	\$	= 1,370		
Schedule B Summary  1. Loans received this period				\$	00	(Enter (e) on Sche	dule E, Line 3)		
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$1 (Include loans paid by a third party the 3. Net change this period. (Subtract Lir Enter the net here and on the Summa	ns of less than \$100.)00 paid or forgiven.) at are also itemized on Schelle 2 from Line 1.)	edule A.)		\$ <u>0</u>	00	· II	Contributor Codes ND – Individual COM – Recipient C (other than DTH – Other (e.g., PTY – Political Par SCC – Small Contr	Committee PTY or SCC) business entity) ty	
				(1	May be a negative number)	_			

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

SCHEDULE B - PART 1

Schedule E Payments Made		Statement covers period from $\frac{10/23/2022}{}$	(V. 3. t	ORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through 12/31/2022	- Page _	
NAME OF FILER  Dan Arriola for Tracy City Council 2022					1.D. NUN 14091	
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 expense PET petition circular PHO phone banks POL polling and selections	nmunications d appearances ses llating	rvices	ise, describe the payment.  RAD radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging transfer between committe voter registration web information technology cos	n costs  oduction costs  and meals  and meals  es of the san	ne 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	oe summarized on Scho	edule D.		s	UBTOTAL	\$
Schedule E Summary						46.050.11
1. Itemized payments made this period. (Include all Schedu	le E subtotals.)				\$	46,058.11
2. Unitemized payments made this period of under \$100					\$	Λ
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Pa	rt 1, Column (e).)			\$	<u> </u>
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and or	the Summary Page	e, Column A,	Line 6.) <b>T</b>	OTAL \$ _	40,092.81

		Schedule E				
Payee	Address	City	State	Zip	Amount	Code
ActBlue	PO Box 441146	Somerville	MA	2144	\$157.05	OFC
ActBlue	PO Box 441146	Somerville	MA	2144	\$232,41	OFC
ActBlue	PO Box 441146	Somerville	MA	2144	\$269.18	OFC
ActBlue	PO Box 441146	Somerville	MA	2144	\$397.77	OFC
Beverages & More	2860 W Grant Line Rd	Tracy	CA	95304	\$143.70	CMP
Cumulus Media	780 Johnson Ferry Rd NE Suite 5000	Atlanta	GA	30342	\$3,615.00	RAD
Delta	1030 Delta Blvd	Atlanta	CA	30354	\$646.20	TRC
Delta	1030 Delta Blvd	Atlanta	CA	30354	\$70.00	TRC
Delta	1030 Delta Blvd	Atlanta	CA	30354	\$70.00	TRC
-acebook	1 Hacker Way	Menlo Park	CA	94025	\$50.00	WEB
- acebook	1 Hacker Way	Menlo Park	CA	94025	\$4.17	WEB
acebook	1 Hacker Way	Menlo Park	CA	94025	\$49.94	WEB
HeartMedia	2121 Lancey Dr	Modesto	CA	95355	\$2,930.00	RAD
_GBTQ Victory Institute	1225 I St NW #525	Washington	DC	20009	\$225.00	MTG
Marriott	1331 Pennsylvania Avenue NW	Washington	CA	20004	\$1,643.79	TRC
Pacific Printing	1445 Monterey Rd	San Jose	CA	95110	\$5,582.38	LIT
Pacific Printing	1445 Monterey Rd	San Jose	CA	95110	\$1,354.06	LIT
Pacific Printing	1445 Monterey Rd	San Jose	CA	95110	\$5,258.24	LIT
PDI	PO Box 59570	Norwalk	CA	90652	\$3,400.00	WEB
Public Storage	1615 W 11th St	Tracy	CA	95376	\$128.00	OFC
Public Storage	1615 W 11th St	Tracy	CA	95376	\$113.00	OFC
Ross Turner Designs	21 Prospect Ave	Long Beach	CA	90803	\$1,790.00	LIT
Ross Turner Designs	21 Prospect Ave	Long Beach	CA	90803	\$895.00	LIT
Tabletop Strategies	PO Box 1825	Stockton	CA	95202	\$11,845.03	CMS
abletop Strategies	PO Box 1825	Stockton	CA	95202	\$5,081.94	CMS
Jber	190 Mathilda Pl	Sunnyvale	CA	94086	\$56.65	TRC
Jber	190 Mathilda Pl	Sunnyvale	CA	94086	\$22.97	TRC
Jber	190 Mathilda Pl	Sunnyvale	CA	94086	\$2.93	TRC
Uber	190 Mathilda Pl	Sunnyvale	CA	94086	\$23.70	TRC

Recipient Committee Campaign Statement Cover Page		CITY CLERK'S OFFIC	CALIFORNIA 460				
	Statement covers period from 9/25/2022	Date of election if applicable: (Month, Day, Year) 2023 FEB 14 PM 5: 19	Page 1 of 8  For Official Use Only				
SEE INSTRUCTIONS ON REVERSE	through	11/8/2022 CIFY OF TRACY					
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored	omplete Parts 1, 2, 3, and 4.  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					
? Committee Intermation	.D. NUMBER 1409106	Treasurer(s)  NAME OF TREASURER  Beckett Kelly					
STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP C	ODE AREA CODE/PHONE		IP CODE AREA CODE/PHONE 95204				
Tracy CA 953  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO  CITY STATE ZIP C	X	MAILING ADDRESS  CITY STATE Z	IP 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 review certify under penalty of perjury under the laws of the State of Executed on     Executed on   2/8/2023   Date		knowledge the information contained herein and in the attached					

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_

Executed on \_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

COVERP	AGE - PART 2
CALIFORNIA	460
CALIFORNIA FORM	`40U I
FORW	
Page _2	of _8

Officeholder or Candidate Controlled Committee			6.	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Dan Arriola								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER I	F APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	•	SUPPORT	
City Councilmember, City of Tracy							OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	СІТҮ Тracy	STATE ZIP CA 95376	<b></b>	Identify the controlling office			oponent, if any.	
	1140)			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily f	at any committees formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	IO. IF ANY	
COMMITTEE NAME	I.D. NUMBER							
	CONTROLLE	D COMMITTEE?	7	. Primarily Formed Cano officeholder(s) or candidate(s)	lidate/Officel	holder Committee	List names of	
NAME OF TREASURER	TYES	□ NO		omicenoider(s) or candidate(s)				
COMMITTEE ADDRESS STREET ADDRESS (NO P. C		L) NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE	
CITY STATE ZIF	P CODE	AREA CODE/PHON	ĪĒ	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 OPPOSE	
NAME OF TREASURER	☐ YES	D COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE	
CITY STATE ZII		AREA CODE/PHO	NE.	Atta	ach continuation	n sheets if necessary		

### **Campaign Disclosure Statement Summary Page**

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

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NAME OF FILER 1409106 Dan Arriola for Tracy City Council 2022 Calendar Year Summary for Candidates Column B Column A Contributions Received CALENDAR YEAR TOTAL TO DATE TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 53,343 1. Monetary Contributions...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 1,500 0 2. Loans Received...... Schedule B, Line 3 20. Contributions 54,843 24,300 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 4. Nonmonetary Contributions...... Schedule C, Line 3 21, Expenditures Made 54,843 24,300 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 29,012.11 42,935.11 **Candidates** 6. Payments Made...... Schedule E, Line 4 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Total to Date Date of Election (mm/dd/yy) 0 () 29,012.11 42,935.11 **Current Cash Statement** 16,620 Te calculate Column B. 24,300 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 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 29,012.11 amounts in Column A may 11,907.89 be negative figures that 16, ENDING CASH BALANCE ......Add 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, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse \$ FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule Monetary	e A / Contributions Received		nts may be rounded whole dollars.	Statement cov	rers period	california 460		
CEE WETDUCTI	IONS ON REVERSE			through	)22	Page	4 of _8	
NAME OF FILER				1		1.D. NU		
DATE RECEIVED	DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR ' (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	See Attached 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 S	\$				
Schedule	A Summary					ontributor C D — Individu		

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 ...... $\frac{0}{2}$ 

3. Total monetary contributions received this period. 

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

					Schedule A							
					0.4	State	7:n	Contributor Code	Employer	Occupation	Amount	SUM of Amount
Date	Received	Contributor First	Contributor Last	Address	City	State	ZIP	Continuator Code	Employer	Occupation	,	
	9/28/2022	Sheet Metal Workers Local Union 104 Political Committee	Committee # 850381	3232 Constitution Dr	Livermore	CA	94551	Com			\$3,000.00	\$3,000.0
	10/2/2022	Mariorie	Burrise		Stockton	CA	95213	Ind	Attorney	San Joaquin County	\$100.00	\$1,100.0
	10/3/2022	Plumbers & Steamfitters	Committee # 871625	4842 Nutcracker Ln	Modesto	CA	95356	Com			\$500.00	\$500.0
		San Joaquin County Democratic Central Committee	Committee # 742165	5445 Madison Ave	Sacramento	CA	95841	Com			\$600.00	\$600.0
	10/3/2022		Serpa		TRACY	CA	95376	Ind	Vice President	Surland Companies	\$4,900.00	\$4,900.0
	10/4/2022		Long		Alameda	CA	94502	Ind	President	Surland Companies	\$4,200.00	\$4,700.0
		Science, Energy & Environmnetal Change PAC	Committee # C00556258	11 S San Joaquin St 310	Stockton	CA	95202	Com			\$500.00	\$500.
	10/7/2022	3CJR Painting Inc.		392 W Larch Rd #5	Tracy	CA	95304	Com			\$500.00	\$500.
	10/11/2022	Michael	Repetto		Tracy	CA	95304	Ind	Self-Employed	Tracy Disposal	\$500.00	\$500.
1	10/13/2022	Roy	Hawkins		Tracy	CA	95376	Ind	Retired	Retired	\$1,000.00	\$1,000.
1	10/13/2022	Sarbjit	Singh	:	Tracy	CA	95376	Ind	Self-employed	Tiger Cargo Inc.	\$4,200.00	
1	10/17/2022	Patricia	Howell		Tracy	CA	95376	Ind	Retired	Retired	\$100.00	\$100.
1	10/17/2022	Reliance Gas Investments Inc		2420 W Grant Line RD	Tracy	CA	95377	Com			\$200.00	\$200.
. 1	10/17/2022	Democratic Club of Greater Tracy	Committee # 1299762	FO Box 1146	Tracy	CA	95378	Com			\$500.00	\$500.
1	10/17/2022	Central Labor Council of San Joaquin and Calaveras Counties-COPE	Committee # 1260729	PO Box 30932	Stockton	CA	95213	Com			\$500.00	\$500.
	10/17/2022	Equality California PAC - All Purpose	Committee # 1254010	515 S Figueroa St Ste 1110	Los Angeles	CA	90071	Com			\$500.00	\$500.
	10/17/2022	Tracy Firefighters Association PAC	Committee # 1230611	1127-11th St, Suite 210	Sacramento	CA	95814	Com			\$900.00	\$4,900.
	10/18/2022	Working Harder PAC	FEC ID C00705368	514 Daniels St #286	Raleigh	NC	27605	Com			\$500.00	\$500.
		Stonewall Democratic Club of Greater Sacramento	Committee # 1247892	1787 Tribute Rd Ste K	Sacramento	CA	95815	Com		:	\$1,000.00	\$1,000
	10/20/2022		Bazinet		Tracy	CA	95377	Ind	Not Employed	Not Employed	\$100,00	\$100

Amounts may be rounded						SCHEDULE B				
Schedule B – Part 1		to whole dollars		1	Statement cove	ers period	CALIFORNIA 460			
Loans Received					from 9/25/2022	Arridon con control of the second control of	FORM	400		
					1		380360 pp (242.4)			
					through 10/22/20	022	Page 6	of _8		
SEE INSTRUCTIONS ON REVERSE							I.D. NUMBER			
							1409106			
Dan Arriola for Tracy City Council 2022										
THE CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b) AMOUNT	(c) AMOUNT PA	AID OUTSTANDING	(e) INTEREST	(f) ORIGINAL	(g) CUMULATIVE		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	OCCUPATION AND EMPLOYER	BALANCE	RECEIVED THIS	OR FORGIVE	EN 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	PERIOD	PERIOD	LOAN	TO DATE		
			,	PAID	1500		1500			
Dan Arriola	Attorney San Joaquin		'	\$	s <u>1500</u>	%	s <u>1500</u>	\$ <u>1500</u>		
	County District Attorney's		'	FORGIVEN	N	RATE		PER ELECTION**		
Tracy, CA 95376	Office	1500	0				3/31/2022			
•		s	\$	\$	DATE DUE	S	DATE INCURRED	s		
IND COM OTH PTY SCC		-	ļ	PAID				CALENDAR YEAR		
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TO IND COM OTH PTY SCC		\$	\$		DATE DUE		DATE INCURRED			
L 1970 L 2-11				PAID				CALENDAR YEAR		
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			1	FORGIVEN	NI NI	RATE		PER ELECTION**		
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		s	\$	s	DATE DUE	\$	DATE INCURRED	\$		
TO IND COM OTH PTY SCC					DATE DOC		DATE INCOMES			
3	\$	SUBTOTALS \$	\$ !	\$	\$	\$				
						(Enter (e) on Sched	Jule E, Line 3)			
Schedule B Summary				(	n					
Loans received this period				\$	,					
(T. t. 1 O. L (b.) - l	an of loop then \$100 \					( †'	Contributor Codes	3		
Loans paid or forgiven this period      This Column (b) plus unitemized loan				\$		1	ND - Individual			
(Total Column (c) plus loans under \$10	uu paid or torgiven.)					C	COM - Recipient C			
(Include loans paid by a third party that	it are also itemized on Sche	dule A.)		MET ¢	J	l c	otner than i TH – Other (e.g., l	PTY or SCC) business entity)		
3. Net change this period. (Subtract Line	e 2 from Line 1.)	•••••		.N⊑I ⊅		P.	TY - Political Part	ty		
Enter the net here and on the Summar	ry Page, Column A, Line 2.					1 9	CC - Small Contri	ibutor Committee		

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

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(May be a negative number)

SCC - Small Contributor Committee

Schedule E  Payments Made  Amounts may be rounded to whole dollars.				Statement covers period from 9/25/2022	FC	FORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through <u>10/24/2022</u>	Page _		
NAME OF FILER						I.D. NUMBER 1409106		
Dan Arriola for Tracy City Council 2022						14091	00	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations 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	nmunications d appearance ses lating urvey resear very and me	es	R R S T T T V	AD radio airtime and product returned contributions AL campaign workers' salarie t.v. or cable airtime and p candidate travel, lodging, RS staff/spouse travel, lodging transfer between committy over registration information technology controls.	ion costs es production cost and meals ng, and meals tees of the san	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)		CODE	OR	DESCRI	PTION OF PAYMENT		AMOUNT PAID	
See Attached Page								
,								
* Payments that are contributions or independent expenditures must also b	e summarized on Scho	edule D.				SUBTOTAL	\$	
Schedule E Summary								
Itemized payments made this period. (Include all Schedule E subtotals.)							28,999.53	
2. Unitemized payments made this period of under \$100							12.58	
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Pa	rt 1, Colun	nn (e).)			\$		
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)							29,012.11	

Schedule E								
Payee	Address	City	State	Zip		Amount	Code	
ActBlue	PO Box 441146	Somerville	MA		2144	\$82.23	OFC	
ActBlue	PO Box 441146	Somerville	MA		2144	\$50.91	OFC	
Alliance Graphics	1101 Eighth St, Suite 100	Berkeley	CA		94710	\$610.29	CMP	
Creative Vision Printing	2232 Stewart St	Stockton	CA		95205	\$527.98	CMP	
Facebook	1 Hacker Way	Menlo Park	CA		94025	\$12.00	WEB	
=acebook	1 Hacker Way	Menlo Park	CA		94025	\$5.00	WEB	
=acebook	1 Hacker Way	Menlo Park	CA		94025	\$17.00	WEB	
Facebook	1 Hacker Way	Menlo Park	CA		94025	\$15.00	WEB	
Facebook	1 Hacker Way	Menlo Park	CA		94025	\$15.00	WEB	
acebook	1 Hacker Way	Menlo Park	CA		94025	\$25.00	WEB	
-acebook	1 Hacker Way	Menlo Park	CA		94025	\$35.00	WEB	
1&S Signs	418 Neal St	Grass Valley	CA		95945	\$1,510.50	LIT	
HeartMedia	2121 Lancey Dr	Modesto	CA		95355	\$7,499.99	RAD	
Pacific Printing	1445 Monterey Rd	San Jose	CA		95110	\$8,373.54	POS	
Pacific Printing	1445 Monterey Rd	San Jose	CA		95110	\$1,354.06	LIT	
Pacific Printing	1445 Monterey Rd	San Jose	CA		95110	\$8,257.20	POS	
Tabletop Strategies	PO Box 1825	Stockton	CA		95202	\$608.83	CMS	

:

Recipient Committee Campaign Statement Cover Page		COVERPAGE  CALIFORNIA 460  CALIFORNIA 460  FORM					
	Statement covers period from $\frac{7/1/2022}{}$	Date of election if applicable: 2023 FEB   4 PM 5:   Page 1 of 10 For Official Use Only					
SEE INSTRUCTIONS ON REVERSE	through 9/24/2022	11/8/2022 CITY OF TRACY TRACY, CA					
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:					
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee	rimarily Formed Ballot Measure committee Controlled Sponsored lso Complete Part 8)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)  Quarterly Statement Special Odd-Year Report Appendix Ap					
Sponsored P Small Contributor Committee	rimarily Formed Candidate/ officeholder Committee	Updated contributions and disbursements					
3 Lommittee Information	NUMBER	Treasurer(s)					
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	409106	NAME OF TREASURER					
Dan Arriola For Tracy City Council 2022		Beckett Kelly Mailing address					
STREET ADDRESS (NO P.O. BOX)		Stockton STATE ZIP CODE AREA CODE/PHONE					
Tracy CA 95376	50 C C C C C C C C C C C C C C C C C C C	NAME OF ASSISTANT TREASURER, IF ANY					
Tracy CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS					
CITY STATE ZIP COI	DE 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 reviewir certify under penalty of perjury under the laws of the State of executed on 2/8/2023  Executed on Date  Executed on Date	California that the foregoing is true and of By  By  Signature at earlier	nowledge the information contained herein and in the attached schedules is true and complete. I					
Executed on	BySi	gnature of Controlling Officeholder, Candidate, State Measure Proponent					

COVER PAGE

#### Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNI. FORM	<sup>A</sup> 460
Page _2	of

		E OF BALLOT MEASURE				
	747 117	E OF BALLOT MEASURE				
		OT NO. OR LETTER	JURISDICTIO	N		
N AND DISTRICT NUMBER IF APPLICABLE)	BAL	OTNO, OR LETTER	JONIODIOTIO			SUPPORT OPPOSE
	-					JFF USE
STREET) CITY STATE ZIP  Tracy CA 95376					measure propor	ent, if any.
	NAM	E OF OFFICEHOLDER, CA	ANDIDATE, OR PE	ROPONENT		
in this Statement: List any committees led by you or are primarily formed to receive of your candidacy.	OFF	ICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
I.D. NUMBER	-					
	7, Pri	marily Formed Can	didate/Office	holder Co	mmittee List	names of
	offic	eholder(s) or candidate(s	i) for which this o	ommittee is ;	orimarily formed.	
	NAN	E OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	IGHT OR HELD	
SS (NO P.O. BOX)						SUPPOR
						OPPOSE
TE ZIP CODE AREA CODE/PHONE	NAN	E OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	IGHT OR HELD	
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i /	Tracy CA 95376  n this Statement: List any committees led by you or are primarily formed to receive of your candidacy.	Tracy CA 95376  Iden  NAM  In this Statement: List any committees led by you or are primarily formed to receive of your candidacy.  I.D. NUMBER  CONTROLLED COMMITTEE?  YES \( \Boxed{\text{NO}}\)  NAM	Tracy CA 95376  Identify the controlling offic NAME OF OFFICEHOLDER. CA  In this Statement: List any committees led by you or are primarily formed to receive of your candidacy.  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO  Identify the controlling offic NAME OF OFFICEHOLDER OF NAME OF NAME OF OFFICEHOLDER OF NAME OF N	Tracy CA 95376  Identify the controlling officeholder, candidate NAME OF OFFICEHOLDER, CANDIDATE, OR PER CONTROLLED COMMITTEE?  YES NO  Identify the controlling officeholder, candidate, or PER	Tracy CA 95376  Identify the controlling officeholder, candidate, or state NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  7. Primarily Formed Candidate/Officeholder Co officeholder(s) or candidate(s) for which this committee is proposed to the state of the committee of the com	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO  Identify the controlling officeholder, candidate, or state measure propor NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT  OFFICE SOUGHT OR HELD  DISTRICT NO. IF Officeholder(s) or candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed.  NAME OF OFFICEHOLDER, CANDIDATE OFFICE SOUGHT OR HELD

### Campaign Disclosure Statement Summary Page

Cash Equivalents and Outstanding Debts

18. Cash Equivalents...... See instructions on reverse \$

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

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1409106 Dan Arriola for Tracy City Council 2022 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** 29,043 1. Monetary Contributions...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0 1,500 2. Loans Received...... Schedule B, Line 3 20 Contributions 17,733 30,543 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 17,733 30,543 **Expenditures Made Expenditure Limit Summary for State** 13,742.78 13,923 **Candidates** 6. Payments Made...... Schedule E, Line 4 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 Total to Date Date of Election 0 (mm/dd/yy) 13,923 13,742.78 **Current Cash Statement** 12,629.78 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 To calculate Column B. 17,733 add amounts in Column A to the corresponding \*Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 13,742.78 amounts in Column A may 16,620 be negative figures that 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, 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_ only carry over the amounts from Lines 2, 7, and 9 (if

anv).

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

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement cov	ers period	california 460		
SEE INSTRUCTI	ONS ON REVERSE			through 9/24/202	2	Page	4 of 10	
NAME OF FILER						I.D. NU 140910		
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 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	\$				
	A Summary	ine			IND	ntributor C – Individu		

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

 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)

#### Schedule A

Date	Bossivad	Contributor First	Contributor Last	Address	City	State	7in	Contributor Code	Occupation	Employer	Αn	nount	SUM of Amount
Date	7/21/2022		Margaros	Address	Tracy	CA	95304		Property Management	Tracy Inn Inc.	\$	250,00	\$250.00
	7/21/2022		Eversol		Tracy	CA	95376	Ind	Not Employed	Not Employed	\$	500.00	\$1,000.00
	7/23/2022		Hudson		Tracy	CA	95377		VP Marketing and Sales	Fresh Coat Painters	S	500.00	\$500.00
		Mercedes	Silveira		Tracy	CA	95377	Ind	Retired	Retired	\$	100.00	\$150.00
	7/24/2022		Hays		Tracy	CA	95377	Ind	Not Employed	Not Employed	\$	20.00	\$120,00
	7/24/2022		Moore		Tracy	CA	95377	Ind	Not Employed	Not Employed	\$	50,00	\$300.00
	8/8/2022		Paris		Tracy	CA	95304	Ind	Ed	Tocco	\$	250.00	\$250.00
	8/16/2022		Long		Alameda	CA	94502	Ind	President	Surland Companies	\$	500.00	\$500.00
	8/24/2022		Hays		Tracy	CA	95377	Ind	Not Employed	Not Employed	\$	20.00	\$120.00
	8/24/2022		Moore		Tracy	CA	95377	Ind	Not Employed	Not Employed	\$	50.00	\$300.00
	0/24/2022	Tracy Firefighters	Committee #		,								
	8/24/2022	Association PAC	1230611	1127-11th St, Suite 210 1921 S. Willow Creek	Sacramento	CA	95814	Com			. :	4,000.00	
	8/29/2022	Lisa	Roth	Drive	Tracy	CA	95376	Ind	Not Employed	Not Employed	\$	100.00	\$100.00
	9/1/2022	Moses	Zapien		Stockton	CA	95219	Ind	CEO	Community Foundation SJ	\$	100.00	\$100,00
	9/8/2022	Harry S Truman Club of San Joaquin	Committee # 1269373	PO Box 693246	Stockton	CA	95269	Com			\$	1,000.00	\$1,000.00
	9/11/2022	Lindsay	Weinstock		Los Angeles	CA	90049	Ind	Philanthropic Advisor	Self-Employed	\$	100.00	\$100.00
	9/11/2022	Ramzi	Dudum		Washington	DC	20009	Ind	Physician	Stanford	\$	100.00	\$100.00
	9/11/2022		Bebich		San Pedro	CA	90732	Ind	Not Employed	Not Employed	\$	126.00	\$126.00
	9/12/2022	•	Long III		San Francisco	CA	94127	' Ind	Sales	Samsara	\$	500.00	\$500.00
	9/12/2022	Alexandra	Barlow		Poway	CA	92064	Ind	Attorney	Morrison & Foerster LLP	\$	100.00	\$100.00
	9/12/2022	Danielle	Sone		San Diego	CA	92116	Ind	HR Manager	Locana Biotech	\$	100.00	\$100.00
	9/12/2022	John	Major		Los Angeles	CA	90025	Ind	Attorney	Munger Tolles & Olson LLP		100.00	\$100.00
		Northern California Carpenters	Committee #	265 Hegenberger Rd,									04 000 00
	9/14/2022	Regional Council	972104	Suite 200	Oakland	CA		Com		10. L	: "	1,000.00	\$1,000.00
	9/16/2022	Bob	Eversol		Tracy	CA	95376		Not Employed	Not Employed	\$		
	9/17/2022	Eric	Vallone		San Mateo	CA	94402	2 Ind	Product Manager	AMP Agency	\$		\$100.00
	9/18/2022	Michael	Fisher		Brooklyn	NY	11201	1 Ind	Lawyer	Paul Hastings LLP	\$	100.00	\$100.00
	9/19/2022	charles	Jones		Pleasanton	CA	94588	Ind	Teacher	Hayward Unified school district	\$	100.00	\$300.00
	9/20/2022	Milliam	Prokop		Aliso Vieio	CA	92656	5 Ind	Attorney	Automobile Club of Southern California	\$	100.00	\$100.00
		<del></del>			Newport Beach		92660		Attorney	Robinson Calcagnine Inc.		100.00	\$100.00
	9/20/2022	raul	Dagostino		Newport beach		32000	, mu	, atomey				

#### Schedule A

				f								
Date Received	Contributor First	Contributor Last	Address	City	State		Contributor Code	Occupation	Employer	Am	ount	SUM of Amount
	San Joaquin County Building & Constrcution	Committee #										
		890345		Stockton	CA	95215	Com	Committee # 890345	U.S. Department of	\$ 1	,000.00	\$1,000.00
9/22/2022	Candace	Valenzuela		Dallas	TX	75287	Ind	Regional Administrator	Housing and Urban Development	\$	100.00	\$100.00
9/23/2022	Rhonda	Arthur		Roseville	CA	95661	Ind	John Adams Academy	Teacher	\$4	,900.00	\$4,900.00
9/24/2022	Nima	Heydari		San Diego	CA	92101	Ind	Attorney	Car Law Firm	\$	100.00	\$100.00
9/24/2022	Chervl	Hays		Tracy	CA	95377	Ind	Not Employed	Not Employed	\$	20.00	\$120.00
9/24/2022	Karen	Moore		Tracy	CA	95377	Ind	Not Employed	Not Employed	\$	50.00	\$300.00
9/24/2022	Matthew	Gertler		Santa Monica	CA	90403	Ind	Attorney	Pine Grive Consulting Inc.	\$	250.00	\$250.00

	Δm	ounts may be ro	unded				SCHED	DULE B - PART 1
Schedule B – Part 1 Loans Received	A!!!	to whole dollars			Statement coverage from 7/1/2022	ers period	CALIFORN FORM	<sup>IIA</sup> 460
SEE INSTRUCTIONS ON REVERSE					through _9/24/20	22	Page _7	of_10
NAME OF FILER				I			I.D. NUMBER	
Dan Arriola for Tracy City Council 2022							1409106	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dan Arriola	Attorney San Joaquin County District Attorney's			s	s 1500	% RATE	s_1500	s 1500
Tracy, CA 953/6	Office	s	s	\$	DATE DUE	\$	3/31/2022 DATE INCURRED	PER ELECTION**
				PAID S	s		s	CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	s	DATE DUE	s	DATE INCURRED	\$
				PAID	s	*	s	CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
†   IND		s	s	s	DATE DUE	\$	DATE INCURRED	\$
	s	SUBTOTALS \$	,	\$	\$	\$		
Schedule B Summary  1. Loans received this period				\$_0		(Enter (e) on Scho	dule E, Line 3)	
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period	ns of less than \$100.)					1	Contributor Codes	
<ul> <li>(Total Column (c) plus loans under \$10</li> <li>(Include loans paid by a third party that)</li> <li>Net change this period. (Subtract Lin Enter the net here and on the Summa)</li> </ul>	at are also itemized on Sche te 2 from Line 1.)			.NET \$		(	COM – Recipient C (other than OTH – Other (e.g., PTY – Political Part	PTY or SCC) business entity) ty

\*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 b to whole do			Statement covers period from $\frac{7/1/2022}{}$	FORM 46U		
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Dan Arriola for Tracy City Council 2022				through <u>9/24/2022</u>	Page 8 of 10  I.D. NUMBER  1409106		
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, y  MBR member com meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	imunications d appearances ses lating urvey research very and mess	n senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging.	duction costs nd meals and meals ss of the same candidate/spor	nsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DE	ESCRIPTION OF PAYMENT	AMOUNT P	'AID	
See Attached Page							
:							
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.		S	JBTOTAL \$		
Schedule E Summary					10.556.50		
<ol> <li>Itemized payments made this period. (Include all Schedule)</li> <li>Unitemized payments made this period of under \$100</li> </ol>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$		
<ul><li>3. Total interest paid this period on loans. (Enter amount fro</li><li>4. Total payments made this period. (Add Lines 1, 2, and 3.</li></ul>	m Schedule B, Pa	rt 1, Columi	ı (e).)		\$ <u></u>		

		Sch	edule E				
Payee	Address	City	State	Zip	Amount	Code	Description
Chipotle	2512 Naglee Rd	Tracy	CA	9530	4 \$331.25	FND	
City of Tracy	333 Civic Center Dr	Tracy	CA	9537	6 \$25.00	FIL	
City of Tracy	333 Civic Center Dr	Tracy	CA	9537	6 \$1,500.00	FIL	
H&S Signs	418 Neal St	Grass Valley	CA	9594	5 \$3,676.25	LIT	
Pacific Printing	1445 Monterey Rd	San Jose	CA	9511	0 \$2,338.44	LIT	
Public Storage	1615 W 11th St	Tracy	CA	9537	6 \$467.00	OFC	
Tabletop Strategies	PO Box 1825	Stockton	CA	9520	2 \$604.48		Remit Envelop Reimbursemer
Tabletop Strategies	PO Box 1825	Stockton	CA	9520	2 \$2,040.00	CMS	
Tabletop Strategies	PO Box 1825	Stockton	CA	9520	2 \$2,040.00	CMS	
Tabletop Strategies	PO Box 1825	Stockton	CA	9520	2 \$153.00	CMS	
Tabletop Strategies	PO Box 1825	Stockton	CA	9520	2 \$151.12	CMS	
Tabletop Strategies	PO Box 1825	Stockton	CA	9520	2 \$19.98	CMS	
USPS	125 W 9th St	Tracy	CA	9537	6 \$210.00	OFC	

•

Schedule G			SCHEDULE (
Payments Made by an Agent or Independent	Amounts may be rounded to whole dollars.	Statement covers period from 7/1/2022	CALIFORNIA 460
Contractor (on Behalf of This Committee)		rrom	FORM
		through <u>9/24/2022</u>	Page of
SEE INSTRUCTIONS ON REVERSE			
NAME OF FILER			I.D. NUMBER
Dan Arriola for Tracy City Council 2022			1409106
NAME OF AGENT OR INDEPENDENT CONTRACTOR			

NAME OF AGENT ON INDEFENDENT CONTINUES.

**Tabletop Strategies** 

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 CNS campaign consultants MTG meetings and appearances 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 FIL candidate filing/ballot fees POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF IND independent expenditure supporting/opposing others (explain)\* PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID	
Creative Vision Printing	LIT	2232 Stewart St, Stockton, CA 95205	604.48	
·				
		,		

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> 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.

**Recipient Committee** 

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

COVER PAGE

Date Slamp

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page _2 of _8

			Primarily Formed Ballo				
			NAME OF BALLOT MEASURE				
TION AND DISTRICT NUMBER I	F APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
							OPPOSE
ND STREET) CITY Tracy	STATE ZIP CA 95376		Identify the controlling office	holder, candid	late, or state	measure propo	nent, if any.
1140)			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
d in this Statement: Lis rolled by you or are primarily f ralf of your candidacy.	t any committees ormed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	ANY
I.D. NUMBER			A.A.	<u>,</u>			
CONTROLLE	D COMMITTEE?	7.	officeholder(s) or candidate(s)	for which this	committee is p	orimarily tormed	names of
RESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOO	ON NEED	SUPPORT OPPOSE
TATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
					1		OPPOSE
I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	' '
N	Tracy  d in this Statement: List rolled by you or are primarily falf of your candidacy.  I.D. NUMBER  CONTROLLE  YES  RESS (NO P.O. BOX)	Tracy CA 95376  d in this Statement: List any committees rolled by you or are primarily formed to receive alf of your candidacy.    I.D. NUMBER	Tracy CA 95376  d in this Statement: List any committees rolled by you or are primarily formed to receive alf of your candidacy.  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO  RESS (NO P.O. BOX)	IND STREET) CITY STATE ZIP  Tracy CA 95376  Identify the controlling office NAME OF OFFICEHOLDER, CA  Indicate the controlling office NAME OF OFFICEHOLDER, CA  Indicate the controlling office NAME OF OFFICEHOLDER, CA  OFFICE SOUGHT OR HELD  Indicate the controlling office NAME OF OFFICEHOLDER, CA  OFFICE SOUGHT OR HELD  The controlling office NAME OF OFFICEHOLDER, CA  OFFICE SOUGHT OR HELD  Officeholder(s) or candidate(s)  NAME OF OFFICEHOLDER OR  That zip code Area code/Phone  NAME OF OFFICEHOLDER OR	ICONTROLLED COMMITTEE?  CONTROLLED COMMITTEE?  YES NO P.O. BOX)  ICONTROLLED COMMITTEE?  AREA CODE/PHONE  ICONTROLLED COMMITTEE?  AREA CODE/PHONE  ICONTROLLED COMMITTEE?  AREA CODE/PHONE  ICONTROLLED COMMITTEE?  AREA CODE/PHONE  ICONTROLLED COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE	Identify the controlling officeholder, candidate, or state of the controlling of the controlling of the controlling of the controlling of	Identify the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling officeholder, candidate, or state measure proportion of the controlling of th

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM

Statement covers period

from 1/1/2022

SEE INSTRUCTIONS ON REVERSE			through <u>6/30/2022</u>	Page _3 of _8
NAME OF FILER				I.D. NUMBER
Dan Arriola for Tracy City Council 2022				1409106
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column I</b> CALENDAR YE. TOTAL TO DAT		nmary 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{11,310}{1,500}\$ \$\frac{12,810}{0}\$ \$\frac{12,810}{0}\$	\$\frac{11,310}{1,500}\$ \$\frac{12,810}{0}\$ \$\frac{12,810}{0}\$	20. Contributions	\$ \$
Expenditures Made  6. Payments Made	\$\frac{180.22}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{180.22}\$	\$\frac{180.22}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{180.22}\$		Summary for State  ve Expenditures Made*  o 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.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse		To calculate Column add amounts in Col A to the correspond amounts from Column of your last report, amounts in Column be negative figures should be subtracte previous period amounts is the first repor filed for this calendary carry over the aform Lines 2, 7, and any).	ar year, amounts  *Amounts in this section is reported in Column B.  *Amounts in this section is reported in Column B.  *Amounts in this section is reported in Column B.  *Amounts in this section is reported in Column B.	may be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Advice: adv	FPPC Form 460 (Jan/2016)) rice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	Α	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

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CALIFORNIA 🖊

Statement covers period

wonetary	Contributions Reserved			from 1/1/2022		FORM 400		
SEE INSTRUCTION	ONS ON REVERSE			through <u>6/30202</u>	2	Page 4 of 8		
NAME OF FILER						I.D. NUME 1409106	BER	
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 YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
	See Attached Page	☐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 al	A Summary ceived this period – itemized monetary contribution Il Schedule A subtotals.)		\$ \frac{12}{26}	.,550 60	IND COM - OTH - PTY -	other that Other (e.g. Political P	t Committee an PTY or SCC) g., business entity)	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1	.)TOTAL \$ 12	.,810.00	FPPC Advice: advic		Form 460 (Jan/2016)) n.gov (866/275-3772) www.fppc.ca.gov	

Schedule A

Date Received	Contributor First	Contributor Last	Address	City	State	Zip	Contribut Code	Occupation	Employer	An	nount	SUM of Amount
4/10/2022	Deon	Green		Milwaukee	WI		53218 Ind	Attorney	Department of Defense	\$	100.00	\$100.00
4/22/2022	Robin	Cole		Tracy	CA		95377 Ind	Software Consultant	MIPRO Consulting	\$	250.00	\$250.00
4/22/2022	Clarence	Chan		Stockton	CA		95219 Ind	Attorney	Self-Employed	\$	100.00	\$100.00
4/24/2022	Wess Enterprises Inc.		4695 Chabot Dr, Stie 200	Pleasanton	CA		94588 Oth			\$	250.00	\$250.00
4/24/2022	Karen	Moore		Tracy	CA		95377 Ind	Not Employed	Not Employed	\$	50.00	\$150.00
4/24/2022	Charles	Jones		Pleasanton	CA		94566 Ind	Teacher	Hayward Unified School District	\$	100.00	\$200.00
4/24/2022	Dotty	Nygard	e	Tracy	CA		95376 Ind	RN	Sutter Tracy Hospital	\$	250.00	\$500.00
4/28/2022	Les	Serpa	nue	Tracy	CA		95376 Ind	Real Estate	Surland	\$3	,500.00	\$3,500.00
5/24/2022	Karen	Moore		Tracy	CA		95377 Ind	Not Employed	Not Employed	\$	50.00	\$150.00
5/24/2022	Dotty	Nygard	е	Tracy	CA		95376 Ind	RN	Sutter Tracy Hospital	\$	250.00	\$500.00
6/4/2022	Molly	Mogan	ve	Los Angeles	CA		90024 Ind	RN	Sutter Health	\$	100.00	\$100.00
6/24/2022	Karen	Moore		Tracy	CA		95377 Ind	Not Employed	Not Employed	\$	50.00	\$150.00
6/28/2022	A, Michael	Souza		Tracy	CA		95304 Ind	Souza Realty & Develpment	CEO	\$1	.00.000	\$1,000.00
6/28/2022	Tracy Hills Holding Co, LLC		888 San Clemente Dr Suite 100	Newport Beach	CA		92660 Oth			\$4	,900.00	\$4,900.00
6/29/2022		Jones		Pleasanton	CA		94566 Ind	Teacher	Hayward Unified School District	\$	100.00	\$200.00

	A		unded				SCHEE	ULE B - PART
Schedule B – Part 1 Loans Received	АП	ounts may be ro to whole dollars			Statement cov	ers period	CALIFORN FORM	<sup>IIA</sup> 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Dan Arriola for Tracy City Council 2022					through 6/30/20	22	Page 6 I.D. NUMBER 1409106	of _8
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Dan Arriola Tracy, CA 95376	Attorney San Joaquin County District Attorney's Office	1500	1500	s FORGIVEN	s_1500	% RATE	s 1500 3/31/2022	s 1500
TO IND COM OTH PTY SCC		\$	\$	S	DATE DUE	3	DATE INCURRED	\$CALENDAR YEA
				s	. \$	RATE	\$	SPER ELECTION
TO IND COM OTH PTY SCC		\$	\$	PAID	DATE DUE		DATE INCURRED	CALENDAR YEA
				S	. \$	RATE	s	PER ELECTION
TO IND COM OTH PTY SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
:	S	SUBTOTALS \$		\$	\$	\$		
Schedule B Summary  1. Loans received this period  (Total Column (b) plus unitemized loar					00	(Enter (e) on Sche-		
2 Loans paid or forgiven this period				\$ <u>0</u>			Contributor Codes	•

(May be a negative number)

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

(Total Column (c) plus loans under \$100 paid or forgiven.)

\*\* If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

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

PTY - Political Party

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Schedule E Payments Made	Statement covers period from 1/1/2022	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			through <u>6/30/2022</u>	Page of
NAME OF FILER  Dan Arriola for Tracy City Council 2022				1409106
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 commeetings and OFC office expens PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating	RAD radio airtime and productive returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodging rices TSF transfer between committed	on costs es roduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
See Attached Page				
	,			
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	edule D.		SUBTOTAL\$
Schedule E Summary				100.00
Itemized payments made this period. (Include all Schedul	e E subtotals.)			\$
2. Unitemized payments made this period of under \$100			······	\$
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Pai	rt 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.)	TOTAL \$

Schedule E								
Payee	Address	City	State	Zip		Amount	Code	
ActBlue	PO Box 441146	Somerville	MA		2144	\$67.05	OFC	
ActBlue	PO Box 441146	Somerville	MA		2144	\$100.64	OFC	
ActBlue	PO Box 441146	Somerville	MA		2144	\$4.80	OFC	
ActBlue	PO Box 441146	Somerville	MA		2144	\$7.73	OFC	

:

COVER PAGE **Recipient Committee** Date Stamp **CALIFORNIA Campaign Statement FORM** Cover Page Page 1 Date of election if applicable: (Month, Day, Year) Statement covers period For Official Use Only from 10/23/2022 11/8/2022 through  $_{-}^{12/31/2022}$ SEE INSTRUCTIONS ON REVERSE 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 6) General Purpose Committee Sponsored Small Contri Primarily Formed Candidate/ Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1409106 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Beckett Kelly Dan Arriola For Tracy City Council 2022 ZIP CODE AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) CA 95204 Stockton NAME OF ASSISTANT TREASURER, IF ANY AREA CODE/PHONE STATE ZIP CODE CA 95376 MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX AREA CODE/PHONE ZIP CODE AREA CODE/PHONE ZIP CODE CITY OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in pre	paring and reviewing this statement and to the best of my knowle	edge the information contained here	ein and in the attached schedules is true and complete	à. I
certify under penalty of perjury under the la	aws of the State of California that the foregoing is true and carree	+ / 1/		
Executed on	Ву			
Executed on 1/31/2023	By	/		

Executed on . Executed on - Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible 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)

ficeholder or Candidate Controlled Committee				6.	Primarily Forme	ed Ballot l	Measure (	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT ME	EASURE				
Dan Arriola										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND I	DISTRICT NUMBE	ER IF APPLI	ICABLE)		BALLOT NO. OR LET	TER	JURISDICTIO	ON	_	SUPPORT OPPOSE
City Councilmember, City of Tracy										
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET		STAT			Identify the control	lling officeho	older, candi	date, or state	measure prop	onent, if any.
	Tracy	CA	95376		NAME OF OFFICEHO	DLDER, CANE	DIDATE, OR P	ROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primar	List any co	ommittees to receive		OFFICE SOUGHT OF	RHELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUME			7.	. Primarily Form	ed Candid	date/Offic	eholder Co	ommittee <i>Li</i>	st names of
NAME OF TREASURER	CONTRO	S D			officeholder(s) or ca	andidate(s) fo	or which this	committee is	primarily forme	d.
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)				NAME OF OFFICEHO	OLDER OR CA	ANDIDATE	OFFICE SO	UGHT OK HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE		ODE/PHONE		NAME OF OFFICEHO	OLDER OR CA	ANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUM	BER			NAME OF OFFICEHO	OLDER OR CA	ANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	☐ YE	S DILLED COM			NAME OF OFFICEHO	OLDER OR CA	ANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)									
CITY STATE	ZIP CODE	AREA C	ODE/PHONE			Attac	h continuati	on sheets if r	necessary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

through			Statement covers period from 10/23/2022 through 12/31/2022	CALIFORNIA 460 FORM of 87 BK
NAME OF FILER				I.D. NUMBER
Dan Arriola for Tracy City Council 2022				1409106
Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  \$ 33,543	\$ 86,886 4000 \$ 90,886 0 90,886	Running in Both th General Elections  1/1  20. Contributions Received \$	nmary for Candidates ne State Primary and through 6/30 7/1 to Date \$\$
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	\$		
Expenditures Made  6. Payments Made	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$\frac{89,027.92}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{89,027.92}\$	Candidates  22. Cumulat	Summary for State  tive Expenditures Made* to 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.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse	\$	Te calculate Coluadd amounts in CA to the correspondamounts from Coording of your last repordamounts in Columbe negative figure should be subtraprevious period at this is the first refilled for this caler only carry over the from Lines 2, 7, and any).	*Amounts in this section reported in Column B. t. Some mn A may ses that cted from amounts. If port being ndar year, he amounts	may be different from amounts  FPPC Form 460 (Jan/2016))
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	l	FPPC Advice: ac	dvice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

### Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

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

www.fppc.ca.gov

Monetary	Contributions Received			from 10/23/2022	100	CALII FO	FORNIA 460
				through	)22	Page	4 of 87BK
	ONS ON REVERSE					I.D. NU	IMBER
Dan Arriola	for Tracy City Council 2022					140910	06
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 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	\$			
Amount re (Include a	A Summary eceived this period – itemized monetary contribution III Schedule A subtotals.)		\$ 32 n \$100\$ 57	2,970	IND CO OTI PT	(other H – Other Y – Politic	ual vient Committee vihan PTY or SCC) (e.g., business entity)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, 0			3,543	FPPC Advice: adv		PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772)

					Schedule A						
Date Received Contributor First	Contributor Last	Address	City	State Zip	Contributor Code	Employer	Occupation	Amount		SUM o	of Amount
10/24/2022 Karen	Moore		Tracy	CA	95377 Ind	Not Employed	Not Employed	\$	50.00	S	350,00
10/24/2022 Cheryl	Hays		Tracy	CA	95377 Ind	Not Employed	Not Employed	s	20,00	\$	140.00
Angelo K. Tsakopoulo and 10/25/2022 Affiliated Entitles	. 1010		Sacramento	CA	95826 Oth	AKT Development	Chairman Retired	s	2,450.00	-	2.450.00
10/25/2022 Louis	Vismara		Sacramento	CA	95819 Ind	Retired			500.00	s	500.00
10/29/2022 Henry	Cole		Tracy	CA	95377 Ind	Retired	Retired			-	200.00
10/30/2022 Lisa	Roth		Tracy	CA	95376 Ind	Not Employed	Not Employed	3	100.00	•	200.00
International Brotherhood of Electrical Workers Local 595 PAC Small Contributor 10/31/2022 Committee		2 555 Capitol Mall Ste 400	Sacramento	CA	95814 Com			\$	1,000.00	s	1,000.00
California Real Estate Political Action Committee 10/31/2022 (CREPAC)	89010	6 515 S Figueroa St, Ste 1110		CA	90071 Com		Richard	\$	1,000.00	S e	1,000.00
11/2/2022 C Evan	Knapp		Newport Beach	CA	92660 Ind	Integral Communities	Principal		750.00	S	750.00
11/2/2022 Carolina	Manchester		Newport Beach	CA	92660 Ind	Not Employed	Not Employed		750.00	5	750.00
11/2/2022 Paula	Stanek		Newport Beach	CA	92660 Ind	Not Employed	Not Employed	,	4.900.00		4.900.00
11/3/2022 Gurdip	Singh		Manteca	ÇA	95337 Ind	Miri Piri Inc.	Self-Employed		4,900.00	•	4,900.00
11/3/2022 Neil	McKenzie		Tracy	CA	95377 Ind	Americas Tire	Service Coordinator	3	4,900.00		4,900.00
11/3/2022 Norm	Oldroyd		Alamo	CA	94507 Ind	Self-Employed	Contractor	3	100.00	. *	100.00
11/3/2022 Adam	Carranza		El Monte	CA	91732 Ind	El Monte City School District	Teacher		4.900.00	ě	4.900.00
11/3/2022 Elias	Lopez		Tracy	ÇA	95376 Ind	Not Employed	Not Employed	3	750.00		750.00
11/7/2022 Lance	Waite		Rancho Santa Fe	CA	92067 Ind	Integral Communities	Real Estate Investment	5	700.00	-	1,450,00
12/14/2022 C. Evan	Knapp		Newport Beach	CA	92660 Ind	Integral Communities	Principal	5	700.00		700.00
12/14/2022 Craig	Manchester		Newport Beach	CA	92660 Ind	Integral Communities	Managing Partner	Þ	700.00	ş	100.00

#### Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 10/23/2022 CALIFORNIA FORM FORM FORM FORM

SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through _12/31/2022	Page of 87 (				
Dan Arriola for Tracy City Council 2022  CODES: If one of the following codes accurately describes the payment, you campaign paraphernalia/misc.  CNS campaign consultants  CNS 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 commetering meetings and office expens petition circulary phone banks polling and supporting and supporting professional supporting professional supporting professional supporting print ads	munications appearances es ating	wise, describe the payment.  RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL tv. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, and TSF transfer between committees VOT voter registration WEB information technology costs	costs action 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				
See Attached Page							
* Payments that are contributions or independent expenditures must also be summarized on Sche	dule D.	SUE	BTOTAL\$				
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).)							

		Schedule E					
Payee	Address	City	State	Zip	An	nount	Code
ActBlue	PO Box 441146	Somerville	MA		2144	\$157.05	OFC
ActBlue	PO Box 441146	Somerville	MA		2144	\$232.41	OFC
ActBlue	PO Box 441146	Somerville	MA		2144	\$269.18	OFC
ActBlue	PO Box 441146	Somerville	MA		2144	\$397.77	OFC
Beverages & More	2860 W Grant Line Rd	Tracy	CA		95304	\$143.70	CMP
Cumulus Media	780 Johnson Ferry Rd NE Suite 5000	Atlanta	GA		30342	\$3,615.00	RAD
Delta	1030 Delta Blvd	Atlanta	CA		30354	\$646.20	TRC
Delta	1030 Delta Blvd	Atlanta	CA		30354	\$70.00	TRC
Delta	1030 Delta Blvd	Atlanta	CA		30354	\$70.00	TRC
Facebook	1 Hacker Way	Menlo Park	CA		94025	\$50.00	WEB
Facebook	1 Hacker Way	Menlo Park	CA		94025	\$4.17	WEB
Facebook	1 Hacker Way	Menlo Park	CA		94025	\$49.94	WEB
IHeartMedia	2121 Lancey Dr	Modesto	CA		95355	\$2,930.00	
LGBTQ Victory Institute	1225 I St NW #525	Washington	DC		20009	\$225.00	MTG
Marriott	1331 Pennsylvania Avenue NW	Washington	CA		20004	\$1,643.79	TRC
Pacific Printing	1445 Monterey Rd	San Jose	CA		95110	\$5,582.38	LIT
Pacific Printing	1445 Monterey Rd	San Jose	CA		95110	\$1,354.06	
Pacific Printing	1445 Monterey Rd	San Jose	CA		95110	\$5,258.24	LIT
PDI	PO Box 59570	Norwalk	CA		90652	\$3,400.00	
Public Storage	1615 W 11th St	Tracy	CA		95376	\$128.00	
Public Storage	1615 W 11th St	Tracy	CA		95376	\$113.00	
Ross Turner Designs	21 Prospect Ave	Long Beach	CA		90803	\$1,790.00	LIT
Ross Turner Designs	21 Prospect Ave	Long Beach	CA		90803	\$895.00	
Tabletop Strategies	PO Box 1825	Stockton	CA		95202	\$11,845.03	
Tabletop Strategies	PO Box 1825	Stockton	CA		95202	\$5,081.94	CMS
Uber	190 Mathilda Pl	Sunnyvale	CA		94086	\$56.65	
Uber	190 Mathilda Pl	Sunnyvale	CA		94086	\$22.97	
Uber	190 Mathilda Pl	Sunnyvale	CA		94086	\$2.93	
					0.4000	A00 70	TDC

190 Mathilda Pl

Uber

CA

Sunnyvale

\$23.70 TRC

94086

#### Recipient Committee Campaign Statement Cover Page

Cover Page		<b> 長 </b>	MEGELATIO	1	Q
	Statement covers period from 9/25/2022	Date of election if applicable: (Month, Day, Year)	OCT 27 2022 CITY CLERK TRACY	For C	of 8  Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 10/22/2022	11/8/2022	CA		
1. Type of Recipient Committee: All Committees - Con	plete Parts 1, 2, 3, and 4.	2. Type of Statement:	300		
State Candidate Election Committee 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 Termination Amendment (Explain below)		Quarterly Stateme Special Odd-Year	
Sponsored P Small Contributor Committee	rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)				
3 Committee Information	NUMBER 109106	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		****	
Dan Arriola For Tracy City Council 2022		Beckett Kelly MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)	7	CITY	STATE Z	IP CODE	AREA CODE/PHONE
		Stockton		95204	
CITY STATE ZIP COL	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF AN	IA		
Tracy CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	5	MAILINGADDRESS			
CITY STATE ZIP CO.	DE AREA CODE/PHONE	CITY	STATE Z	IP 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 reviewin certify under penalty of perjury under the laws of the State of 0  Executed on 10/27/2022  Date			and in the attached	d schedules is true	e and complete. I
Executed on 10/27/2022 Date	By Signature of Control	offing Officeholder, Candidate, State Measure Proponent or	Responsible Officer of S	Sponsor	
Executed on	Bys	ignature of Controlling Officeholder, Candidate, Stale Meas	ure Proponent		
Executed on	ByS	ignature of Controlling Officeholder, Candidate, State Meas	ure Proponent		
	· ·	•	539 (509) (40 A L.) ( <del>5</del> 45), 60(50) (41.) (6.)		orm 460 (Jan/2016)) .gov (866/275-3772)

COVER PAGE

california 46

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA A O O
CALIFORNIA 460
FORM 400
Page 2 of 8
Page or

Officeholder or Candidate Controlled Com	mittee			6.	Primarily Formed Ballo	t Measure (	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Dan Arriola									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER	R IF APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
City Councilmember, City of Tracy									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		Identify the controlling office	shaldar aandi	data ar etata massura	nronor	ent if any
Tracy CA 95376			95376		-			propor	ient, ii any.
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your care.	or are primaril	List any con y formed to	nmittees receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF	ANY
COMMITTEE NAME	I.D. NUMBE	ER							
				_					_
NAME OF TREASURER	CONTROL	LED COMMI	TTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	didate/Oπic ) for which this	enoider Committe committee is primarily	e List formed.	names of
	☐ YES	□ NO	)						1
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)		<del></del>		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT
CITY STATE ZII	P CODE	AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBE	ER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPOR
NAME OF TREASURER		LED COMMI			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	☐ SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O ROY)	□ NO	)						OPPOSE
COMMUNITIEE ADDRESS (NO P.	O. BOA)								
CITY STATE ZI	P CODE	AREA CO	DE/PHONE		Δtt	ach continuati	on sheets if necessar	v	
					7111	, , , , , , , , , , , , , , , , ,		,	

### 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 $\frac{9/25/2022}{}$	california 460
through	Page _3 of _8
	I.D. NUMBER
	1409106

Dan Arriola for Tracy City Council 2022	777	1409106			
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		
Loans Received	\$\frac{24,300}{0}\$ \$\frac{24,300}{0}\$ \$\frac{24,300}{0}\$ \$\$	\$\frac{53,343}{1,500}\$ \$\frac{54,843}{0}\$ \$\frac{54,843}{1}\$	1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$		
Expenditures Made  6. Payments Made	\$\frac{28,929.88}{0}\$  \[ \frac{0}{0}\$  \]  \[ \frac{0}{28,929.88}\$  \]	\$\frac{42,693.88}{0}\$  \$\frac{0}{0}\$  0  0  42,693.88	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	\$	Fe 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)		

#### Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

SEE INSTRUCTIO	Contributions Received  ONS ON REVERSE	to	whole dollars.	Statement covers period from $\frac{9/25/2022}{through}$		CALIFORNIA 460 FORM Page 4 of 8		
NAME OF FILER Dan Arriola 1	for Tracy City Council 2022					1409106		
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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
	See Attached 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	\$				
Amount re     (Include all)	A Summary eceived this period – itemized monetary contribution Il Schedule A subtotals.)		\$	1,300	IND- COM OTH PTY	(other to – Other (output) – Politica	al ent Committee than PTY or SCC) e.g., business entity)	
2 Total man	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, 0			9,666	FPPC Advice: advi		C Form 460 (Jan/2016) .ca.gov (866/275-3772	

									Schedule A					
D	ate Re	ceived	Contributor First	Contributor Last	Address	City	State Zip	C	Contributor Code	Employer	Occupation	Amour	nt :	SUM of Amount
			Sheet Metal Workers Local Union 104 Political	Committee # 850381	3232 Constitution Dr	Livermore	CA .	94551 0	Com			\$	3,000.00	\$3,000.00
			O O I I I I I I I I I I I I I I I I I I		3232 Constitution Di	Stockton	CA	95213 h		Attorney	San Joaquin County	\$	100.00	\$1,100.00
	10/3	2/2022		Burrise		Stockton	CA	50210 0		racino				
	10/	3/2022		Committee # 871625	4842 Nutcracker Ln	Modesto	CA	95356 0	Com			\$	500.00	\$500.00
	100	3/2022	San Joaquin County Democratic Central Committee	Committee # 742165	5445 Madison Ave	Sacramento	CA	95841 (	Com			\$	600.00	\$600.00
		3/2022		Serpa	i o tro madiodiri no	TRACY	CA	95376	Ind	Vice President	Surland Companies	\$	4,900.00	\$4,900,00
		4/2022		Long		Alameda	CA	94502		President	Surland Companies	\$	4,200.00	\$4,700.00
		4/2022		Committee #	:	Marriedo								
	10/	7/2022		C00556258	11 S San Joaquin St 310	Stockton	CA	95202 0	Com			\$	500.00	\$500.00
			3CJR Painting Inc.		392 W Larch Rd #5	Tracy	CA	95304 0	Oth			\$	500.00	\$500.00
			,	Repetto		Tracy	CA	95304	Ind	Self-employed	Tracy Disposal	\$	500.00	\$500.00
		3/2022		Hawkins		Tracy	CA	95376 I	Ind	Retired	Retired	\$	1,000.00	\$1,000.00
			•	Singh		Tracy	CA	95376	Ind	Şelf-employed	Tiger Cargo Inc.	\$	4,200.00	\$4,200.00
		7/2022	Democratic Club of Greater	Committee # 1299762	PO Box 1145	Tracy	CA	95378	Com			\$	500.00	\$500.00
	10/1	7/2022	Central Labor Council of San Joaquin and Calaveras Counties-COPE	Committee # 1260729	PO Box 30932	Stockton	CA	95213	Com			\$	500.00	\$500.00
	10/1	7/2022	Equality California PAC - All Purpose	Committee # 1254010	515 S Figueroa St Ste 1110	Los Angeles	CA	90071	Com			\$	500.00	\$500.00
	10/1	7/2022	Tracy Firefighters Association PAC	Committee # 1230611	1127-11th St. Suite 210	Sacramento	CA	95814				\$	900.00	\$4,900,00 \$100,00
	10/1	7/2022	Patricia	Howell		Tracy	CA	95376 1	Ind	Retired	Retired	\$	100.00	\$100.00
	10/1	7/2022	Reliance Gas Investments Inc		2420 W Grant Line RD	Tracy	CA	95377	Oth			\$	200.00	\$200.00
	10/1	8/2022	Working Harder PAC	FEC ID C00705368	514 Daniels St #286	Raleigh	:NC	27605 (	Com			. 5	500.00	\$500.00
	10/1	8/2022	Stonewall Democratic Club of Greater Sacramento	Committee # 1247892	1787 Tribute Rd Ste K	Sacramento	CA	95815 (	Com			\$	1,000.00	\$1,000.00
	10/2	0/2022	Michel	Bazinet		Tracy	CA	95377 I	Ind	Not Employed	Not Employed	. S	100.00	\$100.00

Amounts may be rounded

Schedule B – Part 1 Loans Received	to whole dollars			Statement coverage from 9/25/2022	ers period	CALIFORNIA 460		
Loans Received					IIOIII			
wateverlove on PEVERSE					through _10/22/20	022	Page <u>6</u>	of _8
SEE INSTRUCTIONS ON REVERSE			//				I.D. NUMBER	
							1409106	
Dan Arriola for Tracy City Council 2022				<u> </u>			46	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIC	EN BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
D 4 1	Attorney San Joaquin			PAID	s 1500		s_1500	s 1500
Dan Arriola	County District Attorney's			\$	s 1300	RATE	\$	
Track I'A NaT/6	Office			FORGIVEN	1			PER ELECTION**
Tracy, CA 95376	Office	\$ 1500	s	s		s	3/31/2022	\$
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	CALENDAR YEAR
				PAID				CALENDAR TEAR
				s	s	RATE	\$	s
				FORGIVEN	4	10012		PER ELECTION**
				s		\$		\$
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$		DATE DUE		DATE INCURRED	
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				☐ FORGIVE	N .	RATE		PER ELECTION**
			s	s		s		\$
TO IND COM OTH PTY SCC		-			DATE DUE		DATE INCURRED	
		SUBTOTALS	•	\$	\$	\$		
O-landada D Commons				2		(Enter (e) on Scheo	tule E, Line 3)	
Schedule B Summary				<b>s</b> (	)			
Loans received this period  (Total Column (b) plus unitemized loan	na of loca than \$100 \							
2. Loans paid or forgiven this period	is of less than \$100.)			\$	)	1 '	Contributor Code: ID – Individual	S
(Total Column (c) plus loans under \$1	00 paid or forgiven.)						OM - Recipient C	Committee
(Include loans paid by a third party that 3. Net change this period. (Subtract Lir	at are also itemized on Sche ne 2 from Line 1.)	edule A.)		NET \$	)		other than) TH – Other (e.g., TY – Political Par	
Enter the net here and on the Summa	ry Page, Column A, Line 2.							ributor Committee

(May be a negative number)

SCC - Small Contributor Committee

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

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Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from	FORM FOU
through 10/24/2022	Page of
	I.D. NUMBER
	1409106

•					110111	the state	
ATT WATER OF ON DEVEROE					through 10/24/2022	_ Page _	7 of 8
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NU	MBER
Dan Arriola for Tracy City Council 2022						14091	106
CODES: If one of the following codes accurately describes  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	munication d appearant ses lating urvey resea	s ces arch essenger services	Other	wise, describe the payment RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, a staff/spouse travel, lodging TSF transfer between committee VOT voter registration WEB information technology cost	on costs s oduction cos and meals g, and meals ees of the sar	; me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	CRIPTION OF PAYMENT		AMOUNT PAID
See Attached Page							
* Payments that are contributions or independent expenditures must also be	summarized on Sch	edule D.			5	SUBTOTAL	-\$
Schedule E Summary		1,200					28,866.39
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$ _	
Unitemized payments made this period of under \$100						\$	63.49
Total interest paid this period on loans. (Enter amount from	n Schedule B. Pa	rt 1. Colu	mn (e).)			\$ _	0
4. Total payments made this period. (Add Lines 1, 2, and 3. E	Enter here and or	the Sum	ımary Page, Co	lumn A	, Line 6.)	rotal \$ .	28,929.88

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www.fppc.ca.gov

		Schedule E					
Payee	Address	City	State	Zip	:	Amount	Code
H&S Signs	418 Neal St	Grass Valley	CA		95945	\$1,510.50	LIT
Pacific Printing	1445 Monterey Rd	San Jose	CA		95110	\$8,373.54	POS
Pacific Printing	1445 Monterey Rd	San Jose	CA		95110	\$1,354.06	LIT
Pacific Printing	1445 Monterey Rd	San Jose	CA		95110	\$8,257.20	POS
Facebook	1 Hacker Way	Menlo Park	CA		94025	\$12.00	WEB
Facebook	1 Hacker Way	Menlo Park	CA		94025	\$5.00	WEB
Facebook	1 Hacker Way	Menlo Park	CA		94025	\$17.00	WEB
Facebook	1 Hacker Way	Menlo Park	CA		94025	\$15.00	WEB
Facebook	1 Hacker Way	Menlo Park	CA		94025	\$15.00	WEB
Facebook	1 Hacker Way	Menlo Park	CA		94025	\$25.00	WEB
Facebook	1 Hacker Way	Menlo Park	CA		94025	\$35.00	WEB
Creative Vision Printing	2232 Stewart St	Stockton	CA		95205	\$527.98	CMP
Alliance Graphics	1101 Eighth St, Suite 100	Berkeley	CA		94710	\$610.29	CMP
IHeartMedia	2121 Lancey Dr	Modesto	CA		95355	\$7,499.99	RAD
Tabletop Strategies	PO Box 1825	Stockton	CA		95202	\$608.83	CMS
idelicios culcugios			and the second s	and the state of t	and the second s		

		AND	RECÊIVED	FOF	
IS ON REVERSE	Statement covers period from $\frac{7/1/2022}{}$ through $\frac{9/24/2022}{}$	Date of election if applicable: (Month, Day, Year)  11/8/2022	GEP 2 9 2022 CITY CLERK TRACY CA	lio1	of 8
cipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	86+67		
Candidate Election Committee  Fart 5)  Urpose Committee  Ored  Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Termination Statement (Also file a Form 410 Te	ermination)	Quarterly Statem Special Odd-Year	ent r Report
Information	I.D. NUMBER 1409106	Treasurer(s)			
ME (OR CANDIDATE'S NAME IF NO COMMITT		NAME OF TREASURER			
For Tracy City Council 2022		Beckett Kelly MAILING ADDRESS			
SS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
	-	Stockton	CA	95204	
STATE ZI	P CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	ER, IFANY	-	
		MAILING ADDRESS			
STATE ZI	P CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
/ E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRE	55		
reasonable diligence in preparing and revenalty of perjury under the laws of the State on 9/29/2022  Date Date	BySignature of Con	Correct.	ponent or Responsible Officer of		e and complete. I
	er, Candidate Controlled Committee Candidate Election Committee Candidate Election Committee Candidate Election Committee Controlled Controlled Committee Controlled Controlled Committee Controlled Controlled Committee Controlled Controlled Committee Controlled Controlled Committee Controlled Controlle	AS ON REVERSE  through 9/24/2022  Through 9/24/2022	through 9/24/2022  through 9/24/2022  through 9/24/2022  through 9/24/2022  through 9/24/2022  through 9/24/2022  2. Type of Statement:  cr. Candidate Controlled Committee candidate Election Committee Controlled Sponsored Controlled Sponsored Controlled Committee Controlled Committee Controlled Committee Controlled Sponsored Controlled Committee Controlled Committee Controlled Controlled Committee Controlled Controlled Committee Controlled Committee Controlled Committee Controlled	STATE ZIP CODE   AREA CODE/PHONE   STATE ZIP CODE   ST	SS ON REVERSE    from 7/1/2022

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_

COVER PAGE

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								
Page 2 of 8								

. Officeholder or Candidate Controlled Committee			6	6. F	rimarily Formed Ballo	t Measure C	ommittee				
NAME OF OFFICEHOLDER OR CANDIDATE			_	1	AME OF BALLOT MEASURE						
	Dan Arriola										
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF	APPLICABLE)		Ī	BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE	
	City Councilmember, City of Tracy										
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  Tracy CA 95376					Identify the controlling officeholder, candidate, or state measure proponent, if any						
		. rucj			Ī	NAME 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 committee ormed to receive	s :	i	DFFICE SOUGHT OR HELD			DISTRICT N	O. IF ANY	
	COMMITTEE NAME	I.D. NUMBER			•						
	NAME OF TREASURER	CONTROLLE	D COMMITTEE?	7		Primarily Formed Cano	for which this	committee is	ommittee primarily for	mea.	
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	BOX)		<del></del>		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOC	JGHT OKTIE	SUPPORT OPPOSE	
	CITY STATE ZIP C	ODE #	AREA CODE/PHO	DNE		NAME OF OFFICEHOLDER OR !	CANDIDATE	OFFICE SOL	JGHT OR HEI	SUPPORT OPPOSE	
	COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HE	SUPPORT OPPOSE	
	NAME OF TREASURER	☐ YES	D COMMITTEE?			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	UGHT OR HE	LD □ SUPPORT □ OPPOSE	
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I		AREA CODE/PHO	DNE		Atta	nch continuatio	on sheets if n	necessary	•	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.	Statement covers period from 7/1/2022	FORM 460
SEE INSTRUCTIONS ON REVERSE		through 9/24/2022	Page _3 of _8
NAME OF FILER		<b>A</b>	I.D. NUMBER
Dan Arriola for Tracy City Council 2022			1409106

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{17,733}{0}\$ \$\frac{17,733}{0}\$ \$\frac{0}{17,733}\$ \$\frac{17,733}{0}\$	\$\frac{29,043}{1,500}\$ \$\frac{30,543}{0}\$ \$\frac{30,543}{1}\$	1/1 through 6/30 7/1 to Date  20. Contributions Received \$  21. Expenditures Made \$ \$				
Expenditures Made  6. Payments Made	\$\frac{13,764.76}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{1}{3,764.76}\$	\$\frac{13,764}{0}\$ \$\frac{0}{0}\$ \frac{0}{0}\$ \frac{0}{13,764.00}\$	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.				
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.gov				

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov	vers period	california 460		
SEE INSTRUCTI	ONS ON REVERSE			through 9/24/2022		Page 4 of 8		
NAME OF FILER						1.D. NUI 140910		
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 Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
	See Attached Page	□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC				and the second s		
		□IND □COM □OTH □PTY □SCC	:					
		□ IND □ COM □ OTH □ PTY □ SCC						
			SUBTOTAL	\$				
1. Amount re (Include a	A Summary eceived this period – itemized monetary contribution III Schedule A subtotals.)			16,986	IND COM OTH	other) d – Other (	al ent Committee than PTY or SCC) (e.g., business entity)	
2. Amount re	eceived this period – unitemized monetary contribut	ions of less than	າ \$100\$ <u></u>			′ – Politica ` – Small (	il Party Contributor Committee	

3. Total monetary contributions received this period.

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SCC - Small Contributor Committee

Γ				hate and	Scheduel A							
					T						Cumulative to	
Date Received	Contributor First	Contributor Last	Contributor Code	Address	City	State	Zip	Employer	Occupation		Date	Per Election
7/21/2022	Bob	Eversol	Ind		Tracy	CA	95376	Not employed	Not employed	\$500.00	\$1,000.00	
7/21/2022	Dino	Margaros	Ind		Tracy	CA		Property Management	Tracy Inn Inc.	\$250.00	\$250.00	
7/23/2022	Virna	Hudson	Ind		Tracy	CA	95377		Fresh Coat Painters	\$500.00	\$500.00	
7/23/2022	Mercedes	Silveira	Ind		Tracy	CA	95377	Retired	Retired	\$100.00	\$150.00	
7/24/2022	Karen	Moore	Ind		Tracy	CA	95377	Not employed	Not employed	\$50.00	\$300.00	
7/24/2022	Cheryl	Hays	Ind		Tracy	CA	95377	Not Employed	Not Employed	\$20.00	\$120.00	\$120.00
									Tracy Community			l
8/8/2022	William	Paris	Ind		Tracy	CA		Executive Director	Connections Center	\$250.00	\$250.00	
8/16/2022	Chris	Long	Ind		Alameda	CA	94502	President	Surland Companies	\$500.00	\$500.00	\$500.00
	Tracy Firefighters											
8/24/2022	Association PAC	Committee # 1230611	Com	1127-11th St, Suite 210	Sacramento	CA	95814			\$4,000.00	\$4,000.00	
8/24/2022	Karen	Moore	Ind	li de la companya de	Tracy	CA		Not employed	Not employed	\$50.00	\$300.00	
8/24/2022	Cheryl	Hays	Ind		Tracy	CA		Not Employed	Not Employed	\$20.00	\$120.00	
8/29/2022	Lisa	Roth	Ind		Тгасу	CA	95376	Not employed	Not employed	\$100.00	\$100.00	\$100.00
							l		Community			
9/1/2022	Moses	Zapien	Ind		Stockton	CA	95219	CEO	Foundation SJ	\$100.00	\$100.00	\$100.00
	Harry S Truman Club											
9/8/2022	of San Joaquin	Committee # 1269373	Com	PO Box 693246	Stockton	CA	95269			\$1,000.00	\$1,000.00	
9/11/2022	Anthony	Bebich	Ind		San Pedro	CA	90732	Not Employed	Not Employed	\$126.00	\$126.00	
9/11/2022	Ramzi	Dudum	Ind		Washington	DC	20009	Physician	Stanford	\$100.00	\$100.00	
9/11/2022	Lindsay	Weinstock	Ind		Los Angeles	CA	90049	Philanthropic Advisor	Self-employed	\$100.00	\$100.00	
9/12/2022	Robert	Long III	Ind		San Francisco	CA	94127	Sales	Samsara	\$500,00	\$500.00	\$500.00
									Morrison & Foerster			
9/12/2022	Alexandra	Barlow	Ind		Poway	CA	92064	Attorney	LLP	\$100.00	\$100.00	\$100.00
									Munger Tolles &			
9/12/2022	John	Major	Ind		Los Angeles	CA		Attorney	Olson LLP	\$100.00	\$100.00	
9/12/2022	Danielle	Sone	Ind		San Diego	CA	92116	HR Manager	Locana Biotech	\$100.00	\$100.00	\$100.00
	Northern California											
	Carpenters Regional			1								
9/14/2022	Council	Committee # 972104	Com	265 Hegenberger Rd, Suite 200	Oakland	CA	94621			\$1,000.00	\$1,000.00	
9/16/2022	Bob	Eversol	Ind	410.00	Tracy	CA	-	Not employed	Not employed	\$500.00	\$1,000.00	
9/17/2022	Eric	Vallone	Ind		San Mateo	CA	94402	Product Manager	AMP Agency	\$100.00	\$100.00	
9/18/2022	Michael	Fisher	Ind		Brooklyn	NY	11201	Lawyer	Paul Hastings LLP	\$100.00	\$100.00	\$100.00
							1		Hayward Unified			
9/19/2022	Charles	Jones	Ind		Pleasanton	CA	94588	Teacher	schoa! district	\$100.00	\$300.00	\$300.00
							ı		Robinson Calcagnine			
9/20/2022	Paul	Dagostino	Ind		Newport Beach	CA	92660	Attorney	Inc.	\$100.00	\$100.00	\$100.00
									Automobile Club of			
9/20/2022	William	Prokop	Ind		Aliso Viejo	CA	92656	Attorney	Southern California	\$100.00	\$100.00	\$100.00
	San Joaquin County											
	Building &											
	Construction Trades						1					
9/22/2022	Council	Committee # 890345	Com	3945 Cherokee Rd	Stockton	CA	95215			\$1,000.00	\$1,000.00	\$1,000.00
									U.S. Department of			
									Housing and Urban			
9/22/2022	Candace	Valenzuela	Ind		Dallas	TX		Regional Administrator	Development	\$100.00		
9/23/2022	Rhonda	Arthur	Ind		Roseville	CA	95661	John Adams Academy	Teacher	\$4,900.00	\$4,900.00	
9/24/2022	Karen	Moore	Ind		Tracy	CA	95377	Not employed	Not employed	\$50.00	\$300.00	\$300.00
									Pine Grive			
9/24/2022	Matthew	Gertler	Ind		Santa Monica	CA		Attorney	Consulting Inc.	\$250.00	\$250.00	
9/24/2022	Cheryl	Hays	Ind		Tracy	CA		Not Employed	Not Employed	\$20.00	\$120.00	
9/24/2022	Nima	Heydari	Ind		San Diego	CA	92101	Attorney	Car Law Firm	\$100.00	\$100.00	\$100.00

Schedule B – Part 1 Loans Received	Am	ounts may be ro to whole dollar		Γ	Statement cov	ers period		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through 9/24/20	22	Page 6	of_8		
NAME OF FILER  Dan Arriola for Tracy City Council 2022							1409106			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTION TO DATE		
Dan Arriola	Attorney San Joaquin County District Attorney's			PAID	s_1500	% RATE	s_1500	\$ 1500		
Tracy, CA 95376  †□ IND □ COM □ OTH □ PTY □ SCC	Office	\$	s_0	FORGIVEN	DATE DUE	\$	3/31/2022 DATE INCURRED	PER ELECTION		
				PAID	\$	% RATE	\$	CALENDAR YEA		
†   IND   COM   OTH   PTY   SCC		\$	s	FORGIVEN \$	DATE DUE	\$	DATE INCURRED	PER ELECTION		
				PAID  \$	s	% RATE	\$	S		
†   IND   COM   OTH   PTY   SCC		s	s	\$	DATE DUE	s	DATE INCURRED	PER ELECTION		
	S	SUBTOTALS S	;	5	\$	\$				
Schedule B Summary  1. Loans received this period (Total Column (b) plus unitemized loar  2. Loans paid or forgiven this period	ne of loce than \$100 \						redule E, Line 3)  †Contributor Codes IND – Individual			

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

FPPC Form 460 (Jan/2016))
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(May be a negative number)

COM - Recipient Committee

PTY - Political Party

(other than PTY or SCC)

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

SCC - Small Contributor Committee

Schedule E Payments Made	Amounts may l to whole d				Statement covers period from 7/1/2022	FC	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through 9/24/2022	Page _	7 of 8 MBER			
Dan Arriola for Tracy City Council 2022						14091	06			
CODES: If one of the following codes accurately describes  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 circus PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	nmunications d appearanc ses lating urvey resear	es ch ssenger se	vices	RAD radio airtime and produc returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and produce travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit voter registration WEB information technology c	ition costs ries production costs , and meals ng, and meals ttees of the san	ne candidate/sponsor			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)		CODE	OR	DES	CRIPTION OF PAYMENT		AMOUNT PAID			
See Attached Page										
!				ł						
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.				SUBTOTAL	<b>5</b>			
Schedule E Summary										
1. Itemized payments made this period. (Include all Schedule						\$	3,588.17			
2. Unitemized payments made this period of under \$100	•••••					\$ <u>_</u>	76.59			
	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)									

FPPC Form 460 (Jan/2016))

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		Sched	lule E				
Payee	Address	City	State	Zip	Code	Description	Amount
ActBlue	PO Box 441146	Somerville	MA	2144	OFC		\$4.05
ActBlue	PO Box 441146	Somerville	MA	2144	OFC		\$13.80
ActBlue	PO Box 441146	Somerville	MA	2144	OFC		\$13.80
USPS	125 W 9th St	Tracy	CA	95376	OFC		\$210.00
Public Storage	1615 W 11th St	Tracy	CA	95376	OFC		\$467.00
Chipotle	2512 Naglee Rd	Tracy	CA	95304	FND		\$331.25
City of Tracy	333 Civic Center Dr	Tracy	CA	95376	FIL		\$25.00
City of Tracy	333 Civic Center Dr	Tracy	CA	95376	FIL		\$1,500.00
Tabletop Strategies	PO Box 1825	Stockton	CA	95202		Rally Signs Reimbursement	\$604.48
Tabletop Strategies	PO Box 1825	Stockton	CA	95202	CMS		\$2,040.00
Tabletop Strategies	PO Box 1825	Stockton	CA	95202	CMS		\$153.00
Tabletop Strategies	PO Box 1825	Stockton	CA	95202	CMS		\$2,040.00
Tabletop Strategies	PO Box 1825	Stockton	CA	95202	CMS		\$19.98
Tabletop Strategies	PO Box 1825	Stockton	CA	95202	CMS		\$151.12
H&S Signs	418 Neal St	Grass Valley	CA	95945	LIT		\$3,676.25
Pacific Printing	1445 Monterey Rd	San Jose	CA	95110	LIT		\$2,338.44

RScipient Committee Campaign Statement Cover Page		123	A 8976	ALIFORNIA 460 FORM
	Statement covers period from 01/01/2022	(Month Day Year)	ECEIVED Pa	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 6/30/2022	11/8/22	TRACY CA	
1. Type of Recipient Committee: All Committees	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	2	
✓ Officeholder, Candidate Controlled 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 Termination Amendment (Explain below)		Statement dd-Year Report
3. Committee Information	I.D. NUMBER 1409106	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITT		NAME OF TREASURER		
Dan Arriola for Tracy City Council 2022		Beckett Kelly		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO 1.0. DOX)		Stockton	CA 95204	
CITY STATE ZII	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF AN		
	5376			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS		2
CITY STATE ZII	CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
CITY STATE ZII	AREA CODE/FHONE		OTATE EN OODE	, , , , , , , , , , , , , , , , , , , ,
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				
I have used all reasonable diligence in preparing and rev	iewing this statement and to the best of my	knowledge the information contained herein a	and in the attached schedule	es is true and complete. I
certify under penalty of perjury under the laws of the Stat				
Executed on 7/31/2022	Ву			
7/31/2022		Signature of Treasurer of Assistant Treasurer		
Executed onDate	BySignature of Cor	ntrolling Officeholder, Candidate, State Measure Proponent or	Responsible Officer of Sponsor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Meas	sure Proponent	
		Organization of Controlling Chicarolate, Canadate, State Meas	- C. Openom	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Meas	sure Proponent	FPPC Form 460 (Jan/2016))

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COVER PAGE

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM 400
Page _2 of _7

5.	Officeholder or Candidate Controlled Commit		6.	Primarily Formed Ballot	Measure C	Committee				
	NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
	Dan Arriola									
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	ICT NUMBER II	F APPLICA	BLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
	City Councilmember, City of Tracy									OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	ТҮ Гтасу	STATE CA	ZIP 95376		Identify the controlling officer	nolder, candid	late, or state	measure prop	oonent, if any.
	Related Committees Not Included in this Stat					NAME OF OFFICEHOLDER, CAN	DIDATE, OR PI	ROPONENT		
	not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candidate.	are primarily fo	ormed to r	receive		OFFICE SOUGHT OR HELD			DISTRICT NO	, IF ANY
	COMMITTEE NAME	I.D. NUMBER			7.	Primarily Formed Candi	idate/Office	eholder Co	mmittee <i>L</i>	ist names of
	NAME OF TREASURER	CONTROLLE		TEE?		officeholder(s) or candidate(s)	for which this	committee is p	orimarily form	ed.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	YES OX)	□ NO	:		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP CO		AREA COD	E/PHONE !		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	IGHT OR HELE	SUPPORT OPPOSE
	NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLE  YES	D COMMIT	TEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP CO		AREA COD	E/PHONE		Attac	ch continuatio	on sheets if n	ecessary	

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/2022 CALIFORNIA 460

through 6/30/2022 Page 3 of 7

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE		unough		I.D. NUMBER
NAME OF FILER				
Dan Arriola for Tracy City Council 2022				1409106
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates ne 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	0	\$\frac{11,310}{1500}\$ \$\frac{12,810}{0}\$ \$\frac{12,810}{0}\$	20. Contributions	s\$
Expenditures Made  6. Payments Made	0	\$ \frac{0}{0} \\ \$ \frac{0}{0} \\ \sigma \frac{0} \\ \sigma \frac{0}{0} \\ \sigma \frac{0}{0} \\ \sigma \frac{0}{0} \\ \sigma \frac{0}{0} \\ \sigma \frac{0} \\ \sigma \frac{0}{	Candidates  22. Cumulat	Summary for State  ive Expenditures Made* o Voluntary Expenditure Limit)  Total to Date  \$
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 reported in Column B.	may be different from amounts
19. Outstanding Debts			Execution of the Control of the Cont	FPPC Form 460 (Jan/201

## Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	to	whole dollars.	Statement coverage from 1/1/2022	vers period	california 460		
SEE INSTRUCTI	ONS ON REVERSE			through _6/30/202	22	Page	of	
NAME OF FILER						1.D. NI 14091	JMBER 06	
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)	
6/30/22	Tracy Hills Holding Co, LLC 888 San Clemente Dr, Suite 100 Newport Beach, CA 92660	IND COM OTH PTY SCC		\$4900	\$4900			
4/10/22	Deon Green Milwaukee, WI 53218	☑ IND □ COM □ OTH □ PTY □ SCC	Attorney Department of Defense	\$100	\$100			
4/22/22	Robin Cole Tracy, CA 95377	☑ IND □ COM □ OTH □ PTY □ SCC	Software Consultant MIPRO Consulting	\$250	\$250			
4/22/22	Clarence Chan Stockton, CA 95219	IND COM OTH PTY	Attorney Law Office of Clarence K. Chan	\$100	\$100			
4/24/22	Wess Enterprises Inc. 4695 Chabot Dr, Ste 200 Pleasanton, CA 94588	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		\$250	\$250			
			SUBTOTAL	\$ 5,600				
1. Amount re	A Summary eceived this period – itemized monetary contributional Schedule A subtotals.)	ns.	\$	1050	IN	(othe	ual pient Committee r than PTY or SCC)	
•	eceived this period – unitemized monetary contribu			50	P	ry – Politic	r (e.g., business entity) cal Party I Contributor Committee	
3. Total mon	netary contributions received this period. s 1 and 2. Enter here and on the Summary Page, 0	Column A, Line	1.)TOTAL \$ 1	1310		FP	PC Form 460 (Jan/2016)	

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

## Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d	ioliars.	from 1/1/2022	ers period	CALIF FO	460		
				through _6/30/202	2	Page _5	of	7	
NAME OF FILER						I.D. NUN	MBER		_
Dan Arriola fo	or Tracy City Council 2022					140910	6		
		1		AMOUNT	CUMULATIVE TO	DATE	DER EI	ECTION	_

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)					
4/24/22	Karen Moore Tracy, CA 95377	IND COM OTH PTY	Not Employed Not Employed	\$50	\$150						
4/24/22	Charles Jones Pleasanton, CA 94566	ZIND  COM OTH  PTY SCC	Teacher Hayward Unified School District	\$100	\$200						
4/24/22	Dotty Nygard Tracy, CA 95376	IND COM OTH PTY	RN Sutter Tracy Hospital	\$250	\$500						
4/28/22	Les Serpa Tracy, CA 95376	IND COM OTH PTY	Real Estate Surland	\$3500	\$3500	,					
5/24/22	Karen Moore Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Not Employed Not Employed	\$50	\$150						
Manufacture - Ma	SUBTOTAL \$ 3,950										

\*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

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whol	whole dollars. Statement covers period from $\frac{1/1/2022}{}$				CALIFORNIA Z		
				through _6/30/20	22	Page	6 of	. 7	
NAME OF FILER						I.D. NU	MBER		
Dan Arriola	for Tracy City Council 2022					140910	06		
	FILL NAME STREET ADDRESS AND ZIP CODE OF		IF AN INDIVIDUAL ENTER	AMOUNT	CUMULATIVE T	O DATE	PER EI	LECTION	

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)			
5/24/22	Dotty Nygard Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	RN Sutter Tracy Hospital	\$250	\$500				
6/4/22	Molly Mogan  Los Angeles, CA 90024	☑IND □COM □OTH □PTY □SCC	RN Sutter Health	\$100	\$100	-			
6/24/22	Karen Moore Tracy, CA 95377	IND COM OTH PTY	Not Employed Not Employed	\$50	\$150				
6/29/22	Charles Jones Pleasanton, CA 94566	IND COM OTH PTY	Teacher Hayward Unified School District	\$100	\$200				
6/30/22	Michael Souza Tracy CA 95304	☑IND □COM □OTH □PTY □SCC	CEO Souza Realty & Development	\$1000	\$1000				
AND AND ADDRESS OF THE PARTY OF	SUBTOTAL \$ 1,500								

\*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

CALENDAR YEAR

### Amounts may be rounded

Statement covers period from $\frac{1/1/2022}{}$	california 460
through <u>6/30/2022</u>	Page 7 of 7
	I.D. NUMBER

Schedule B – Part 1 Loans Received		to whole dollars	s.	1	from <u>1/1/2022</u>	ers period	FORM 46		
SEE INSTRUCTIONS ON REVERSE				1	through <u>6/30/20</u> 2	22	Page <u>7</u>	of	
NAME OF FILER Dan Arriola for Tracy City Council 2022							1.D. NUMBER		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE	
Dan Arriola Tracy, CA 95376	Attorney San Joaquin County District Attorney's Office	0	1500	PAID  S  FORGIVEN	\$ <u>1500</u>	% RATE	\$	S PER ELECTION	

					\$	\$	%	\$	s
					FORGIVEN		RATE		PER ELECTION**
t			T 222	\$	\$ \$	DATE DUE	s	DATE INCURRED	\$
	□ сом □ отн	☐ PIY							CALENDAD VEAD

1500

PAID

·		FORGIVEN		RATE		PER ELECTION*
	\$ \$	s	DATE DUE	\$	DATE INCURRED	s

1500 \$ SUBTOTALS \$ 1500 (Enter (e) on Schedule E, Line 3)

#### Schedule B Summary

□ COM □ OTH □ PTY □ SCC

1. Loans received this period ..... (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period.....\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

DATE DUE

†Contributor Codes IND - Individual

DATE INCURRED

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

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www.fppc.ca.gov

COVER PAGE

### Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA ACO
CALIFORNIA 460
, j.C.W.
Page2 of5

. Officeholder or Candidate Controlled Comm	ittee		6.	. Pri	marily Formed Ballo	t Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAM	E OF BALLOT MEASURE				
Dan Arriola									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTI	RICT NUMBER IF APP	PLICABLE)		BAI	LOT NO. OR LETTER	JURISDICTIC	N		SUPPORT
City Councilmember, City of Tracy									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY ST	ATE ZIP			ntify the controlling office	holder candid	late or state	measure pror	onent, if any.
	Tracy C.	A 95376			ME OF OFFICEHOLDER, CAI			measure prop	70110111, 11 411-31
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 forme	r committees ed to receive		OF	FICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER		_		marily Formed Cand	lidata/Office	sholder Co	mmittee /	ict names of
NAME OF TREASURER	CONTROLLED CO	MMITTEE?	7.	. Pr	ceholder(s) or candidate(s)	for which this	committee is p	primarily form	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.		1 10		NAI	NE OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	CODE AREA	CODE/PHONE		NAI	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NA	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED CO			NA	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.		] NO							☐ OPPOSE
CITY STATE ZIP (	CODE AREA	A CODE/PHONE			Atta	ch continuatio	on sheets if n	ecessary	

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

| Statement covers period | CALIFORNIA 460 | FORM | Through | 12/31/2021 | Page 3 of 5 | I.D. NUMBER | 1400106

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1409106 Dan Arriola for Tracy City Council 2022 **Calendar Year Summary for Candidates** Column A Column B TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) **Contributions Received** CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE **General Elections** 0.001. Monetary Contributions...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0.00 0.002. Loans Received...... Schedule B, Line 3 20. Contributions 0.00 0.00 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0.00 0.00 4. Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures Made 0.00 0.00 TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** 0.00 0.00 **Candidates** 6. Payments Made...... Schedule E, Line 4 \$ 0.00 0.00 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made\* 0.00 0.00 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ 0.00 0.00 Total to Date Date of Election (mm/dd/yy) 0.00 0.00 0.00 0.00 11. TOTAL EXPENDITURES MADE ...... Add Lines 8 + 9 + 10 **Current Cash Statement** 0.00 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 To calculate Column B. 0.00 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 amounts from Column B 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 reported in Column B. of your last report. Some 0.00 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 0.00 be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 \$ should be subtracted from previous period amounts. If If this is a termination statement, Line 16 must be zero. this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 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) www.fppc.ca.gov

Schedule	Α	Amount	ts may be rounded			SCHEDULE A		
	Contributions Received	to	whole dollars.	Statement cov	=	CALIFORNIA 460		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				from07/01/202	<u> </u>	FORM FOC		
OFF MOTOUCT	IONS ON REVERSE			through	2021	Page	of	
NAME OF FILER						I.D. NU	MBER	
	for Tracy City Council 2022					140910	6	
	FULL NAME, STREET ADDRESS AND ZIP CODE OF		IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE T	O DATE	PER ELECTION	
DATE	CONTRIBUTOR	CONTRIBUTOR	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR'	/EAR	TO DATE	
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	OF BUSINESS)	PERIOD	(JAN. 1 - DE	0. 31)	(IF REQUIRED)	
	None	□IND				1		
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		PTY						
		scc			was evident as the associate we said the	avassi kitsasski suski		
			SUBTOTAL	\$ 0.00				
Schedule	A Summary					ntributor (		
	received this period – itemized monetary contribution	ne		00		– Individ	ual vient Committee	
1. Amount n	all Schedule A subtotals.)		\$ 0.	00	00		than PTY or SCC)	
•				00		H – Öther	(e.g., business entity)	
2. Amount r	received this period – unitemized monetary contribu	tions of less thar	ո \$100\$ <mark>Մ</mark>	.00		Y – Politic C – Small	al Party Contributor Committee	
					تق	- Jinali		
3. Total mor	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, 0	Ontonem Alime A	TOTAL & O.	.00		FDI	PC Form 460 (Jan/2016)	
(Add Line	es 1 and 2. Enter here and on the Summary Page, t	Joiumm A, Line			EDDC Advices ad		c ca gov (866/275-3772	

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Schedule E	
Payments Made	

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA / CO
from07/01/2021	california 460
through12/31/2021	Page of5
	I.D. NUMBER

Payments wade		fron	from							
				thro	ough12/31/202	1	Page _	5 of	f5	
SEE INSTRUCTIONS ON REVERSE					- <del> </del>		I.D. NUM	/BER		
NAME OF FILER										
Dan Arriola for Tracy City Council 2022							140910	)6		
CODES: If one of the following codes accurately described 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 st POS postage, deliv	munication I appearance es ating urvey reseavery and m	s ces arch	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and p	production of ions s' salaries e and product odging, and l, lodging, and committees of ions	ction costs meals nd meals of the sam	ne candida	ate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT	-		АМС	OUNT PAID	
					<u> </u>					
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.				SUB	STOTAL :	\$ 0.00		
Schedule E Summary										
-	- E						\$ (	0.00		
1. Itemized payments made this period. (Include all Schedul	e ⊨ subtotais.)		***********	***************************************			\$	0.00		
2. Unitemized payments made this period of under \$100	************************						ــ و ا	0.00		
Total interest paid this period on loans. (Enter amount from	m Schedule B, Par	t 1, Colu	mn (e).)				\$	2.00		
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Sum	mary Page, Co	lumn A, Line	6.)	тот	ral \$_	1.00	<u></u>	

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

*	Date Stamp	CALIFORNIA 460 FORM 5
Statement covers period 01/01/2021 06/30/2021	Date of election if applicable: YELERA'S OPEN (Month, Day, Year)  AUG -2 AM IO: 3	For Official Use Only
	1 00 00 100	
imarily Formed Ballot Measure ommittee Controlled Sponsored Complete Part 6) imarily Formed Candidate/ fficeholder Committee Complete Part 7)	Preelection Statement	Quarterly Statement Special Odd-Year Report
NUMBER 409106	Treasurer(s)	
400100	NAME OF TREASURER	
	Linda Perry  MAILING ADDRESS	
		P CODE AREA CODE/PHONE
E AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	1578
	MAILING ADDRESS	
AREA CODE/PHONE	CITY STATE ZIF	CODE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS	
By Signature or come	ming ememoder, canalogie, clate messar proponent or respondible Officer of Sp	
	through	Statement covers period from 01/01/2021 through 06/30/2021 through 06/30/2021 through 11/08/2022    11/08/2022   11/08/202

FPPC Form 460 (Jan/2016)

**COVER PAGE** 

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# Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PAGI	E - PART	Γ2
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C/A -	ORM	IA /	10)	
	and the state of		d de la	220
Page	_2_	_ of _	5	-

5.	Officeholder or Candidate Controlled Committee			Primarily Formed Ballo	t Measure C	Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE	•		NAME OF BALLOT MEASURE				
	Dan Arriola OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTION	N		SUPPORT OPPOSE
	City Councilmember, City of Tracy							
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI			Identify the controlling office	holder, candid	late, or state mea	asure propo	nent, if any.
	Tracy	CA 95376		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT		
	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 candi	are primarily formed to receive		OFFICE SOUGHT OR HELD		DIS	STRICT NO. IF	ANY
	COMMITTEE NAME	I.D. NUMBER						
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Cano officeholder(s) or candidate(s)	didate/Office	eholder Comn committee is prim	mittee List marily formed	names of
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	T OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT	T OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT	T OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT	T OR HELD	SUPPORT OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			Atta	ach continuatio	on sheets if nece	essary	

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Stater	01/01/2021	CALIFORNIA 460
through	06/30/2021	Page3 of5
 		I.D. NUMBER
		1409106

NAME OF FILER  Dan Arriola for Tracy City Council 2020						1.D. NUMBER 1409106
Contributions Received	(F	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Running in Both th	mary for Candidates e State Primary and
Monetary Contributions Schedule A, Line 3	\$	0.00	\$	0.00	General Elections	7/4 to Date
2. Loans Received		0.00		0.00	l .	hrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00	20. Contributions  Received \$	\$
4. Nonmonetary Contributions		0.00		0.00	21. Expenditures	•
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	0.00	\$	0.00	Made \$	<u> </u>
Expenditures Made					Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$		\$	0.00	Candidates	
7. Loans Made Schedule H, Line 3		0.00		0.00	22 Cumulati	ve Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$		\$	0.00		Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	0.00	\$	0.00		_ \$
Current Cash Statement						\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		То	calculate Column B,		
13. Cash Receipts		0.00	ado	d amounts in Column		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	am	o the corresponding ounts from Column B	*Amounts in this section reported in Column B.	may be different from amounts
15. Cash Payments		0.00		your last report. Some ounts in Column A may		
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	0.00	be	negative figures that		
If this is a termination statement, Line 16 must be zero.			pre	ould be subtracted from evious period amounts. If is is the first report being		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file onl	d for this calendar year, y carry over the amounts		
Cash Equivalents and Outstanding Debts			froi	m Lines 2, 7, and 9 (if		
18. Cash Equivalents See instructions on reverse	\$				420	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00				FPPC Form 460 (Jan/2016
			ı		FPPC Advice: adv	rice@fppc.ca.gov (866/275-3772

#### Schedule A Amounts may be rounded SCHEDULE A to whole dollars. **Monetary Contributions Received** Statement covers period CALIFORNIA 01/01/2021 **FORM** from 06/30/2021 5 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 2022 Dan Arriola for Tracy City Council 2020 1409106 PER ELECTION **AMOUNT CUMULATIVE TO DATE** IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR RECEIVED THIS TO DATE OCCUPATION AND EMPLOYER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE \* RECEIVED (IF SELF-EMPLOYED, ENTER NAME (IF REQUIRED) **PERIOD** (JAN. 1 - DEC. 31) OF BUSINESS) None ПСОМ Потн ☐ PTY □ scc □ IND ПСОМ Потн ☐ PTY SCC □сом □отн ☐ PTY □ SCC IND Псом OTH ☐ PTY SCC □ IND ПСОМ Потн PTY □ scc SUBTOTAL \$ 0.00 **Schedule A Summary**

1. Amount received this period - itemized monetary contributions.

3. Total monetary contributions received this period.

(Include all Schedule A subtotals.) .....\$

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

FPPC Form 460 (Jan/2016)
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COM - Recipient Committee

(other than PTY or SCC)

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

SCC - Small Contributor Committee

\*Contributor Codes IND – Individual

PTY - Political Party

0.00

0.00

0.00

. *							SC	HEDULE E	
Schedule E	Amounts may be rounded to whole dollars.					CALIFO	RNIA	460	
Payments Made	to whole a	onars.		from	01/01/2021	FOR	M	+00	
SEE INSTRUCTIONS ON REVERSE				through_	06/30/2021	Page5	of_	5	
NAME OF FILER				1		I.D. NUMBE	R		
Dan Arriola for Tracy City Council 2020						1409106			
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CMP campaign paraphernalia/misc.  CMBR member communications  CNS campaign consultants  CNS contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  ND independent expenditure supporting/opposing others (explain)*  EG legal defense  Campaign paraphernalia/misc.  MBR member communications  MBR member communications  MBR member communications  MBR member communications  MER member communications  MFD radio airtime and production costs  returned contributions  campaign workers' salaries  TEL t.v. or cable airtime and production costs  returned contributions  campaign workers' salaries  TEL t.v. or cable airtime and production costs  returned contributions  campaign workers' salaries  TEL t.v. or cable airtime and production costs  returned contributions  campaign workers' salaries  TEL t.v. or cable airtime and production costs  returned contributions  campaign workers' salaries  TEL t.v. or cable airtime and production costs  returned contributions  campaign workers' salaries  TEL t.v. or cable airtime and production costs  returned contributions  campaign workers' salaries  TEL t.v. or cable airtime and production costs  returned contributions  campaign workers' salaries  TEL t.v. or cable airtime and production costs  returned contributions  campaign workers' salaries  returned contributions  campaign workers' salaries  PET petition circulating  TEL t.v. or cable airtime and production costs  returned contributions  campaign workers' salaries  returned contributions  returned con									
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DES	SCRIPTION OF P	AYMENT		AMOUN	IT PAID	
None									
Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.			SUE	STOTAL \$			
Schedule E Summary									
. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$		0.00	
								0.00	
. Total interest paid this period on loans. (Enter amount from								0.00	
Total payments made this period (Add Lines 1.2 and 3.F.								0.00	
s Total payments made this behold thou times 1. Z. and 3. C	THE RELEADED OF	LITE OUTTIER	arv raue. Colullii /	7. LIIIC U. /	101	/ - V			

Executed on.

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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### Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA **460**Page 2 of 5

Officeholder or Candidate Controlled Com	mittee		6.	Primarily Formed Ballo	t Measure Commi	ttee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Dan Arriola							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF A	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
City Councilmember, City of Tracy							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP					
Tracy	,	CA 95376		Identify the controlling office			oponent, if any.
				NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily			OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY
COMMITTEE NAME	I.D. NUMBER	?					
NAME OF TREASURER	CONTROLLE	ED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeholder	Committee	List names of ned.
	□YES	□ NO					
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE	SOUGHT OR HELE	SUPPORT OPPOSE
CITY STATE ZIF	CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE	SOUGHT OR HELD	,
							SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	t.		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLE	D COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE	SOUGHT OR HELD	
	☐ YES	□ NO					SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	BOX)				<u></u>		
CITY STATE ZIF	CODE	AREA CODE/PHONE			ch continuation sheets		

## **Campaign Disclosure Statement**

Amounts may be rounded

SUMMARY PAGE

Summary Page	to whole dollars.	Stat	ement covers period 10/18/2020	california 460 FORM
SEE INSTRUCTIONS ON REVERSE		through	12/31/2020	Page3 of5
NAME OF FILER				I.D. NUMBER
Dan Arriola for Tracy City Council 2020				1409106
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		mmary for Candidates the State Primary and
	0.00	0.00	I General Flections	7

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
Monetary Contributions Schedule A, Line 3	\$	0.00	\$	0.00	General Elections
2. Loans Received	·	0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$	0.00	\$	0.00	20. Contributions  Received \$ \$
4. Nonmonetary Contributions	•	0.00	•	0.00	21 Evpanditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	0.00	\$	0.00	Made \$ \$
Expenditures Made	20				Expenditure Limit Summary for State
6. Payments Made	\$		\$	0.00	Candidates
7. Loans Made		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	0.00	\$	0.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	0.00	\$	0.00	/ \$
Current Cash Statement		and the state of t	-		/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		То	calculate Column B.	
13. Cash Receipts		0.00		d amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		o the corresponding lounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		0.00		your last report. Some lounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	0.00	be	negative figures that	
If this is a termination statement, Line 16 must be zero.			pre	ould be subtracted from evious period amounts. If is is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file	d for this calendar year, y carry over the amounts	
Cash Equivalents and Outstanding Debts			fro an	m Lines 2, 7, and 9 (if v).	
18. Cash Equivalents	\$	0		,,	
19. Outstanding Debts	\$	0.00			FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

www.fppc.ca.gov

#### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	from10/18	8/2020	california 460 form			
				through12/3	31/2020	Page	4 of5
SEE INSTRUCTIC NAME OF FILER	DNS ON REVERSE					I.D. NU	
	la for Tracy City Council 2020					14091	
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)
	None	□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 \$	0.00			
1. Amount re	A Summary eccived this period – itemized monetary contributions.		6	0.00	IND	ntributor C – Individu VI – Recipi	
•	Il Schedule A subtotals.)eceived this period – unitemized monetary contribution			0.00		•	than PTY or SCC) (e.g., business entity)
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colo			0.00	SCO	> – Small (	Contributor Committee

Schedule E Payments Made  Amounts may be rounded to whole dollars.				St	10/1	overs period 8/2020	CALIF FO	ORNIA 460
SEE INSTRUCTIONS ON REVERSE				throu	ıgh12	/31/2020	Page	5 of 5
NAME OF FILER						11 10011-0	I.D. NUM	BER
Dan Arriola for Tracy City Council 2020							140910	6
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 con MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearance ses elating s survey resear	es	RAD   RFD   SAL   TEL   TRC   TRS   TSF   VOT	radio airtime returned cor campaign w t.v. or cable candidate tr staff/spouse transfer betv voter registr	e and production contributions orkers' salaries airtime and productive, lodging, and travel, lodging, and travel, committees of	ction costs meals nd meals of the same	e candidate/sponsor mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMEN	Г		AMOUNT PAID
None								
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	edule D.				SUB	TOTAL \$	
Schedule E Summary			,					
Itemized payments made this period. (Include all Schedul	e E subtotals.)			••••			\$	0.00
2. Unitemized payments made this period of under \$100							\$	0.00
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Par	t 1, Colum	n (e).)				\$	0.00

FPPC Form 460 (Jan/2016)

0.00

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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

COVER PAGE - PART 2								
CALII FC	ORNIA ORM		160					
Page _	2	of_	5					

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	<u> </u>				
Dan Arriola			_					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	NC	SUPPORT OPPOSE		
City Councilmember, City of Tracy						<u> </u>		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP  CA 95376		Identify the controlling officeholder, candidate, or state measure proponent, if any.					
	<u> </u>		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	ROPONENT			
Related Committees Not Included in this Starnot included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY		
COMMITTEE NAME	I.D. NUMBER	7	Primarily Formed Cand	didate/Offic	eholder Committee	List names of		
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s,	) for which this	s committee is primarily fo	rmed.		
	YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	n I		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT ON THE	SUPPORT OPPOSE		
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HE	□ SUPPORT □ OPPOSE		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HE	D SUPPORT OPPOSE		
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HE	D SUPPORT ☐ OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)							
CITY STATE ZIP CO	ODE AREA CODE/PHONE		Atta	ach continuat	ion sheets if necessary			

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period	CALIFORNIA ACO
01/01/2020	CALIFORNIA 460

Stat	01/01/2020	FORM 460
through	06/30/2020	Page3 of5
		I.D. NUMBER
		1409106

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dan Arriola for Tracy City Council 2022

Dail Altiola for Tracy City Council 2022	O a lawara A	Column P	Colondor Voor Summary for Candidates
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
Monetary Contributions Schedule A, Line 3	\$0.00	\$0.00	General Elections  1/1 through 6/30 7/1 to Date
Loans Received	0.00	\$ 0.00 0.00	20. Contributions Received \$ \$
5. TOTAL CONTRIBUTIONS RECEIVED	\$0.00	\$	Made \$ \$
Expenditures Made 6. Payments Made	\$ 0.00 \$ 0.00 0.00	\$ 0.00 0.00 \$ 0.00 0.00 0.00 \$ 0.00	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 0.00 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,	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$0	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.go

Schedule A			nts may be rounded			SCHEDULE		
	Contributions Received	to	whole dollars.	Statement cov	•	CALIFORNIA 46		
•				from01/01/2020		FORM TO		
SEE INSTRUCTION	ONS ON REVERSE			through06/	30/2020	Page	e of5	
NAME OF FILER						I.D. N	UMBER	
Dan Arrio	la for Tracy City Council 2022					1409	106	
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)	
	None	☐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 \$	0.00				
Schedule	A Summary			-		ntributor (		
1. Amount re (Include a	eceived this period – itemized monetary contributions.  Il Schedule A subtotals.)		\$	0.00			ual bient Committee r than PTY or SCC)	
2. Amount re	eceived this period – unitemized monetary contribution	ns of less thar	n \$100\$	0.00			(e.g., business entity)	
3. Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			0.00		- Small	Contributor Committee	

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					SCHEDULI			
Schedule E	Amounts may b			State	ment covers period	CALIFORNIA		460
Payments Made				from	01/01/2020	FO	RM	<del></del>
·				through	06/30/2020	Page _	5 of_	5
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER						I.D. NUM	BER	
Dan Arriola for Tracy City Council 2022						140910	6	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CMP campaign paraphemalia/misc.  CMS campaign consultants  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  MBR member communications  MBR member communications  MBR member communications  MER metings and appearances  NFD office expenses  NFD petition circulating  PHO phone banks  TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and mea						uction costs d meals and meals s of the same	e candidate	/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOU	NT PAID
None								
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.			SU	BTOTAL \$		
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$		0.00
2. Unitemized payments made this period of under \$100								0.00
3. Total interest paid this period on loans. (Enter amount from								0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. I								0.00

Recipient Committee Campaign Statement Cover Page			Date Stamp	
	Statement covers period from07/01/2019	Date of election if applicable: (Month, Day, Year)	7970 JAN 30 P	Page 1 of 5  For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2019	11/08/2022	OTTY OF TO	
1. Type of Recipient Committee: All Committees - Con	mplete 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	Primarily 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 Tel ☐ Amendment (Explain be	☐ Spermination)	arterly Statement ecial Odd-Year Report
	NUMBER 409106	Treasurer(s)		_
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1400100	NAME OF TREASURER		
Dan Arriola for Tracy City Council 2022		Linda Perry  MAILING ADDRESS		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	ODE AREA CODE/PHONE
		San Leandro	CA 945	78
Tracy STATE ZIP COL		NAME OF ASSISTANT TREASURER	, IF ANY	
Tracy CA 95376  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	СІТУ	STATE ZIP C	ODE 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 certify under penalty of perjury under the laws of the State of Control of	California that the foregoing is true and  By —  By —  Signature or conte	knowledge the information contained hourself correct	nerein and in the attached so	hedules is true and complete. I
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_

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# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALII FO	FORNIA DRM	460			
Page _	2 .	of5			

. Officeholder or Candidate Control	led Committee		6.	Primarily Formed Ballo	ot Measure Commi	ttee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE	· · · · · · · · · · · · · · · · · · ·		
Dan Arriola							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBE	R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
City Councilmember, City of Tracy	_				<u></u>		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	STREET) CITY	STATE ZIP		Identify the controlling office	eholder, candidate, or s	state measure pro	oonent, if any.
	Tracy	CA 95376		NAME OF OFFICEHOLDER, CAN			
Related Committees Not Included not included in this statement that are contro	lled by you or are prim			OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
contributions or make expenditures on behal	f of your candidacy.						
COMMITTEE NAME	I.D. NUI	MBER					
			_				_
NAME OF TREASURER	CONTR	OLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	didate/Oπicenolde ) for which this committe	e is primarily form	st names of ed.
		ES 🗌 NO				COLICUT OF UELD	<u> </u>
COMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
CITY STA	TE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE	SOUGHT OR HELD	☐ SUPPORT
					,		OPPOSE
COMMITTEE NAME	I.D. NUI	MBER		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTR	OLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE	SOUGHT OR HELD	☐ SUPPORT
	Y 🗆	ES NO					OPPOSE
COMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BOX)						
CITY STA	TE ZIP CODE	AREA CODE/PHONE		Atta	ach continuation sheets	s if necessary	
				,		•	

## Campaign Disclosure Statement Summary Page

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

Amounts may be rounded to whole dollars.

	through	12/31/2019	Page of	
			I.D. NUMBER	
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		
\$ 0.00 0.00 \$ 0.00 0.00 \$ 0.00	\$\frac{3800.00}{0.00}\$ \$\frac{3800.00}{0.00}\$ \$\frac{3800.00}{3800.00}\$	20. Contributions Received \$	through 6/30 7/1 to Date \$\$	
\$ 2646.07 0.00 \$ 2646.07 0.00 0.00 \$ 2646.07	\$ 5744.07. 0.00 \$ 5744.07 0.00 0.00 \$ 5744.07	Candidates  22. Cumulati	Summary for State  ive Expenditures Made* b Voluntary Expenditure Limit)  Total to Date	
\$ 2646.07 0.00 0.00 2646.07 \$ 0.00 \$ 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 a reported in Column B.	\$may be different from amounts	
	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 2646.07 \$ 2646.07 \$ 0.00 \$ 2646.07 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	Column A   TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)   S	Column A   TOTALTHIS PERIOD (FROM ATTACHED SCHEDULES)   CALENDAR YEAR TOTAL TO DATE   General Elections	

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Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement co	vers period 01/2019	CALIFORNIA 460		
SEE INSTRUCTIO	NS ON REVERSE			through12	/31/2019	Page	4of5	
	a for Tracy City Council <del> 2020</del> ೩೦೩೩			<u>.</u>		I.D. NU 14091		
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)	
	None	☐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	0.00				

**Schedule A Summary** 1. Amount received this period – itemized monetary contributions. 0.00 (Include all Schedule A subtotals.) .....\$ 0.00

2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$ 3. Total monetary contributions received this period. 0.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$

\*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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Schedule E Payments Made	Amounts may be rounded to whole dollars.		Sta from _	Statement covers period from07/01/2019		ORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Dan Arriola for Tracy City Council-2020 みりるみ				throug	<sub>Jh</sub> 12/31/2019	Page	BER
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  civic donations  candidate filing/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  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 appearances ses lating urvey research very and mess	s n senger services	RAD ra RFD re SAL ca TEL t.v TRC ca TRS st TSF tra VOT vo	scribe the payment.  adio airtime and production  eturned contributions  ampaign workers' salaries  v. or cable airtime and pro  andidate travel, lodging, a  aff/spouse travel, lodging  ansfer between committee  oter registration  formation technology cost	n costs  duction costs  nd meals  , and meals es of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	PR I	DESCRIPTION O	F PAYMENT		AMOUNT PAID
Nationbuilder 520 South Grand Avenue, 2nd Floor Los Angeles, CA 90071		WEB					1194.00
Linda Perry San Leandro, CA 94578		PRO					1344.07
US Bank 2175 W. Grant Line Road Tracy, CA 95377			Bank Fees				108.00
Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.			SI	JBTOTAL \$	2646.07
Schedule E Summary			<del></del>			•	
Itemized payments made this period. (Include all Schedule)	e E subtotals.)			•••••		\$	2646.07
2. Unitemized payments made this period of under \$100						\$	0.00
	O.d d.d D. D	. 4 Oalusses	(-) )			æ	0.00

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

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2646.07

SCHEDULE E