Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) 1663871	Statement covers period	Date of election if applicable:	RECEIVED	CALIFORNIA 460 FORM of 11
SEE INSTRUCTIONS ON REVERSE	from09/22/2024 through10/19/2024	(Month, Day, Year)	CITY CLERK TRACY CA	For Official Use Only
○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	mplete 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:	Special C	Statement Odd-Year Report ental Preelection nt - Attach Form 495
7 Committee Intermation	D. NUMBER 1299762	Treasurer(s) NAME OF TREASURER Patricia Howell MAILING ADDRESS CITY Tracy	STATE ZIP CODE CA 95376	AREA CODE/PHONE
Tracy CA 9537 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	6 OX	NAME OF ASSISTANT TREASURER, IF A	STATE ZIP CODE	AREA CODE/PHONE
Tracy CA 9537 OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	a that the foregoing is true and correct. ByPatricia_H	600		s true and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Signature of Controlling Officeholder, Candidate, State Measure	***************************************	- - FPPC Form 460 (Jan/201

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
	FORNIA DRM	4	160					
Page _	2	of _	11					

AME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			**************************************
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ION AND DISTRICT NUMBE	ER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	11	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) CITY	STATE ZIF		Identify the controlling off	iceholder, cand	idate, or state measure	proponent, if any
				NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROF	PONENT	
Related Committees Not Include not included in this statement that are concontributions or make expenditures on be	ntrolled by you or are pri			OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NU	MBER			***************************************		
NAME OF TREASURER	CONTR	OLLED COMMITTEE?	<u> </u>	Primarily Formed Can- officeholder(s) or candidate(s			
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)		innakhuna ^{ng} .	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	
							SUPPORT OPPOSE
CITY	STATE ZIP CODE	AREA CODE/PHO	NE	NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HELD	
COMMITTEE NAME	STATE ZIP CODE		NE	NAME OF OFFICEHOLDER OR O		OFFICE SOUGHT OR HELD	OPPOSE SUPPORT
COMMITTEE NAME NAME OF TREASURER	I.D. NUI CONTR	MBER OLLED COMMITTEE?	NE		CANDIDATE		OPPOSE SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER	I.D. NU	MBER OLLED COMMITTEE?	NE	NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HELD	OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

i	Statem	ent covers period	CALIFORNIA 460
	from	09/22/2024	FORM TOO
	through _	10/19/2024	Page3 of11
		And the second s	I.D. NUMBER
			1299762

Democratic Club of Greater Tracy						1299762
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)			COlumn B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summ Running in Both the General Elections	
Monetary Contributions Schedule A, Line 3	\$	1,081.40	\$ _	14,425.41		ugh 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00		4g 5/00 1/1 to mate
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	1,081.40	\$ -	14,425.41	20. Contributions Received \$	<u> </u>
4. Nonmonetary Contributions Schedule C, Line 3		163.60	-	1,590.48	21. Expenditures	_
5. TOTAL CONTRIBUTIONS RECEIVED	\$	1,245.00	\$ -	16,015.89	Made \$	\$
Expenditures Made					Expenditure Limit Su	ımmary for State
6. Payments Made Schedule E, Line 4	\$	6,970.09	\$ _	23,881.86	Candidates	
7. Loans Made Schedule H, Line 3		0.00	-	0.00		Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7			\$ _	23,881.86	(If Subject to Vo	luntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3			-	0.00	Date of Election (mm/dd/yy)	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3			-	1,590.48	(mm/aa/yy)	
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	7,133.69	\$.	25,472.34		\$
Current Cash Statement						\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	26,207.10	Тос	alculate Column B, add		
13. Cash Receipts Column A, Line 3 above		1,081.40		ounts in Column A to the esponding amounts	*Amounts in this section ma	v he different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4	***************************************	0.00	fron	Column B of your last	reported in Column B.	y be unevent from amounts
15. Cash Payments Column A, Line 8 above		6,970.09	Col	ort. Some amounts in umn A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	20,318.41		res that should be tracted from previous		
If this is a termination statement, Line 16 must be zero.			peri	od amounts. If this is first report being filed	. ,	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for carr	this calendar year, only y over the amounts		
Cash Equivalents and Outstanding Debts		0.00	fron any	n Lines 2, 7, and 9 (if).		
18. Cash Equivalents See instructions on reverse						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00				EDDO F 400 (!
			•		FPPC Δdvice: adv	FPPC Form 460 (Jar rice@fppc.ca.gov (866/275

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	•	CALIFORNIA 460		
	ONS ON REVERSE			from09/22/2 through10/19/2			4 of <u>11</u>	
NAME OF FILER Democratic	Club of Greater Tracy					I.D. NUMBE 1299762	ĒR	
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 D CALENDAR YEA (JAN. 1 - DEC. 3	R	PER ELECTION TO DATE (IF REQUIRED)	
10/17/2024	Mitra Behnam Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Accountant Behnam Accounting Solutions Inc.	100.00	13	5.00 G201 P201 P202 P202 G202 P203 G2024	1 \$51.0 2 \$100.0 2 \$164.0 3 \$470.0	
09/25/2024	Susan Carson Alameda, CA 94501	⊠IND □COM □OTH □PTY □SCC	Attorney California Department of Justice	20.20	20.	2.00 P2011 P2022 G2022 P2022 P2022 G2022 P2022 P2022 F2022	D \$174.6 1 \$242.4 2 \$80.8 2 \$641.4 3 \$242.4 4 \$60.6	
09/25/2024	Robin Cole Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	91	5.00 P2018 P2018 P2020 G2020 P2022 G2022 P2022 P2022 P2022	8 \$260.1 9 \$266.0 0 \$667.5 0 \$288.1 1 \$1,004.4 2 \$220.0 2 \$975.0	
10/17/2024	Robin Cole Tracy, CA 95377	IND COM OTH PTY SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	100.00	91.	5.00 P2018 P2018 P2020 G2020 P2021 P2022 G2022 P2023 P2023	8 \$260.1 9 \$265.0 9 \$667.5 0 \$288.1 1 \$1,004.4 2 \$220.0 2 \$975.0	
10/19/2024	Robin Cole Tracy, CA 95377	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	100.00	91:	5.00 P2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2024	\$250.1 \$266.0 \$567.5 \$288.1 \$1,004.4 \$220.0 \$975.0 \$1,524.0	
			SUBTOTALS	370.20				
Amount red (Include all	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.) ceived this period – unitemized monetary contributions			891.40 190.00	IND - In COM - I	Recipient Cother than		

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

SCC - Small Contributor Committee

PTY - Political Party

1,081.40

3. Total monetary contributions received this period.

Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may b		Statement cove	ers period	CALIFORNIA 460		
		to whole de	ollars.	from 09/22	/2024	FORM	400	
				through 10/19	/2024	Page5	of11	
NAME OF FILER						I.D. NUMBER		
Democratic	Club of Greater Tracy					1299762		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CON	ITRIBUTOR CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT RECEIVED THIS	CUMULATIVE TO	3 37 11 2	ELECTION O DATE	

Democratic Ci	tub of Greater fracy								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)			
10/03/2024	Mrs. Alyce Eversole Tracy, CA 95376		Retired Retired	50.00		P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50 P2024 \$100.00			
10/19/2024	Bob Eversole Tracy, CA 953/6		Retired Retired	40.00		P2019 \$151.37 P2020 \$120.00 P2021 \$305.00 P2022 \$20.00 G2022 \$390.00 P2023 \$250.00 G2024 \$207.50			
10/17/2024	Bridget Gleason Greenbrae, CA 94904	⊠IND □COM □OTH □PTY □SCC	Human Resources Director Sol Food Restaurant San Mateo California	10.00		G2018 \$67.20 P2019 \$141.13 P2020 \$19.20 G2020 \$86.40 P2021 \$130.00 P2022 \$40.00 G2022 \$95.00 P2023 \$120.00			
10/19/2024	Mr. Walter Gouveia Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Retired Retired	60.00	120.00	P2023 \$270.00 G2024 \$120.00			
10/03/2024	Gail Grassi Oakland, CA 94601	⊠IND □COM □OTH □PTY □SCC	Auto Mechanic The Model Garage	10.00		PZ018 \$172.03 62018 \$144.06 62018 \$144.06 62019 \$115.20 62020 \$28.80 62020 \$76.80 62021 \$130.00 62022 \$40.00 62022 \$80.00 62022 \$80.00 62023 \$120.00			
	SUBTOTAL\$ 170.00								

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole		from09/22/	2024	FORM 460		
				through10/19/	2024	Page6	of11	
NAME OF FILER						I.D. NUMBER		
Democratic C	lub of Greater Tracy					1299762		
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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)	
10/19/2024	Chervl Havs Tracy, CA 95377	IND COM OTH PTY SCC	Not Employed Not employed	20.00	533	3.50 P2019 P2020 P2021 P2022 G2022 S2023 P2023 P2024 G2024	\$14.40 \$20.00 \$363.75 \$15.00 \$397.25 \$24.40 \$530.00 \$35.00 \$498.50	
10/17/2024	Patricia Howell Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Retired Retired	20.00	583	3.93 P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$146.11 \$215.00 \$462.01 \$92.03 \$48.02 \$70.00 \$20.00 \$487.50 \$928.60	
10/19/2024	Patricia Howell Tracy, CA 95376		Retired Retired	10.00	583	8.93 P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 F2023	\$146.11 \$215.00 \$462.01 \$92.03 \$48.02 \$70.00 \$20.00 \$487.50	
09/25/2024	Tracy, CA 95376		Not Employed Not Employed	100.00	100	P201 P202 G202	8 \$14.40 1 \$15.00	
10/17/2024	Brenda Malone Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Physician Not Employed	25.00	250	P2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2024	\$20.00 \$453.07 \$28.02 \$216.09 \$325.00 \$300.00 \$300.00 \$500.00	
			SUBTOTALS	175.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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CALIFORNIA 460

Statement covers period

				from09/22/	2024	FORM	700
				through 10/19/	2024	Page7_	of11
NAME OF FILER						I.D. NUMBER	
Democratic C	lub of Greater Tracy					1299762	
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 I CALENDAR YE (JAN. 1 - DEC.	AR 31) (PER ELECTION TO DATE (IF REQUIRED)
09/25/2024	Lvnn Mueller Berkeley, CA 94707	⊠IND □COM □OTH □PTY □SCC	Retired Retired	20.20		2.00 P2018 G2018 P2019 P2020 G2020 P2021 P2021 F2022 G2022 F2023	\$40.00 \$20.00 \$78.20 \$138.80 \$270.65 \$262.60 \$40.40 \$181.80 \$322.20
09/25/2024	Meredith Rohr Menlo Park, CA 94025	⊠IND □COM □OTH □PTY □SCC	Attorney Palo Alto Networks	50.00		0.00 G2018 P2023 P2024 G2024	3 \$500.00 4 \$300.00 4 \$550.00
10/19/2024	Ms. Nancy Rusch Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired Retired	80.00		0.60 P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$195.00 \$64.40 \$24.01 \$197.00 \$40.00 \$381.50 \$338.00
10/19/2024	June Yasemsky Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Substitute Teacher Tracy Unified School District	26.00	62	4.50 G202 P202 P202 G202	3 \$373.00 4 \$35.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$ 176.20			

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

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.	Chaharrand a consum manife				CALIFORNIA 460		
SEE INSTRUC	TIONS ON REVERSE				throu	ugh10/19/202	24	Page	8 of	11
NAME OF FILE								I.D. NUM		
Democratio	c Club of Greater Tracy							129976	2	
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)	DESCRIPTION (GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	D. CALEND	ATIVE TO ATE AR YEAR - DEC 31)	TC	LECTION DATE QUIRED)
	1299762) Tracy, CA 95376	□IND ⊠COM □OTH □PTY □SCC		Baked goods fr Members for Ba Sale Auction	om ke	130.00		130.00	P2014 G2016 P2021 G2024	\$365.36 \$200.00 \$10.00 \$130.00
10/07/2024	Ms. Nancy Rusch Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Retired Retired	GOTV Postcard Stamps		33.60		380.60	P2018 G2018 F2019 P2020 G2020 P2021 P2021 G2022 P2022 P2023	\$72.03 \$20.00 \$195.00 \$64.40 \$24.01 \$197.00 \$40.00 \$381.50 \$338.00
		□IND □COM □OTH □PTY □SCC							P2024	\$135.00
		□IND □COM □OTH □PTY □SCC						141 142 MANUS AND AND		
Attach add	ditional information on appropriately label	ed continuati	on sheets.	SUBTO	TAL \$	163.60				
1. Amount	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)	contributions			\$	163.6	IND	ntributor Co Individual // Recipien (other th		

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

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

PTY - Political Party

0.00

163.60

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

SCC - Small Contributor Committee

3. Total nonmonetary contributions received this period.

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE		through	Page 9 of 11	
NAME OF FILER Democratic Club of Greater Tracy			I.D. NUMBER 1299762	
CODES: If one of the following codes accurate CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	ly describes the payment, you may enter the cod MBR member communications MTG meetings and appearances OFC office expenses	e. Otherwise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries	3	

CMP CNS CTB CVC FIL FND IND LEG LIT	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MBR MTG OFC PET PHO POL POS PRO PRT	rG meetings and appearances coeffice expenses petition circulating phone banks pulling and survey research postage, delivery and messenger services professional services (legal, accounting)			RFD SAL TEL TRC TRS TSF VOT	SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor		
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID	
PO :	Blue Box 441146 erville, MA 02144-0031	****		FND	Fundraising F	ee		9.91	

Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	9.91
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	5.36
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	13.65

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) 6,936.09 2. Unitermized payments made this period of under \$100\$ 34.00 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 6,970.09

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA 160				
from09/22/2024	FORM 400				
 through 10/19/2024	Page 10 of 11				
	I.D. NUMBER				
	1299762				

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Democratic Club of Greater Tracy CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

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 ar OFC office exper PET petition circu PHO phone bank POL polling and POS postage, de	nmunications and appearance anses ulating s survey resea livery and m	RAD radio airtime and production costs ces RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of TRC candidate travel, lodging, and meals	ls same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Cheryl Haus Tracy, CA 903//		FND	Miscellaneous Expenses for Bowling & Bake Back Bette Fundraisers	78.71
Cheryl Hays Tracy, CA 95377		MTG	Miscellaneous Meeting & Workshop supplies.	53.59
Chervl Havs Tracy, CA 95377		MTG	Candidate Meet & Greet Expense	124.88
Matt Lunger Media Group 142 Sunshine Rd B311 Rosenburg, OR 97470		WEB	Web Site/Social Media Consultant	399.99
South Side Community Organization 126 W. First Street Tracy, CA 95376		CVC	Mexican Independence Day Event Booth.	100.00
* Payments that are contributions or independent expanditures must als		<u> </u>	OUDTOTAL	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 757.17

Amounts may be rounded to whole dollars.

		OO! IEDOLE E (OO!!!:
Staten	nent covers period	CALIFORNIA 460
from	09/22/2024	FORM TOO
through_	10/19/2024	Page11 of11
		I.D. NUMBER
		1299762

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CNS campaign consultants

CTB contribution (explain nonmonetary)*

MBR member communications

MBR member communications

MBR member communications

MFD radio airtime and production costs

meetings and appearances

OFC office expenses

STEL type capte airtime and production costs

CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals
FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals

IND independent expenditure supporting/opposing others (explain)*

POS postage, delivery and messenger services

LEG legal defense

PRO postage, delivery and messenger services

PRO postage, delivery and messenger services

VOT voter registration

T campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

LIT campaign literature and mailings	PRI print ads	WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID		
Tabletop Strategies, LLC P.O. Box 1825 Stockton, CA 95202		PRO	Training of Young Cavassers & Communicators	5,000.00		
Work Vine 209 1006 E. Pescadero Ave. #107 Tracy, CA 95304		OFC	Rent October 2024	1,150.00		

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

6,150.00

		1891017	COVERPAGE
	(%)	Date Stamp	CALIFORNIA 460
	10/	RECEIVED	FORM TOU
	(2)		ALL HER MANAGEMENT AND
Statement covers period	Date of election if applicable:	SEP 2 6 2024	age 1 of 18
from07/01/2024	(Month, Day, Year)	CITY CLERK	For Official Use Only
	(05 (000)	CA	•
through09/21/2024	- 11/05/2024	109	
Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	0166	
	Preelection Statement	Quarterly	Statement
			Odd-Year Report
		ation) Statemen	ental Preelection nt - Attach Form 495
			R - Attaon I om 400
	-		
(Also Complete Part 1)	-		
	Treasurer(s)		
,			
	MAILING ADDRESS		
	CITY	STATE ZIP CODE	AREA CODE/PHONE
	Tracy	CA 95376	
ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, I	FANY	
		- North Control	
вох	MAILING ADDRESS		
A DEA CODE/BHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
	CITY	GIAIL ZII GODE	THEN OBEN NONE
	OPTIONAL: FAX / E-MAIL ADDRESS		
ng this statement and to the best of my kr	nowledge the information contained herein a	nd in the attached schedules i	s true and complete. I certify
nia that the foregoing is true and correct.	Territoria de la companya della companya della companya de la companya della comp		
p., Patricia H	Howell		
Бу	Sig		
Ву			<u> </u>
Signature of C	ontrolling Officeholder, Candidate, State Measure Proponent	or Responsible Officer of Sponsor	
Ву	Signature of Controlling Officeholder, Candidate. State Me.	asure Proponent	<u>-</u>
By	Signature of Controlling Officeholder, Candidate, State Medical Controlling Officeholder, Candidate, Can	asure Proponent	-
	through09/21/2024 through09/21/2024 complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee	through	Statement covers period from 07/01/2024 Date of election if applicable: (Month, Day, Year) SEP 2 6 2024 CITY CLERK TRACY 11/05/2024 CITY CLERK TRACY CA Special Condition of the complete Part of the present of the complete Part of the comp

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							
CALIF FC	FORNIA DRM	4	16	0			
Page	2	of	18				

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Balle	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	The state of the s		NAME OF BALLOT MEASURE			**, * 1. 1. 1
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	NO	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	iceholder, car	ndidate, or state meas	ure proponent, if any.
	,		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PR	OPONENT	
Related Committees Not Included in this So not included in this statement that are controlled by you contributions or make expenditures on behalf of your co	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMMITTEE? YES NO BOX)	7.	Primarily Formed Can officeholder(s) or candidate(s) for which this		formed.
OTD/				***		OPPOSE
	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE
	CODE AREA CODE/PHONE		Atta	ch continuatio	n sheets if necessary	,

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 07/01/2024 from _ Page ___3 ___ of ___18___ 09/21/2024 through _

NAME OF FILER		9,000				I.D. NUMBER
Democratic Club of Greater Tracy						1299762
Contributions Received	(Fi	Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3			\$ _	13,344.01		nrough 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	-	0.00	_	13,344.01	20. Contributions	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$.	17,700.91	\$ -	1,426.88	Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		170.80	-		21. Expenditures Made \$	\$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$.	7,871.71	\$ -	14,770.89	191000 4	7
Expenditures Made					Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$.	9,636.39	\$.	16,911.77	Candidates	
7. Loans Made Schedule H, Line 3	-	0.00		0.00	22. Cumulativ	e Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$.	9,636.39	\$ _	16,911.77	(If Subject to	Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00	-	0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment		170.80	-	1,426.88	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$.	9,807.19	\$.	18,338.65		\$
Current Cash Statement						\$
12. Beginning Cash Balance	\$.	28,142.58	Тос	calculate Column B, add		
13. Cash Receipts Column A, Line 3 above		7,700.91		ounts in Column A to the responding amounts	the state of the same of the same of	and he different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fron	n Column B of your last	reported in Column B.	nay be different from amounts
15. Cash Payments Column A, Line 8 above		9,636.39		ort. Some amounts in umn A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	26,207.10	figu	res that should be		
If this is a termination statement, Line 16 must be zero.			peri	iod amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for car	first report being filed this calendar year, only ry over the amounts		
Cash Equivalents and Outstanding Debts			fron any	n Lines 2, 7, and 9 (if		
18. Cash Equivalents See instructions on reverse	\$	0.00		•		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above						
-			I		FREG Address	FPPC Form 460 (Jan/20 advice@fppc.ca.gov (866/275-3

2016) 3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov	ers period	SCHEDULE CALIFORNIA 160		
·			whole dollars.	from07/01/2	024		FORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through _09/21/2	024	Page	4 of18	
NAME OF FILER						I.D. NU	MBER	
Democratic (Club of Greater Tracy					12997	62	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)	
07/17/2024	Charles Cummiskev	⊠IND □COM □OTH □PTY □SCC	Information Technology Support Kaiser Permanente	27.00	2	1 C 1 1	22018 \$155.1 32018 \$205.2 22019 \$285.2 22020 \$51.6 32020 \$233.2 22021 \$351.6 22022 \$108.0 32022 \$216.2 32022 \$216.2	
07/17/2024	Brenda Malone	⊠IND □COM □OTH □PTY □SCC	Physician Not Employed	25.00	2	25.00	12018 \$20. 12019 \$453. 12020 \$28. 12020 \$216. 12021 \$325. 12022 \$325. 12022 \$325. 12022 \$325.	
07/24/2024	Susan Carson	⊠IND □COM □OTH □PTY □SCC	Attorney California Department of Justice	20.20	1	81.80		
07/24/2024	Robin Cole	⊠IND □COM □OTH □PTY □SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	6	65.00 F		
07/24/2024	Lynn Mueller	☑IND □COM □OTH □PTY □SCC	Retired Retired	20.20	1	81.80 PP		
			SUBTOTAL\$	142.40				
1. Amount red	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)		\$	7,100.91	IND-I			
3. Total mone	ceived this period – unitemized monetary contributions tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colur				PTY-	Other (e.g., business entity)	

SCHEDULE A (CONT.)

280.00

SUBTOTAL\$

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from07/01/2024		FORM 460			
				through 09/21/	2024		5 of	18	
NAME OF FILER	lub of Greater Tracy					I.D. NUMBER 1299762			
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)		TO (IF RE	PER ELECTION TO DATE (IF REQUIRED)	
07/24/2024	Meredith Rohr	⊠IND □COM □OTH □PTY □SCC	Attorney Palo Alto Networks	50.00			P2023 P2024 G2024	\$20.00 \$500.00 \$300.00 \$500.00	
07/31/2024	Babu Krishnamurthy		IT Manager Kaiser Permanente	100.00		00.00		\$100.00	
08/14/2024	Cheryl Hays	☑IND □COM □OTH □PTY □SCC	Not Employed Not employed	35.00			P2021 P2022 G2022 S2023 P2023 P2024 G2024	\$14.40 \$20.00 \$363.75 \$15.00 \$397.25 \$24.40 \$530.00 \$35.00 \$478.50	
08/14/2024	Brenda Malone	⊠IND □COM □OTH □PTY □SCC	Physician Not Employed	25.00			P2020 G2020 P2021 P2022 G2022 P2023 P2024	\$20.00 \$453.07 \$28.02 \$216.09 \$325.00 \$100.00 \$325.00 \$300.00	
08/21/2024	Yolande Barial Knight	⊠IND □COM □OTH □PTY □SCC	Clerk of Board East Bay Regional Park District	70.00	1		P2022 G2022 P2023 P2024 G2024	\$20.00 \$50.00 \$205.00 \$70.00 \$70.00	

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received	Amounts may		Statement cove	ers period	CALIFORNIA 460		
_		to whole	dollars.	from07/01/		CALIFORNIA FORM	
				nom			
				through 09/21/	2024	Page	5 of18
NAME OF FILER						I.D. NUMBEI	۹
Democratic C	lub of Greater Tracy					1299762	
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)
08/21/2024	Robin Cole	⊠IND □COM □OTH □PTY □SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	66	P2019 P2019 P2020 P2020 P2020 P2020 P2020 P2020 P2020 P2020	0 \$667.54 0 \$288.13 1 \$1,004.40 2 \$220.00 2 \$975.00 3 \$1.524.05
08/21/2024	Charles Cummiskey	⊠IND □COM □OTH □PTY □SCC	Information Technology Support Kaiser Permanente	27.00	24	3.00 P2018 G2018 P2019 P2020 G2020 P2021 P2022 P2022 P2023	\$ \$155.58 \$ \$205.52 \$ \$285.23 \$ \$1.86 \$ \$233.37 \$ \$351.00 \$ \$108.00 \$ \$216.00
08/21/2024	Mrs. Alvce Eversole	⊠IND □COM □OTH □PTY □SCC	Retired Retired	70.00	91	2.50 G2016 P2015 P2020 G2020 P2021 P2022 G2022 P2023 P2023	\$ \$58.00 \$756.90 \$457.63 \$ \$1,018.24 \$963.80 \$ \$220.00 \$ \$548.00 \$ \$1.422.50
08/21/2024	Lynn Mueller	☑IND □COM □OTH □PTY □SCC	Retired Retired	20.20	18	1.80 P2018	\$ \$40.00 \$ \$20.00 \$ \$78.20 \$ \$138.80 \$ \$270.65 \$ \$262.60 \$ \$40.40
08/21/2024	June Yasemsky	E COM	Substitute Teacher Tracy Unified School District	30.00	59	8.50 G202 P202 P202 G202	22 \$309.00 23 \$373.00 24 \$35.00
			SUBTOTAL\$	197.20			

*Contributor Codes

IND – Individual

COM – Recipient Committee
(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

SCHEDULE A (CONT)

Monetary Contributions Received			ounts may be rounded to whole dollars. from07/01/2024 through09/21/2024			CALIFORNIA 460 FORM		
NAME OF FILER						1299762		
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 DEC. (JAN. 1 - DEC.)	DATE AR	PER ELECTION TO DATE (IF REQUIRED)	
08/28/2024	Susan Carson	⊠IND □COM □OTH □PTY □SCC	Attorney California Department of Justice	20.20		1.80 P201 P202 G202 P202 P202 G202 P202 P202 P202	0 \$38.80 0 \$174.60 1 \$242.40 2 \$80.80 2 \$641.40 3 \$242.40 4 \$50.60 4 \$121.20	
08/28/2024	Meredith Rohr	⊠IND □COM □OTH □PTY □SCC	Attorney Palo Alto Networks	50.00	80	0.00 G20 P20 P20 G20	23 \$500.00 24 \$300.00 24 \$500.00	
09/05/2024	Mrs. Alyce Eversole	☑IND □COM □OTH □PTY □SCC	Retired Retired	200.00	91	2.50 G201 P201 P202 G202 P202 P202 G202 P202 P202 P202	0 \$457.63 0 \$1,018.24 1 \$963.80 2 \$220.00 2 \$548.00 3 \$1,422.50	

		□ COM □ OTH □ PTY □ SCC			G2020 P2021 P2022 G2022 P2023 P2024	\$1,018.24 \$963.80 \$220.00 \$548.00 \$1,422.50 \$100.00
09/05/2024	SJC Democratic Central Committee P.O. Box 78061 Stockton, CA 95207	□IND □COM ☑OTH □PTY □SCC		5,459.11	G2018 G2019 P2020 P2021 G2022 P2024 G2024	\$1,250.00 \$1,869.90 \$2,000.00 \$602.98 \$4,500.00 \$250.00 \$5,459.11
09/11/2024	Mr. Henry Cole	⊠IND □COM □OTH □PTY	Retired Retired	500.00	P2019 P2020 G2020 P2021 P2022 G2022 G2024	\$458.91 \$174.70 \$786.15 \$562.35 \$23.80 \$178.85 \$535.25

□scc

SUBTOTAL\$

6,229.31

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole		Statement coverage from07/01/	•		FORNI ORM	⁴ 460
				through 09/21/	/2024	Page.	8	of18
NAME OF FILER						I.D. NU	MBER	
Democratic C	lub of Greater Tracy					1299	762	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)			R ELECTION TO DATE REQUIRED)
09/11/2024	Kimberly Range		Public Health Analyst DHHS/HRSA	100.00	1	70.00	P2023 P2024 G2024	\$45.00 \$45.00 \$125.00
09/18/2024	Charles Cummiskey	⊠IND □COM □OTH □PTY □SCC	Information Technology Support Kaiser Permanente	27.00	2	43.00	P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$155.58 \$205.52 \$285.23 \$51.86 \$233.37 \$351.00 \$108.00 \$216.00 \$324.00
09/18/2024	Patricia Howell	IND COM OTH PTY SCC	Retired Retired	60.00	5	53.93	P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$146.11 \$215.00 \$462.01 \$92.03 \$48.02 \$70.00 \$20.00 \$487.50 \$928.60
09/18/2024	Brenda Malone	IND COM OTH PTY SCC	Physician Not Employed	25.00	2	25.00	P2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2024	\$20.00 \$453.07 \$28.02 \$216.09 \$325.00 \$100.00 \$325.00 \$300.00
09/18/2024	Ms. Nancy Rusch	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired Retired	40.00	2	67.00	P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$72.03 \$20.00 \$195.00 \$64.40 \$24.01 \$197.00 \$40.00 \$381.50 \$388.00
			SUBTOTAL \$	252.00	di e	edales is		

*Contributor Codes IND – Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule C			Amounts may be rounded			1994112		SCHEDULE C		
Nonmon	etary Contributions Received		to whole dollars.		\$			CALIFO	ORNIA 460	
					fron	07/01/202	2.4	FU	RIVI	
eer metrijet	CIONIC ON DEVEDOE				thro	ugh <u>09/21/202</u>	24	Page	9 of 18	
NAME OF FILE	TIONS ON REVERSE R		A 100 - 100					I.D. NUMB	BER	
Democratic	Club of Greater Tracy							1299762	2	
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)	DESCRIPTION C GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	D. CALEND	ATIVE TO ATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
08/27/2024	Patricia Howell	⊠IND □COM □OTH □PTY □SCC	Retired Retired	Postage for Campaign Postca	ards	100.80		553.93	P2019 \$462.01 P2020 \$92.03 G2020 \$48.02 P2021 \$70.00 P2022 \$20.00 G2022 \$487.50 P2023 \$928.60 P2024 \$75.00	
9/11/2024	Robin Cole	☑IND □COM □OTH □PTY □SCC	Information Technology Consultant Mipro Consulting- Milford MI 48381	Paid Booth Fee for Tracy Conn & LGBQT Pride the Park.	ect	70.00		665.00	P2018 \$260.11 P2019 \$266.03 P2020 \$667.54 G2020 \$288.13 P2021 \$1,004.40 P2022 \$220.00 G2022 \$975.00 P2023 \$1,524.05 P2024 \$145.00 G2024 \$520.00	
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach ad	ditional information on appropriately labe	eled continuat	tion sheets.	SUBTO	TAL	170.80				
	e C Summary	o contribution						ontributor Co		
 Amount (Include 	received this period – itemized nonmonetal all Schedule C subtotals.)	y contribution:	s. 		\$_	170.	80 CC	M – Recipier other th	nt Committee nan PTY or SCC)	
2. Amount	received this period – unitemized nonmone	tary contribution	ons of less than \$100		\$_	0.	_ PT	H – Other (e Y – Political f	e.g., business entity) Party	
3. Total nor (Add Lin	nmonetary contributions received this period es 1 and 2. Enter here and on the Summar	l. y Page, Colum	nn A, Lines 4 and 10.)	TOTA	L \$	170.		C Small Co	ontributor Committee	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

		SCHEDULE I
Statem	ent covers period	CALIFORNIA 160
from	07/01/2024	FORM 400
through ₋	09/21/2024	Page 10 of 18
		I.D. NUMBER
		1299762

Democratic Club of Greater Tracy

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

	**				12397	02	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
	Dotty Mygard Tracy City Council City of Tracy CA District: n/a X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Dotty Nygard for City Council 2024 Campaign	500.00	500.00	G2024 \$500.0	
	Cliff Hudson City Council of Tracy 2024 City of Tracy CA District: n/a X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Cliff Hudson for City Council 2024 Campaign Donation	500.00	500.00	G2024 \$500.00	
·	Catalina Pina Community College Board SJC Delta Trustee Area 6 County of Delta Community College District: 6 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Catalina for SJC Delta Trustee Area 6 Campaign Donation	500.00	500.00	G2024 \$500.0	
			SUBTOTAL \$	1,500.00			

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$ _	2,250.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$ _	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TAI \$	2,250.00

Schedule D (Continuation Sheet) Sι Sı

SCHEDULE D (CONT.)

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees			Amounts may be rounded to whole dollars.		operiod 024	101	ORNIA 460 11 of 18
NAME OF FILER						I.D. NUME	•
Democratic C	Club of Greater Tracy				1	129976	.2
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR	TYPE OF PAYMENT	DESCRIPTION	AMOUNT THIS	CUMULATIV CALEND	VE TO DATE AR YEAR	PER ELECTION TO DATE

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/19/2024	Dan Arriola City Council Member Mayor City of Tracy CA District: n/a X Support Oppose		Dan Arriola for Mayor 2024 Campaign Donation	750.00	750.00	G2024 \$750.00
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL \$	750.00		

Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

OFC office expenses

MTG meetings and appearances

Statement covers period from ____07/01/2024

through __

CALIFORNIA 460

Page _____ of _____18__

I.D. NUMBER

1299762

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

CNS campaign consultants

CVC civic donations

NAME OF FILER

Democratic Club of Greater Tracy

CTB contribution (explain nonmonetary)*

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

09/21/2024

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

FIL candidate filing/ballot fees FND fundraising events FND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads FND phone banks FND polling and survey research FNS staff/spouse travel, lodging, and meals FNS transfer between committees of the same can FNS professional services (legal, accounting) FNS profes						
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID			
Work Vine 209 1006 E. Pescadero Ave. #107 Tracy, CA 95304	OFC	Rent July 2024	1,000.00			
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	fFundraising Fee	2.59			
Benjamin McLarin	FND	Social Media Fee for Fundraising Boost	150.00			
* Payments that are contributions or independent expenditures must also be summa	arized on S	chedule D. SUBTOTAL\$	1,152.59			
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedule E subtotals.)		\$	9,561.39			
2. Unitemized payments made this period of under \$100		\$	75.00			
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1	I, Column	(e).)\$	0.00			
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the	ie Summa	ry Page, Column A, Line 6.) TOTAL \$	9,636.39			

Amounts may be rounded to whole dollars.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

Statement covers period **CALIFORNIA** FORM 07/01/2024 from 09/21/2024 Page ___13__ of __18__ through. I.D. NUMBER 1299762

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

CNS 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 MTG me OFC offic PET pet PHO pho POL poll POS pos PRO pro	ember communications bettings and appearance communications incomplete expenses bettion circulating one banks ling and survey reseases delivery and metessional services (legant ads	RAD SAL TEL TRC TRS ssenger services TSF Jal, accounting) VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same over registration information technology costs (internet, e-mail	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION	N OF PAYMENT	AMOUNT PAID
Robin Cole	LIT	USPS Post Card Stamps		267.35
Robin Cole	LIT	Post Cards for Campaign		298.00
Matthew Lunger Media Consultant	WEB	Social Media Consulting	& Management	250.00
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee		3.85
Upper Room 130 W. 11th St. Ste B Tracy, CA 95376	MTG	Meet & Greet for Endors	ed Candidates	493.67
* Payments that are contributions or independent expenditures must also be summa	arized on Schedule D.		SUBTOTAL \$	1,312.87

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA 460
from07/01/2024	FORM TOO
through 09/21/2024	Page 14 of 18
	I.D. NUMBER
	1299762

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations

candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*

legal defense LIT campaign literature and mailings MBR member communications RAD radio airtime and production costs MTG meetings and appearances

OFC office expenses PET petition circulating PHO phone banks

POL polling and survey research POS postage, delivery and messenger services

professional services (legal, accounting) PRO PRT print ads

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals TRC TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor TSF

VOT voter registration WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	7.35
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	4.55
Matt Lunger Media Group	WEB	Web Site/Social Media Consultant	250.00
Work Vine 209 1006 E. Pescadero Ave. #107 Tracy, CA 95304	OFC	Rent August 2024	1,000.00
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	3.18
* Payments that are contributions or independent expenditures must also be sum	marized on Schedule D	. SUB	TOTAL \$ 1,265.08

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Amounts may be rounded to whole dollars.

MBR member communications

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

Stater	nent covers period	CALIFORNIA 460
from	07/01/2024	FORM TOO
through _	09/21/2024	Page15 of18
		I.D. NUMBER
		1299762

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

NAME OF FILER

Democratic Club of Greater Tracy

CNP campaign paraphernaliams CNS campaign consultants CTB contribution (explain nonmo CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure so LEG legal defense LIT campaign literature and mai	onetary)* upporting/opposing others (explain)*	OFC PET PHO POL POS	ses lating survey resea very and me		RFD SAL TEL TRC TRS TSF VOT WEB	t.v. or cable airtime and production of candidate travel, lodging, and meals staff/spouse travel, lodging, and meal transfer between committees of the voter registration	ls same candidate/sponsor
N (IF	NAME AND ADDRESS OF PAYEE COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR D	ESCRIPTIO	ON OF PAYMENT	AMOUNT PAID
California Democratic Part 1830 9th St. Sacramento, CA 95811	-у		OFC	Liability Insur	cance	•	610.00
Act Blue PO Box 441146 Somerville, MA 02144-003	L		FND	Fundraising Fee			2.98
Upper Room 130 W. 11th St. Ste B Tracy, CA 95376			MTG	Meet & Greet fo	or Endors	sed Candidates	600.49
Act Blue PO Box 441146 Somerville, MA 02144-003	1		FND	Fundraising Fee			13.35
Benjamin McLarin		83,1176.1	WEB	Email Campaign	Set Up	Fee	250.00

SUBTOTAL \$

1,476.82

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E

SCH	EDI	II =	F	CONT.	,
SOF		ᅩᆮ	_	IUUNI.	

Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from07/01/2024	FORM 400
EE INSTRUCTIONS ON REVERSE		through 09/21/2024	Page 16 of 18
IAME OF FILER			I.D. NUMBER
Democratic Club of Greater Tracy			1299762
ODES. If one of the following and a constal	to decorpt on the second of th		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Act Blue FND Fundraising Fee 3.18 PO Box 441146 Somerville, MA 02144-0031 Matt Lunger Media Group WEB Web Site/Social Media Consultant 399.99 Work Vine 209 OFC Rent September 2024 1,162.00 1006 E. Pescadero Ave. #107 Tracy, CA 95304 Act Blue FND Fundraising Fee 8.50 PO Box 441146 Somerville, MA 02144-0031

WEB Reimbursed payment for renewal For WIX Program 324.00

SUBTOTAL \$

1,897.67

Robin Cole

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Amounts may be rounded to whole dollars.

		001.2202
Stater	nent covers period	CALIFORNIA 460
from	07/01/2024	FORM TOO
through _	09/21/2024	Page 17 of 18
		I.D. NUMBER
		1299762

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

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 MTG OFC PET PHO POL POS PRO PRT	member com meetings and office expen petition circul phone banks polling and s postage, deli	munications d appearance ses lating survey resear very and me	S	RAD RFD SAL TEL TRC TRS	describe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the san voter registration information technology costs (internet, e	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Act Blue PO Box 441146 Somerville, MA 02144-0031			FND	Fundraising	Fee		23.90
Act Blue PO Box 441146 Somerville, MA 02144-0031			FND	Fundraising	Fee		2.46
Cliff Hudson for City Council 2024 (ID# 1472330) Tracy, CA 95376			CTB	Cliff Hudson	for City	Council 2024 Campaign Donation	500.00
Dan Arriola for Mayor 2024 (ID# 1468272)			CTB	Dan Arriola	for Mayor	2024 Campaign Donation	750.00

* Payments that are contributions or independent expenditures must also be summarized on S	Schedule D.	SUBTOTAL S	\$

CTB

Dotty Nygard for City Council 2024 Campaign

500.00

1,776.36

Tracy, CA 95376

Dotty Nygard for City Council 2024 (ID# 1471637)

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)
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Statement covers period	CALIFORNIA 160
from07/01/2024	FORM TOU
through09/21/2024	- Page 18 of 18
	I.D. NUMBER
	1299762

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FL PHO phone banks candidate travel, lodging, and meals fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF

LEG legal defense professional services (legal, accounting) PRO VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
The Wine Press 165 W 10th St. Tracy, CA 95376	MTG	Meet & Greet Meeting for Local Endorsed Candidates.	180.00
Catalina for SJC Delta Trustee Area 6 (ID# 1474408) Tracy, CA 95376	СТВ	Catalina for SJC Delta Trustee Area 6 Campaign Donation	500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

680.00

D 1.1.10			COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		Date of election if applicable:	CALIFORNIA 460
1651298	Statement covers period	Date of election if applicable:	5 200A Page _ 1 _ of _ 24
	from02/18/2024	(Month, Day, Year)	For Official Use Only
		CITY	TRACI S
SEE INSTRUCTIONS ON REVERSE	through06/30/2024	11/05/2024	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	115
O State Candidate Election Committee O Recall (Also Complete Part 5) ☐ General Purpose Committee O Sponsored O Small Contributor 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)	☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495
3 Committee Information	D. NUMBER 1299762	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	
Democratic Club of Greater Tracy		Patricia Howell	
		MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE AREA CODE/PHONE
2100	APEA 0005/0U0N5	NAME OF ASSISTANT TREASURER, IF ANY	CA 95376
CITY STATE ZIP CO	entra i	NAME OF ASSISTANT TREASURER, IF ANY	
Tracy CA 953' MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I		MAILING ADDRESS	
P.O. Box 1146		White Abbacco	
CITY STATE ZIP CO	ODE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHONE
Tracy CA 953	78		
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
4. Verification			
I have used all reasonable diligence in preparing and reviewin	g this statement and to the best of my know	owledge the information contained herein and in the	ne attached schedules is true and complete. I certify
under penalty of perjury under the laws of the State of California	ia that the foregoing is true and correct.		
Executed on	ByPatricia H	Signature of measurer or Assistant measurer	
Executed on	By Signature of Co	ntrolling Officeholder, Candidate, State Measure Proponent or Respo	onsible Officer of Sponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pro	oponent
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pro	oponent 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					
	ORNIA ORM	4	60		
Page _	2	of	24		

Officeholder or Candidate Controlled Committee		Primarily Formed Ballo	ot Measure Committe	ee
NAME OF OFFICEHOLDER OR CANDIDATE	 	NAME OF BALLOT MEASURE		3 3 4 4
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICA	ABLE)	BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE	E ZIP	Identify the controlling off	iceholder, candidate, or s	state measure proponent, if any.
		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROPONENT	
Related Committees Not Included in this Statement: List any continuous included in this statement that are controlled by you or are primarily former contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY
COMMITTEE NAME I.D. NUMBER			ta ana da ta ta ana ana ana ana ana ana ana ana	
NAME OF TREASURER CONTROLLED COMMI	III (EE?	Primarily Formed Cane) for which this committee	is primarily formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR O	CANDIDATE OFFICE SO	UGHT OR HELD SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CO	ODE/PHONE	NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE SO	UGHT OR HELD SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE SO	UGHT OR HELD SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMMI		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE SO	UGHT OR HELD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				<u> </u>
CITY STATE ZIP CODE AREA CO	ODE/PHONE	Attac	ch continuation sheets if	necessary

Campaign Disclosure Statement

Amounts may be rounded

SUMMARY PAGE CALIFORNIA Statement covers period **FORM** 02/18/2024 from _ Page ___3 ___ of ___24 06/30/2024 through . I.D. NUMBER

Summary Page to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1299762 Democratic Club of Greater Tracy

Contributions Received		Column A TOTALTHIS PERIOD (FROMATTACHED 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	\$	4,590.30	\$	5,643.10	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	4,590.30	\$	5,643.10	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		1,256.08		1,256.08	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	5,846.38	\$	6,899.18	21. Experiatures Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	5,215.26	\$	7,275.38	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	5,215.26	\$	7,275.38	(If Subject to 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		1,256.08		1,256.08	(mm/dd/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	6,471.34	\$	8,531.46	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$			calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		4,590.30		ounts in Column A to the responding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		762.00	fro	n Column B of your last	reported in Column B.
15. Cash Payments Column A, Line 8 above		5,215.26		ort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	28,132.58		res that should be otracted from previous	
If this is a termination statement, Line 16 must be zero.			ре	find amounts. If this is	e for the least
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for car	this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts			fro an	m Lines 2, 7, and 9 (if y).	1
18. Cash Equivalents See instructions on reverse					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			
			I		FPPC Advice: advice@fppc.ca.gov (866/275

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

Schedule Monetary	A Contributions Received		its may be rounded whole dollars.	Statement cov			SCHEDUL FORNIA 46	
SEE INSTRUCTION	ONS ON REVERSE			through06/30/2			4 of 24	_
						I.D. NU	MBER	
Democratic	Club of Greater Tracy	T	7	T		12997	62	
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)	
02/21/2024	Ms. Nancy Rusch	⊠IND □COM □OTH □PTY □SCC	Retired Retired	100.00	2	g P P G	2019 \$19 2020 \$6 2020 \$2 2021 \$19	4.0 7.0 10.0
02/21/2024	SJC Democratic Central Committee P.O. Box 78061 Stockton, CA 95207	☐IND ☐COM ※OTH ☐PTY ☐SCC		250.00	2	50.00 G P P		.0
02/22/2024	Robin Cole	⊠IND □COM □OTH □PTY □SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	4	G P G P	2018 \$26 2019 \$25 2020 \$66 2020 \$28 2021 \$1,00 2021 \$1,00 2022 \$22 2022 \$97 2023 \$1,52 2024 \$1,52	6.0 7.5 8.1 4.4 0.0 5.0
02/22/2024	Charles Cummiskey	⊠IND □COM □OTH □PTY □SCC	Information Technology Support Kaiser Permanente	27.00	1	62.00 PG PP PG PP PG PP PG	2018 \$15 2018 \$20 2019 \$28	5.5 5.5 5.2 1.8 3.3 1.0 6.0
02/22/2024	Mrs. Alvce Eversole	⊠IND □ COM □ OTH □ PTY □ SCC	Retired Retired	50.00	6-	42.50 GPP		8.0 6.9 7.6 8.2 3.8 0.0 8.0
			SUBTOTALS	477.00				
Amount re (Include al	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.) ceived this period – unitemized monetary contributions				IND – I COM – OTH –	other to Other (e	nt Committee han PTY or SCC) e.g., business entity)	
	etary contributions received this period.					Political Small Co	Party ontributor Committee	

4,590.30

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o		Statement covers period from02/18/2024			SCHEDULE A (CONT.) CALIFORNIA 460 FORM		
				through 06/30	/2024		5 of 24		
NAME OF FILER									
Democratic Cl	ub of Greater Tracy					12997	762		
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 CUMULATIVE TO CALENDAR YOU PERIOD (JAN. 1 - DEC.		'EAR C. 31)	PER ELECTION TO DATE (IF REQUIRED)		
02/22/2024	Brenda Malone	∑IND □COM □OTH □PTY □SCC	Physician Not Employed	25.00			P2018 \$20.00		
02/22/2024	Lynn Mueller		Retired Retired	20.20	1	41.10	P2018 \$40.00 G2018 \$20.00 P2019 \$78.20 P2020 \$138.80 G2020 \$270.65 P2021 \$262.60 P2022 \$40.40 G2022 \$181.80 P2023 \$322.20		

Teacher

Retired

Retired

Substitute Teacher Tracy Unified School District

SUBTOTAL\$

TUSD

XIND

COM

OTH PTY

Scc

XIND

□сом □отн

PTY

□scc

⊠IND ☐ COM

□отн

□ PTY □ SCC

*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

02/22/2024 Ms. Nancy Rusch

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

110.00 P2018

227.00 P2018 G2018 P2019 P2020 G2020

568.50 G2022 P2023

P2023

P2024

G2024

P2021

P2022 G2022 P2023

P2024

G2024

35.00

35.00

35.00

150.20

\$20.00

\$45.00

\$35.00 \$75.00

\$72.03 \$20.00 \$195.00 \$64.40 \$24.01 \$197.00 \$40.00 \$381.50 \$338.00

\$309.00 \$373.00 \$35.00 \$533.50

02/22/2024

02/22/2024

Catalina Olvera Pina

June Yasemsky

SCHEDULE A (CONT.)

Monetary	Ionetary Contributions Received Amounts may be rounded to whole dollars.		Statement cover		CALI F	FORN ORM	^{IIA} 460	
				through 06/30/	2024	Page_	6	_ of24
NAME OF FILER			· · · · · · · · · · · · · · · · · · ·			I.D. NU	MBER	
Democratic Cl	lub of Greater Tracy					12997	62	
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		ER ELECTION TO DATE F REQUIRED)
02/28/2024	Susan Carson	□ IND □ COM □ OTH □ PTY □ SCC	Attorney California Department of Justice	20.20	1		P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2024 G2024	\$58.20 \$38.80 \$174.60 \$242.40 \$80.80 \$641.40 \$242.40 \$60.60 \$80.80
02/28/2024	Meredith Rohr	IND COM OTH PTY SCC	Attorney Palo Alto Networks	100.00	7	00.00		
03/04/2024	Patricia McManus	IND COM OTH PTY SCC	Organizational Consultant Ileostomy & Internal Pouch Association - IA	50.00	1		G2022 P2023 P2024	\$125.00 \$300.00 \$150.00
03/08/2024	Patricia Howell		Retired Retired	30.00	3		P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$146.11 \$215.00 \$462.01 \$92.03 \$48.02 \$70.00 \$20.00 \$487.50 \$928.60
03/11/2024	Brenda Malone		Physician Not Employed	25.00	1	50.00	P2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2024	\$20.00 \$453.07 \$28.02 \$216.09 \$325.00 \$100.00 \$325.00 \$300.00 \$50.00
			SUBTOTAL\$	225.20				

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

State	ment covers period	CALIFORNIA AGO
from	02/18/2024	FORM 400
through_	06/30/2024	Page 7 of 24
		I.D. NUMBER
		1299762

Democratic Club of Greater Tracy

NAME OF FILER

	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO DATE	PER ELECTION TO DATE
DATE RECEIVED	(IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	(IF REQUIRED)
03/18/2024	Robin Cole	⊠IND □COM □OTH □PTY □SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00		P2018 \$266.1 P2019 \$266.5 P2020 \$667.5 G2020 \$288.1 P2021 \$1,004.4 P2022 \$220.0 G2022 \$975.0 P2023 \$1,524.0 P2024 \$145.0
03/18/2024	Charles Cummiskev	⊠IND □COM □OTH □PTY □SCC	Information Technology Support Kaiser Permanente	27.00		P2018 \$155.5 G2018 \$205.5 P2019 \$285.2 P2020 \$51.8 G2020 \$233.3 P2021 \$351.0 P2022 \$108.0 G2022 \$216.0 P2023 \$324.0
03/18/2024	Mrs. Alyce Eversole	⊠IND □COM □OTH □PTY □SCC	Retired Retired	50.00		G2018 \$58.0 P2019 \$756.9 P2020 \$457.6 G2020 \$1,018.2 P2021 \$963.8 P2022 \$220.0 G2022 \$548.0 P2023 \$1,422.5 P2024 \$100.0
03/25/2024	Susan Carson	⊠IND □COM □OTH □PTY □SCC	Attorney California Department of Justice	20.20		P2019 \$58.2 P2020 \$38.8 G2020 \$174.6 P2021 \$242.4 P2022 \$80.8 G2022 \$641.4 P2023 \$242.4 P2023 \$242.4 G2024 \$80.8
03/25/2024	Benjamin McLarin	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	45.00	337.00	G2024 \$292.0
			SUBTOTALS	192.20		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary Contributions Received NAME OF FILER Democratic Club of Greater Tracy		Amounts may to whole		Statement cover from 02/18/	/2024	CALIFORNIA FORM 460 Page8 of24 I.D. NUMBER 1299762		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	ATE F	PER ELECTION TO DATE (IF REQUIRED)	
03/25/2024	Lynn Mueller	⊠IND □COM □OTH □PTY □SCC	Retired Retired	20.20	141	P2018 G2018 F2019 F2020 G2020 F2021 F2022 G2022 F2023	\$40.00 \$20.00 \$78.20 \$138.80 \$270.65 \$262.60 \$40.40 \$181.80	
03/25/2024	Meredith Rohr	⊠IND □COM □OTH □PTY □SCC	Attorney Palo Alto Networks	100.00	700	0.00 G2018 P2023 P2024 G2024	\$ \$20.00 3 \$500.00 4 \$300.00	
04/17/2024	Charles Cummiskey	⊠IND □COM □OTH □PTY □SCC	Information Technology Support Kaiser Permanente	27.00	162	P2018 G2018 F2019 F2020 G2020 F2021 F2022 G2022 G2022 F2023	\$155.58 \$205.52 \$285.23 \$51.86 \$233.37 \$351.00 \$108.00 \$216.00 \$324.00	
04/17/2024	Mrs. Alvce Eversole	⊠IND □COM □OTH □PTY □SCC	Retired Retired	50.00	642	2.50 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2023	\$56.00 \$756.90 \$457.63 \$1,018.24 \$963.80 \$220.00 \$548.00 \$1,422.50 \$100.00	
04/17/2024	Brenda Malone		Physician Not Employed	25.00	150	P2018 P2019 P2020 G2020 P2021 P2022 G2022 F2023 F2024	\$20.00 \$453.07 \$28.02 \$216.09 \$325.00 \$300.00 \$300.00	
			SUBTOTAL \$	222.20	The second second second			

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

Schedule	A (Continuation	n Sheet)
Monetary	Contributions	Received

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole o		Statement covers period from 02/18/2024			FORM 460			
				through 06/30/	2024	Page _	9	of2	24	
NAME OF FILER	10.00					I.D. NUI	MBER			
Democratic C	lub of Greater Tracy					12997	62			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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 . 31)	PER ELECTION TO DATE (IF REQUIRED)		ED)	
04/23/2024	Robin Cole	IND COM OTH PTY SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	100.00			P2020 G2020 P2021 P2022 G2022 P2023 P2024		\$260.11 \$266.03 \$667.54 \$288.13 \$1,004.40 \$220.00 \$975.00 \$1,524.05 \$145.00	
04/23/2024	Mrs. Alyce Eversole	IND COM OTH PTY SCC	Retired Retired	84.00			G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2024		\$58.00 \$756.90 \$457.63 \$1,018.24 \$963.80 \$220.00 \$548.00 \$1,422.50 \$100.00	
04/23/2024	Bob Eversole	⊠IND □COM □OTH □PTY □SCC	Retired Retired	84.00	1		P2018 G2018 P2019 P2020 P2021 P2022 G2022 P2023 G2024		\$500.25 \$24.01 \$151.37 \$120.00 \$35.00 \$20.00 \$390.00 \$250.00 \$167.50	
04/23/2024	Cheryl Hays	⊠IND □COM □OTH □PTY □SCC	Not Employed Not employed	67.00			P2019 P2020 P2021 P2022 G2022 S2023 P2023 P2024 G2024		\$14.40 \$20.00 \$363.75 \$15.00 \$397.25 \$24.40 \$530.00 \$443.50	
04/23/2024	Patricia Howell	⊠IND □COM □OTH □PTY □SCC	Retired Retired	134.05	3		P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023		\$146.11 \$215.00 \$462.01 \$92.03 \$48.02 \$70.00 \$20.00 \$487.50 \$928.60	

SUBTOTAL\$

469.05

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded
to whole dollars

Statement covers period
CALIFORNIA A C O

,		to whole	dollars.	from02/18/			460 of24
NAME OF FILER				unough		D. NUMBER	_ OT
Democratic C	lub of Greater Tracy				12	299762	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)		ER ELECTION TO DATE F REQUIRED)
04/23/2024	Ms. Nancy Rusch		Retired Retired	67.00	227.	00 P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 F2023	\$72.03 \$20.00 \$195.00 \$64.40 \$24.01 \$197.00 \$40.00 \$381.50 \$38.8.00
04/23/2024	June Yasemsky	⊠IND □COM □OTH □PTY □SCC	Substitute Teacher Tracy Unified School District	67.00	568.	50 G2022 P2023 P2024 G2024	\$309.00 \$373.00 \$35.00
04/24/2024	Susan Carson	⊠IND □COM □OTH □PTY □SCC	Attorney California Department of Justice	20.20	141.	40 P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2024 G2024	\$58.20 \$38.80 \$174.60 \$242.40 \$80.80 \$541.40 \$242.40 \$60.60 \$80.80
04/24/2024	Robin Cole	IND COM OTH PTY SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	495.	00 P2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2024	\$260.11 \$266.03 \$667.54 \$288.13 \$1,004.40 \$220.00 \$975.00 \$1,524.05 \$145.00
04/24/2024	Lynn Mueller	IND COM OTH PTY SCC	Retired Retired	20.20	141.	40 F2018 G2018 P2019 P2020 G2020 F2021 F2022 G2022 F2022 F2023	\$40.00 \$20.00 \$78.20 \$138.80 \$270.65 \$262.60 \$40.40 \$181.80
			SUBTOTALS	224.40	o foliate		And The

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

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

•		to whole	dollars.	from02/18/	2024	FORM	460
				through 06/30/	2024 Pag	e <u>11</u> c	of24
NAME OF FILER					I.D.	NUMBER	
Democratic C	lub of Greater Tracy				129	9762	
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)	(IF R	ELECTION DATE EQUIRED)
04/24/2024	Meredith Rohr	⊠IND □COM □OTH □PTY □SCC	Attorney Palo Alto Networks	100.00	700.0	P2023 P2024 G2024	\$20.00 \$500.00 \$300.00 \$400.00
04/26/2024	Mrs. Alvce Eversole	⊠IND □COM □OTH □PTY □SCC	Retired Retired	83.50		0 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2024	\$58.0 \$756.9 \$457.6 \$1,018.2 \$963.8 \$220.0 \$548.0 \$1,422.5 \$100.0
04/26/2024	Bob Eversole	⊠IND □COM □OTH □PTY □SCC	Retired Retired	83.50	167.5	G2018 P2019 P2020 P2021 P2022 G2022 P2023 G2024	\$500.2 \$24.0 \$151.3 \$120.0 \$305.0 \$20.0 \$390.0 \$250.0 \$167.5
04/26/2024	Cheryl Hays	⊠IND □COM □OTH □PTY □SCC	Not Employed Not employed	66.50	478.5	P2020 P2021 P2022 G2022 S2023 P2023 P2024 G2024	\$14.4 \$20.0 \$363.7 \$15.0 \$397.2 \$24.4 \$530.0 \$443.5
04/26/2024	June Yasemsky	⊠IND □COM □OTH □PTY □SCC	Substitute Teacher Tracy Unified School District	66.50	568.5	0 G2022 P2023 P2024 G2024	\$309.0 \$373.0 \$35.0 \$533.5
			SUBTOTAL	\$ 400.00			

Amounts may be rounded

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCHEDULE A (CONT.)

to whole dollars.			from02/18/	·	FORM 460		
				through 06/30/	2024	Page12	of24
NAME OF FILER					I.D. NUMBER		
Democratic C	lub of Greater Tracy					1299762	
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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE IF REQUIRED)
05/12/2024	Mrs. Alyce Eversole	IND COM OTH PTY SCC	Retired Retired	175.00	642	2.50 G2018 F2019 P2020 G2020 P2021 P2022 G2022 P2023 P2023	\$58.00 \$756.90 \$457.63 \$1,018.24 \$963.80 \$220.00 \$548.00 \$1,422.50 \$100.00
05/12/2024	Brenda Malone	⊠IND □COM □OTH □PTY □SCC	Physician Not Employed	25.00	150	0.00 P2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2024	\$20.00 \$453.07 \$28.02 \$216.09 \$325.00 \$100.00 \$325.00 \$300.00 \$50.00
05/19/2024	Janeen Bond	СОМ	Administration Double Tree Hilton Pruneyard Campbell, CA 95008.	50.00	185	5.00 P2023 G2023 F2023 G2024	\$90.00 \$80.00 \$6.40
	Patricia Howell		Retired Retired	50.00		3.13 P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 G2022 P2023	\$146.11 \$215.00 \$462.01 \$92.03 \$48.02 \$70.00 \$20.00 \$487.50 \$928.60
05/19/2024	Patricia Howell	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired Retired	75.00	393	3.13 F2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 F2023	\$146.11 \$215.00 \$462.03 \$92.03 \$48.02 \$70.00 \$20.00 \$487.5 \$928.60
			SUBTOTAL \$	375.00			

*Contributor Codes IND - Individual

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

PTY - Political Party

Schedule	A ((Continuatio	n Sheet)
Monetary	Co	ntributions	Received

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement cove		FORM 460		
				through 06/30/	2024	Page _	13 (of <u>24</u>
NAME OF FILER						I.D. NU	MBER	
Democratic Cl	lub of Greater Tracy		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12997	62	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERLD. 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.	31)	(IF R	ELECTION D DATE EQUIRED)
05/20/2024	Janeen Bond		Administration Double Tree Hilton Pruneyard Campbell, CA 95008.	50.00			G2022 P2023 G2024	\$90.00 \$80.00 \$6.40 \$185.00
05/20/2024	Robin Cole		Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	4:		P2020 G2020 P2021 P2022 G2022 P2023 P2024	\$260.11 \$266.03 \$667.54 \$288.13 \$1,004.40 \$220.00 \$975.00 \$1,524.05 \$145.00
05/20/2024	Robin Cole	☑IND □COM □OTH □PTY □SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	4:		P2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2024	\$260.11 \$266.03 \$667.54 \$288.13 \$1,004.40 \$220.00 \$975.00 \$1,524.05 \$145.00
05/20/2024	Charles Cummiskey	⊠IND □COM □OTH □PTY □SCC	Information Technology Support Kaiser Permanente	27.00			P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$155.58 \$205.52 \$285.23 \$51.86 \$233.37 \$351.00 \$108.00 \$216.00 \$324.00
05/20/2024	Cheryl Hays	⊠IND □COM □OTH □PTY □SCC	Not Employed Not employed	50.00	4		P2019 P2020 P2021 P2022 G2022 S2023 F2023 P2024 G2024	\$14.40 \$20.00 \$363.75 \$15.00 \$397.25 \$24.40 \$530.00 \$35.00 \$443.50
			SUBTOTAL	\$ 227.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		from 02/18/		FORM 460		
				through 06/30/	2024	Page	14	of24
NAME OF FILER						I.D. NU	MBER	
Democratic Club of Greater Tracy		<u></u>				12997	62	
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	1	ELECTION TO DATE REQUIRED)
05/20/2024	Benjamin McLarin		Not Employed Not Employed	50.00		37.00		\$292.00
05/20/2024	Lynn Mueller	⊠IND □COM □OTH □PTY □SCC	Retired Retired	20.20	1.		P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$40.00 \$20.00 \$78.20 \$138.80 \$270.65 \$262.60 \$40.40 \$181.80
05/20/2024	Melinda Ramirez	⊠IND □COM □OTH □PTY □SCC	Tradeswomen, Inc. Grant Writer	100.00	1(00.00	G2024	\$100.00
05/20/2024	Meredith Rohr	⊠IND □COM □OTH □PTY □SCC	Attorney Palo Alto Networks	100.00	7(G2018 P2023 P2024 G2024	\$20.00 \$500.00 \$300.00 \$400.00
05/20/2024	Ms. Nancy Rusch	⊠IND □COM □OTH □PTY □SCC	Retired Retired	25.00	2:		P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$72.03 \$20.00 \$195.00 \$64.40 \$24.01 \$197.00 \$40.00 \$381.50 \$338.00
			SUBTOTAL \$	295.20				

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY – Political Party SCC – Small Contributor Committee

Schedule A	(Continuation Sheet)
Monetary Co	ontributions Received

SCHEDULE A (CONT.)

Monetary Contributions Received	Amounts may to whole o		Statement cove		CALIFORNIA 460			
			through 06/30/	2024	Page _	15 of	24	
NAME OF FILER					I.D. NU	MBER		
Democratic Club of Greater Tracy		p			12997	62		
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 . 31)	TO I	ECTION DATE QUIRED)	
05/20/2024 June Yasemsky	⊠IND □COM □OTH □PTY □SCC	Substitute Teacher Tracy Unified School District	50.00			P2023 P2024 G2024	\$309.00 \$373.00 \$35.00 \$533.50	
05/27/2024 Susan Carson	⊠IND □COM □OTH □PTY □SCC	Attorney California Department of Justice	20.20	1		P2019 P2020 P2020 P2021 P2022 G2022 P2023 P2023 P2024 G2024	\$58.20 \$38.80 \$174.60 \$242.40 \$80.80 \$641.40 \$242.40 \$60.60 \$80.80	
06/10/2024 Brenda Malone	⊠IND □COM □OTH □PTY □SCC	Physician Not Employed	25.00	1		P2018 P2019 P2020 G2020 F2021 P2022 G2022 P2023 F2024	\$20.00 \$453.07 \$28.02 \$216.09 \$325.00 \$100.00 \$325.00 \$500.00	
06/17/2024 Charles Cummiskey	⊠IND □COM □OTH □PTY □SCC	Information Technology Support Kaiser Permanente	27.00	1		P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$155.58 \$205.52 \$285.23 \$51.86 \$233.37 \$351.00 \$108.00 \$216.00	
06/24/2024 <u>Susan Carson</u>	⊠IND □COM □OTH □PTY □SCC	Attorney California Department of Justice	20.20	1		P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2024 G2024	\$58.20 \$38.80 \$174.60 \$242.40 \$80.80 \$641.40 \$242.40 \$60.60 \$80.80	
		SUBTOTAL	142.40					

Amounts may be rounded

*Contributor Codes

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(other than PTY or SCC)

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

PTY - Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole o		Statement cove			FORM 460		
				through 06/30/	2024	Page .	16	_ of _	24
NAME OF FILER	4/24/2014/00/00/00/00/00/00/00/00/00/00/00/00/00	·····				I.D. NU	MBER		
Democratic C	lub of Greater Tracy					12997	62		
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		ER ELE TO DA F REQU	TE
06/24/2024	Robin Cole	IND COM OTH PTY SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00			P2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2024		\$260.11 \$266.03 \$567.54 \$288.13 \$1,004.40 \$220.00 \$975.00 \$1,524.05 \$145.00
06/24/2024	Lynn Mueller	□IND □COM □OTH □PTY □SCC	Retired Retired	20.20	1	41.40	P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023		\$40.00 \$20.00 \$78.20 \$138.80 \$270.65 \$262.60 \$40.40 \$181.80 \$322.20
06/24/2024	Meredith Rohr	IND COM OTH PTY SCC	Attorney Palo Alto Networks	100.00	7	00.00			\$20.00 \$500.00 \$300.00 \$400.00
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
			SUBTOTAL\$	170.20					

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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule C Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period			CALIFORNIA 460			
SEE INSTRUCT	TIONS ON REVERSE				throu	gh06/30/202	4	Page	17 of	24
NAME OF FILE								I.D. NUME	BER	
Democratic	Club of Greater Tracy							1299762	2	
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)	DESCRIPTION OF GOODS OR SERVICE		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	T	ELECTION O DATE EQUIRED)
04/23/2024	Patricia Howell	⊠IND □COM □OTH □PTY □SCC	Retired Retired	USPS Fee for Or Business Mailin		5.08			P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2024	\$146. \$215. \$462. \$92. \$48. \$70. \$20. \$487. \$928. \$75.
05/19/2024	Janeen Bond	⊠IND □COM □OTH □PTY □SCC	Administration Double Tree Hilton Pruneyard Campbell, CA 95008.	Murano Blue Can Vase & Set of Gold Gided Mushroom Glasse	4	85.00		185.00	P2021 G2022 P2023 G2024	\$90.0 \$80.0 \$6.4 \$185.0
05/19/2024	Mrs. Alyce Eversole	⊠IND □COM □OTH □PTY □SCC	Retired Retired	Movie Night Bas & Merlot Wine & Cheese Gift Bas & AMC Movie Gif Card	ket	100.00			P2019 P2020 G2020 P2021 P2022 G2022 P2023 P2024 G2024	\$58. \$756. \$457. \$1,018. \$920. \$548. \$1,422. \$100.
05/19/2024	Cheryl Hays	⊠IND □COM □OTH □PTY □SCC	Not Employed Not employed	Vintage Raspber Vase & Coffee Bassket with Pe Coffee, Chocola and Cocoa.	ets	140.00		478.50	P2019 P2020 P2021 P2022 G2022 S2023 P2023 P2024 G2024	\$14. \$20. \$363. \$15. \$397. \$24. \$530. \$35. \$443.
Attach ad	ditional information on appropriately labe	eled continuat	ion sheets.	SUBTO	TAL \$	330.08				
1. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)	ry contributions	3.		\$	1,221.0	IND	ntributor Co – Individual M – Recipier		
Amount Total nor	received this period – unitemized nonmone nmonetary contributions received this period es 1 and 2. Enter here and on the Summar	tary contributio	ons of less than \$100		\$	35.0	PT SC	H – Other (e Y – Political F C – Small Co	e.g., busir Party	ness entity)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE C (CONT.)

 Statement covers period

 from
 02/18/2024
 CALIFORNIA FORM
 460

 through
 06/30/2024
 Page
 18 of
 24

 I.D. NUMBER

Democratic Club of Greater Tracy 1299762 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ FULL NAME, STREET ADDRESS AND CONTRIBUTOR PER ELECTION DATE **DESCRIPTION OF** DATE OCCUPATION AND EMPLOYER ZIP CODE OF CONTRIBUTOR FAIR MARKET CODE * TO DATE RECEIVED GOODS OR SERVICES CALENDAR YEAR (IF SELF-EMPLOYED, ENTER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) 05/19/2024 Cheryl Hays 478.50 P2019 X IND Not Employed Pedicure Gift 120.00 \$14.40 F2020 \$20.00 Not employed Certificate & □ COM P2021 Basket of Baking P2022 \$15.00 ПОТH ingredients & Hand G2022 \$397.25 IS2023 \$24.40 Scap Collection PTY P2023 \$530.00 Basket. P2024 \$35.00 \$443.50 SCC G2024 05/19/2024 Patricia Howell 393.13 P2018 G2018 P2019 P2020 Retired Tropical Dracena XIND 24.00 \$146.11 House Plant in \$215.00 Retired COM \$462.01 Decorative Urn. \$92.03 □OTH G2020 \$48.02 P2021 □PTY P2022 \$20.00 G2022 \$487.50 □SCC P2023 \$928.60 05/19/2024 Benjamin McLarin XIND Not Employed San Francisco 242.00 337.00 G2024 \$292.00 Not Employed 49er's Tickets -2 COM □OTH □PTY SCC 05/19/2024 Catalina Olvera Pina Teacher XIND Original Spanish 75.00 110.00 P2018 \$20.00 TUSD Painting P2023 \$45.00 □COM P2024 \$35.00 ПОТH G2024 \$75.00 □PTY □SCC 05/19/2024 Lisa Roth Not employed Sun & Shade Potted 80.00 115.00 P2022 XIND \$20.00 Not Employed Plants with Seed G2022 \$36.00 ПСОМ Pkgs. & Bee P2023 \$381.00 □ OTH Friendly Basket. P2024 \$35.00 G2024 \$80.00 PTY SCC Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 541.00

Schedule C (Continuation Sheet) Nonmonetary Contributions Received		Amounts may be rounded			SCHEDULE C (CON' Statement covers period CALIFORNIA A C C					
		to whole dollars.		from02/18/2024		CALIFORNIA 460				
					thro	ough 06/30/202	.4	Page	19 of	24
SEE INSTRUCT NAME OF FILER	TIONS ON REVERSE							I.D. NUME		
Democratic	Club of Greater Tracy							129976	2	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 -	TE AR YEAR	PER EL TO E (IF REC	DATE
5/19/2024	June Yasemsky	⊠IND □COM □OTH □PTY □SCC	Substitute Teacher Tracy Unified School District	Bar Method Certificate (1 Class Pkgs) & Dolly Parton Coffee Mugs wi Snack Tray.		350.00		568.50	G2022 P2023 P2024 G2024	\$309.00 \$373.00 \$35.00 \$533.50
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								ggger
		□IND □COM □OTH □PTY □SCC								445,00

SUBTOTAL \$

350.00

Attach additional information on appropriately labeled continuation sheets.

Amounts may be rounded to whole dollars.

		SCHEDULE B
Statem	ent covers period	CALIFORNIA 460
from	02/18/2024	FORM TOU
through .	06/30/2024	Page of24
		I.D. NUMBER

1299762

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances		returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
		POL	polling and survey research		staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	A	MOUNT PAID
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee		28.64
Work Vine 209 1006 E. Pescadero Ave. #107 Tracy, CA 95304	OFC	Rent March 2024		1,000.00
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fees		24.07
* Payments that are contributions or independent expenditures mu	st also be summarized on	Schedule D.	SUBTOTAL \$	1,052.71

Schedule E Summary	
Itemized payments made this period. (Include all Schedule E subtotals.) \$\$	5,140.26
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).)\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	5,215.26

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 02/18/2024 06/30/2024 through_ Page 21 of 24 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1299762 Democratic Club of Greater Tracy

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 campaign paraphernalia/misc. RFD returned contributions meetings and appearances CNS campaign consultants MTG office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC petition circulating TEL t.v. or cable airtime and production costs PET CVC civic donations candidate travel, lodging, and meals phone banks candidate filing/ballot fees PHO FIL staff/spouse travel, lodging, and meals polling and survey research fundraising events POL FND transfer between committees of the same candidate/sponsor postage, delivery and messenger services POS IND independent expenditure supporting/opposing others (explain)* voter registration LEG legal defense PRO professional services (legal, accounting) VOT WEB information technology costs (internet, e-mail) print ads PRT campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Work Vine 209 1006 E. Pescadero Ave. #107 Tracy, CA 95304	OFC	Rent April 2024	1,000.00
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	15.55
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	32.61
Work Vine 209 1006 E. Pescadero Ave. #107 Tracy, CA 95304	OFC	Rent May 2024	1,000.00
Go Daddy Operating Co. LLC 14455 N. Hayden Rd. #219 Scottsdale, AZ 85260	WEB	Domain Renewal Fee	105.68
			2 153 94

SUBTOTAL \$ 2,153.84 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E (CO	N٦	Γ.)
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Staten	nent covers period	CALIFORNIA 460
from	02/18/2024	FORM TOO
through_	06/30/2024	Page 22 of 24
		I.D. NUMBER
		1200762

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Democratic Club of Greater Tracy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses OFC

SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs

candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals fundraising events POL polling and survey research staff/spouse travel, lodging, and meals

independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense

professional services (legal, accounting) PRO VOT voter registration ЦΤ

campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postal Service 125 9th St. n/a Tracy, CA 95376	OFC	Post Office Box Fee	108.00
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	25.65
West Valley Bowl East Grantline Ave. Tracy, CA 95376	FND	Bowling Fundraiser Cost	450.00
Matthew Lunger Media Consultant 142 Sunshine Rd. Apt. 8311 Roseburg, OR 97470	WEB	Social Media Consulting & Management for Club.	300.00
Work Vine 209 1006 E. Pescadero Ave. #107 Tracy, CA 95304	OFC	Rent June 2024	1,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1,883.65

Schedule F

SCHEDULE E (CONT.)

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from 02/18/2024	FORM 400
SEE INSTRUCTIONS ON REVERSE		through 06/30/2024	Page 23 of 24
IAME OF FILER			I.D. NUMBER
Democratic Club of Greater Tracy			1299762
CODES. If one of the following codes conve	taly describes the newment way may enter the ends. Oth	anuica describe the norman	4

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries OFC CVC civic donations petition circulating TEL. t.v. or cable airtime and production costs PET FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals FND fundraising events polling and survey research postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* POS LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT AMOUNT PAID CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 37.08 Act Blue FND Fundraising Fee

PO Box 441146 Somerville, MA 02144-0031	FND	rundralsing ree	37.06
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	12.98
		•	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

50.06

Schedule I				SCHEDULE	
discellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period from 02/18/2024	CALIFORNIA 460	
	NS ON REVERSE		through06/30/2024	Page 24 of 24	
AME OF FILER				I.D. NUMBER	
Democratic C	lub of Greater Tracy			1299762	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
05/19/2024	Michael Ricigliano	Silent Auction I	Purchase of San Francisco 49er	242.00	
				ADJUTA A SECULA DA CANADA	
····					
Attach addi	itional information on appropriately labeled continuation sheets.		SUBTOTAL	\$ 242.00	
Schedule I	Summary				
	ncreases to cash this period		\$\$242.00		
2. Unitemize	d increases to cash of under \$100 this period		\$\$520.00		
B. Total of all	interest received this period on loans made to others. (Schedule	e H, Column (e).)	\$0.00		
	ellaneous increases to cash this period. (Add Lines 1, 2, and 3.				
Summary	Page, Line 14.)		TOTAL \$762.00		

Récipient Committee					COVER PAGE	
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	REC'D TRACY CITY CLERK 21 FEB 2024 PM12:01		Date Stamp		CALIFORNIA 460	
1594528	Statement covers period from01/21/2024	Date of election if applicable: (Month, Day, Year)		Pa	ge 1 of 5 For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through02/17/2024	03/05/2024				
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 Part 5) General Purpose Committee Sponsored Small Contributor Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)		*	Suppleme	Statement dd-Year Report ntal Preelection - Attach Form 495	
3. Committee information	D. NUMBER 1299762	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER				
Democratic Club of Greater Tracy		Patricia Howell				
		MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
,		Tracy	CA	95376	AREA GODEN HORE	
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY			
Tracy CA 9537						
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox	MAILING ADDRESS				
P.O. Box 1146 CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
Tracy CA 9537						
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS			
. Verification						
I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my kno	wledge the information contained her	ein and in the attached	schedules is t	rue and complete. I certify	
under penalty of perjury under the laws of the State of California	a that the foregoing is true and correct.					
Executed on	By Patricia Ho	well				
Executed on	BySignature of Con	trolling Officeholder, Candidate, State Measure Prop	conent or Responsible Officer of	Sponsor		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent			
. , Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent		EPPC Form 460 (Jan/2016)	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
	ORNIA DRM	460			
Page _	_2 (of5			

Officeholder or Candidate Controlled Comm	nittee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or state	e measure p	roponent, if any.
Related Committees Not Included in this St	atement: List any committees		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PF	ROPONENT		
not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DI	ISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER		The state of the s				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP (CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
	CODE AREA CODE/PHONE		Atta	ch continuati	on sheets if nec	cessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

| Statement covers period | CALIFORNIA | 460 | FORM | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 1000750 | 10

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1299762 Democratic Club of Greater Tracy **Calendar Year Summary for Candidates** Column B Column A Running in Both the State Primary and **Contributions Received** CALENDARYEAR TOTAL THIS PERIOD TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 1,052.80 1. Monetary Contributions Schedule A, Line 3 \$ _____ 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received Schedule B, Line 3 20. Contributions 1,052.80 797.40 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ ____ Received 0.00 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 797.40 1,052.80 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditure Limit Summary for State Expenditures Made Candidates** 0.00 0.00 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* **s** 2,095.12 (If Subject to Voluntary Expenditure Limit) 0.00 Date of Election Total to Date 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 (mm/dd/vv) 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 \$ 2,095.12 **Current Cash Statement** To calculate Column B, add amounts in Column A to the 797.40 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts from Column B of your last 14. Miscellaneous Increases to Cash Schedule I, Line 4 reported in Column B. report. Some amounts in 1,050.00 15. Cash Payments Column A, Line 8 above Column A may be negative 16. **ENDING CASH BALANCE** Add Lines 12 + 13 + 14, then subtract Line 15 \$ 27,995.54 figures that should be subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** 0.00 18. Cash Equivalents See instructions on reverse \$ 0.00 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	<u> </u>		SCHEDULE A		
wonetary	Contributions Received		whole dollars.	Statement covers period from01/21/2024 through02/17/2024			IFORNIA ORM	460
_						Page4 of5		e
NAME OF FILER	DNS ON REVERSE			through	023	Page	00	r
NAME OF FILER						I.D. N	UMBER	
Democratic (Club of Greater Tracy				- 1	1299	762	
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	TOI	ECTION DATE QUIRED)
02/05/2024	Patricia McManus San Francisco, CA 94110	⊠IND □COM □OTH □PTY □SCC	Organizational Consultant Ileostomy & Internal Pouch Association - IA	50.00	j	100.00	G2022 P2023 P2024	\$125.0 \$300.0 \$100.0
02/05/2024	Meredith Rohr	⊠IND □COM □OTH □PTY □SCC	Attorney Palo Alto Networks	100.00	2	200.00	G2018 P2023 P2024	\$20.0 \$500.0 \$200.0
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	·					
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL\$	150.00			980.23	
1. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	150.00	IND-			
3. Total mone	ceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colur				PTY-	OtherPolitical	(e.g., busine	ess entity)

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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

	SUNEDULE L
Statement covers period	CALIFORNIA 460
from01/21/2024	FORM TOO
through02/17/2024	Page5 of5
	I.D. NUMBER
	1299762

COUEDUIE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

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 campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants CNS SAL campaign workers' salaries OFC office expenses contribution (explain nonmonetary)* t.v. or cable airtime and production costs petition circulating CVC civic donations TRC candidate travel, lodging, and meals phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals polling and survey research transfer between committees of the same candidate/sponsor FND fundraising events postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration professional services (legal, accounting)

PRO professional services (legal, accounting)

WEB information technology costs (internet, e-mail)

PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Work Vine 209 1006 E. Pescadero Ave. #107 Tracy, CA 95304	OFC	Rent Februar	y 2024	1,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

* SUBTOTAL\$ 1,000.00

Schedule E Summary

> FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) 1576875 SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2024 through01/20/2024	Date of election if applicable (Month, Day, Year)	RECÊIVED	FORM 460 age 1 of 5 For Official Use Only
1. Type of Recipient Committee: All Committees – (Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee		2. Type of Statement: Yereelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	Special C	Statement Odd-Year Report ental Preelection it - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Democratic Club of Greater Tracy STREET ADDRESS (NO P.O. BOX)	1299762	Treasurer(s) NAME OF TREASURER Patricia Howell MAILING ADDRESS CTT Tracy	STATE ZIP CODE CA 95376	AREA CODE/PHONE
Tracy CA 95: MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. P.O. Box 1146 CITY STATE ZIP O	AREA CODE/PHONE BOX CODE AREA CODE/PHONE 378	NAME OF ASSISTANT TREASURER, IF A MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS	NY STATE ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Californ Executed on	nia that the foregoing is true and correct. ByPatricia_H	owell ontrolling Officeholder, Candidate, State Measure Proponentor R Signature of Controlling Officeholder, Candidate, State Measure	esponsible Officer of Sponsor e Proponent	true and complete. I certify
Date	-,	Signature of Controlling Officeholder, Candidate, State Measure	Proponent	FPPC Form 460 (Jan/20

..... --46:1- ----

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Recipient Committee Campaign Statement Cover Page — Part 2

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	COVER	PAGE - PART 2
	ORNIA ORM	460
Page	22	of5

				·	Committee	····	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or st	ate measure p	roponent, if an
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PF	ROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
IAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(
	YES NO	7.		s) for which thi	is committee is		ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	YES NO	7.	officeholder(s) or candidate(s) for which thi	OFFICE SOU	primarily forme	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	D. BOX)	7.	officeholder(s) or candidate(S) for which thi	OFFICE SOUG	primarily forme	SUPPORT OPPOSE
·	D. BOX) P CODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUR OFFICE SOUR OFFICE SOUR	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZII	YES NO NO NO NO NO NO NO NO	7.	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUR OFFICE SOUR OFFICE SOUR	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMANTRAGE
Statem	ent covers period	CALIFORNIA 460
from	01/01/2024	FORM 400
through _	01/20/2024	Page3 of5
		I.D. NUMBER

CUMMANDVDACE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1299762 Democratic Club of Greater Tracy Calendar Year Summary for Candidates Column B Column A Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE (FROMATTACHED SCHEDULES) General Elections 1. Monetary Contributions Schedule A, Line 3 \$ 7/1 to Date 1/1 through 6/30 0.00 2. Loans Received Schedule B, Line 3 20. Contributions 255.40 255.40 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ \$_____ Received 0.00 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ 255.40 255.40 **Expenditure Limit Summary for State Expenditures Made** Candidates \$ 1,010.12 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* \$ ____1,010.12 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Total to Date Date of Election (mm/dd/yy) 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 **Current Cash Statement** To calculate Column B. add amounts in Column A to the 255.40 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last 14 Miscellaneous Increases to Cash Schedule I, Line 4 reported in Column B. report. Some amounts in 1,010.12 15. Cash Payments Column A, Line 8 above Column A may be negative 28,248.14 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any).

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

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Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement cov	•		IFORNIA FORM	460
SEE INSTRUCTIO	INS ON REVERSE			through01/20/2	024	Page	2 <u>4</u> o	5
NAME OF FILER		***************************************	***************************************			I.D. N	UMBER	
Democratic C	Club of Greater Tracy					1299	762	
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	TOE	ECTION ATE QUIRED)
01/11/2024	Meredith Rohr	⊠IND □COM □OTH □PTY □SCC	Attorney Palo Alto Networks	100.00		100.00	G2018 P2023 P2024	\$20.0 \$500.0 \$100.0
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						***************************************
		□IND □COM □OTH □PTY □SCC						10 100 100 100
		□IND □COM □OTH □PTY □SCC			- 002-64004			
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL\$	100.00			The resource	
1. Amount red	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)		\$	100.00	IND-			

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

PTY - Political Party

255.40

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

SCC-Small Contributor Committee

3. Total monetary contributions received this period.

1,000.00

Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from01/01/2024	FORM 400
through01/20/2024	Page5 of5
	I.D. NUMBER
	1200762

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

OMP	campaign paraphernalia/misc.	MBR	member communications		radio airtime and production costs
	campaign consultants	MTG	meetings and appearances		returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
	fundraising events		polling and survey research		staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
		PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Work Vine 209 1006 E. Pescadero Ave. #107 Tracy, CA 95304	OFC	Rent January	2024	1,000.00

Schedule E Summary	
1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	1,000.00
2. Unitemized payments made this period of under \$100\$	10.12
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	

SUBTOTAL\$

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) 1576856	Statement covers period from07/01/2023	(Month, Day, Year)	N 2 4 2024	COVERPAGE CALIFORNIA 460 FORM of 40 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2023	03/05/2023	2345	
 ◯ State Candidate Election Committee ◯ Recall (Also Complete Part 5) ☒ General Purpose Committee ◯ Sponsored ◯ Small Contributor Committee 	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 Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	☐ Special C	Statement dd-Year Report ental Preelection t - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Democratic Club of Greater Tracy STREET ADDRESS (NO PO BOX)	1299762	Treasurer(s) NAME OF TREASURER Patricia Howell MAILING ADDRESS	STATE ZIP CODE	AREA CODE/PHONE
Tracy CA 953 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I P.O. Box 1146 CITY STATE ZIP CO	76 BOX	NAME OF ASSISTANT TREASURER, IF AN MAILING ADDRESS	CA 95376 IY STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification	78	OPTIONAL: FAX / E-MAIL ADDRESS		· · · · · · · · · · · · · · · · · · ·
I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on	BySignature of Co		sponsible Officer of Sponsor	true and complete. I certify
Executed on Date	Ву	Signature of Controlling Officeholder, Candidate, State Measure	Proponent	- FPPC Form 460 (Jan/2016

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Recipient Committee Campaign Statement Cover Page — Part 2

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	COVER PAGE - PART 2							
CALIF FC	ORNIA DRM	4	160					
Page	2	of	40					

Officeholder or Candidate Controlled Committee			Primarily Formed Ballo	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling off	iceholder, ca	ndidate, or state mea	sure proponent, if any.
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PF	ROPONENT	
Related Committees Not Included in this Statement included in this statement that are controlled by you o contributions or make expenditures on behalf of your cand	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	T NO. IF ANY
COMMITTEE NAME	I.D. NUMBER				<u> </u>	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Cano officeholder(s) or candidate(s			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC)X)		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC)A)					I
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	ch continuati	on sheets if necessar	у

Campaign	Disclosure	Statement
Summary	Page	

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

..... -- Afile ---

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA **FORM** 07/01/2023 from _

Page ___3 ___ of ___40

12/31/2023

through _ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Democratic Club of Greater Tracy 1299762 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTO DATE General Elections 1. Monetary Contributions Schedule A. Line 3 \$ _____ 12,828.20 23,364.05 1/1 through 6/30 7/1 to Date 0.00 20. Contributions \$ 23,364.05 Received Nonmonetary Contributions Schedule C. Line 3 160.00 21. Expenditures Made \$ 23,524.05 **Expenditures Made Expenditure Limit Summary for State Candidates** \$ 20,975.80 7. Loans Made Schedule H, Line 3 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ _____ 6,517.24 \$ 20,975.80 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C. Line 3 0.00 160.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 21,394.90 To calculate Column B. add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above 12,828.20 corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 1,297.00 from Column B of your last reported in Column B. report. Some amounts in 6,517.24 15. Cash Payments Column A, Line 8 above Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 29,002.86 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ 0.00 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts

any).

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Schedule	A	_				SCHEDULE
Monetary	Contributions Received		its may be rounded whole dollars.	Statement cov		ALIFORNIA 460 FORM
SEE INSTRUCTION	ONS ON REVERSE			through	023 P	age4 of40
NAME OF FILER					1.0). NUMBER
Democratic	Club of Greater Tracy				1:	299762
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
07/06/2023	Susan Carson	⊠IND □COM □OTH □PTY □SCC	Attorney California Department of Justice	20.20	242.	40 P2019 \$58.2 P2020 \$38.6 P2020 \$318.6 P2021 P2021 \$242.4 P2022 \$60.6 P2023 \$242.4 P2023 \$242.4 P2023 P20
07/24/2023	Mitra Rehnam	⊠IND □COM □OTH □PTY □SCC	Accountant Behnam Accounting Solutions Inc.	100.00	570.	00 G2018 \$14.4 P2019 \$90.0 P2021 \$51.0 P2022 \$100.0 G2022 \$164.0 P2023 \$470.0
07/24/2023	Charles Cummiskev	⊠IND □COM □OTH □PTY □SCC	Information Technology Support Kaiser Permanente	27.00	324.	OO P2018 \$155.5 Q2018 \$205.5 P2019 \$285.2 P2020 \$51.8 G2020 \$233.3 P2021 \$351.0 P2022 \$108.0 G2022 \$216.0 P2023 \$324.0
07/24/2023	Mrs. Alvce Eversole	⊠IND □COM □OTH □PTY □SCC	Retired Retired	50.00	1,422.	50 G2018 \$58.0 E2019 \$756.5 E2020 \$457.6 G2020 \$1,018.2 E2021 \$963.6 E2022 \$220.0 G2022 \$548.0 E2023 \$1,422.5
07/24/2023	Bridget Gleason	⊠IND □COM □OTH □PTY □SCC	Human Resources Director Sol Food Restaurant San Mateo California	10.00	120.	00 PZ018 \$43.2 G2018 \$67.2 P2019 \$141.1 P2020 \$19.2 G2020 \$86.4 P2021 \$130.0 P2022 \$40.0 G2022 \$95.0 P2023 \$120.0
			SUBTOTAL \$	207.20		
1. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	9,229.20	I	1
3. Total mone	ceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colur		· · · · · · · · · · · · · · · · · · ·	3,599.00	OTH - Ot PTY - Pol	her (e.g., business entity) itical Party all Contributor Committee

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

SCHEDULE A (CONT.)

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA 160
from	07/01/2023	FORM 400
through_	12/31/2023	Page6 of40
		I.D. NUMBER
		1222762

NAME OF FILER

Democratic Club of Greater Tracy

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)
07/24/2023	Lilliana Udang	⊠IND □ COM □ OTH □ PTY □ SCC	Student/Assistant Susan Eggman	25.00	175.00	
08/10/2023	Susan Carson	⊠IND □COM □OTH □PTY □SCC	Attorney California Department of Justice	20.20	242.40	G2020 \$174. P2021 \$242. P2022 \$80. G2022 \$641. P2023 \$242.
08/10/2023	Robin Cole	⊠IND □COM □OTH □PTY □SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	1,524.05	F2019 \$265. F2020 \$667. G2020 \$288. F2021 \$1,004. F2022 \$220. G2022 \$975. F2023 \$1,524.
08/10/2023	Patricia McManus	⊠IND □ COM □ OTH □ PTY □ SCC	Organizational Consultant Ileostomy & Internal Pouch Association - IA			P2023 \$300.0
08/10/2023	Lynn Mueller	⊠IND □COM □OTH □PTY □SCC	Retired Retired	20.20	322.20	FZ018 \$40.
			SUBTOTALS	165.40		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole dollars.		Statement covers period from07/01/2023		CALIFORNIA 460		
				through 12/31/	/2023	Page5	of40	
NAME OF FILER						I.D. NUMBER	₹	
Democratic C	lub of Greater Tracy					1299762		
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)	
07/24/2023	Gail Grassi	⊠IND □COM □OTH □PTY □SCC	Auto Mechanic The Model Garage	10.00	12	20.00 P2018 G2018 F2019 P2020 G2020 F2021 F2022 G2022 F2023	\$115.20 \$28.80 \$76.80 \$130.00 \$40.00 \$80.00	
07/24/2023	Brenda Malone	⊠IND □COM □OTH □PTY □SCC	Physician Not Employed	25.00	30	P2018 F2019 F2020 G2020 F2021 F2022 G2022 F2022	\$20.00 \$453.07 \$28.02 \$216.09 \$325.00 \$100.00 \$325.00	
07/24/2023	Patricia McManus	IND COM OTH PTY SCC	Organizational Consultant Ileostomy & Internal Pouch Association - IA	50.00	30	0.00 G202 P202		
07/24/2023	Vasuki Nijagal	⊠IND □COM □OTH □PTY □SCC	Retired Retired	25.00	14	5.00 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$25.00 \$45.00 \$69.50 \$30.00	
07/24/2023	Stephen Owen		Retired Retired	10.00	12	0.00 P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2022	\$28.80 \$67.20 \$115.20 \$28.80 \$86.40 \$120.00 \$40.00 \$70.00	
			SUBTOTAL\$	120.00				

*Contributor Codes

IND - Individual

COM-Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCHEDULE A (C	ONT.)
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Monetary Contributions Received		Amounts may be rounded to whole dollars.		from 07/01/	2023	california 460		
				through 12/31/	rag		of 40	
NAME OF FILER						I.D. NUMBER		
Democratic Cl	ub of Greater Tracy				129	9762		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)	YEAR TO DATE C. 31) (IF REQUIRED)		
08/10/2023	Stephen Owen	IND COM OTH PTY SCC	Retired Retired	10.00		P2018 G2018 F2019 F2020 G2020 F2021 F2022 G2022 F2023	\$28.80 \$67.20 \$115.20 \$28.80 \$86.40 \$120.00 \$40.00 \$70.00 \$120.00	
08/10/2023	Meredith Rohr	⊠IND □COM □OTH □PTY □SCC	Attorney Palo Alto Networks	100.00		0 G2018 P2023	\$20.00 \$500.00	
08/10/2023	Mercedes Silveira	⊠IND □COM □OTH □PTY □SCC	Retired Retired	75.00		0 P2022 G2022 P2023	\$20.00 \$25.00 \$395.00	
08/31/2023	Susan Carson	☑IND □COM □OTH □PTY □SCC	Attorney California Department of Justice	20.20		0 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$58.20 \$38.80 \$174.60 \$242.40 \$80.80 \$641.40 \$242.40	
08/31/2023	Robin Cole	☑IND □COM □OTH □PTY □SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	1,524.0	5 P2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$260.11 \$266.03 \$667.54 \$288.13 \$1,004.40 \$220.00 \$975.00 \$1,524.05	
			SUBTOTAL	\$ 255.20				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from_

07/01/2023

				through 12/31/	2023	Page	8	of40	
NAME OF FILER				I.D. NU	JMBER				
Democratic Cl	ub of Greater Tracy			1299	762				
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)		CALENDAR YEAR TO D		PER ELECTION TO DATE IF REQUIRED)
08/31/2023	Robin Cole		Information Technology Consultant Mipro Consulting-Milford MI 48381	100.00			P2020 G2020 P2021 P2022 G2022 P2023	\$260.11 \$266.03 \$667.54 \$288.13 \$1,004.40 \$220.00 \$975.00 \$1,524.05	
08/31/2023	Charles Cummiskey	⊠IND □COM □OTH □PTY □SCC	Information Technology Support Kaiser Permanente	27.00	3		P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$155.58 \$205.52 \$285.23 \$51.86 \$233.37 \$351.00 \$108.00 \$216.00	
08/31/2023	Mrs. Alvce Eversole		Retired Retired	50.00	1,4	22.50	G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$58.00 \$756.90 \$457.63 \$1,018.24 \$963.80 \$220.00 \$548.00 \$1,422.50	
08/31/2023	Mary Gill		Writer Self	100.00	1	00.00	G2022 P2023		
08/31/2023	Bridget Gleason		Human Resources Director Sol Food Restaurant San Mateo California	10.00	1.		P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$43.21 \$67.20 \$141.13 \$19.20 \$86.40 \$130.00 \$40.00 \$95.00 \$120.00	
SUBTOTAL\$ 287.00									

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from07/01/2023 through12/31/2023		CALIFORNIA 460 FORM of 40		
				through12/31/		number	01	
NAME OF FILER					1.0	NUMBER		
Democratic C	lub of Greater Tracy				12	99762		
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 OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	(11	PER ELECTION TO DATE (IF REQUIRED)	
08/31/2023	Gail Grassi	IND COM OTH PTY SCC	Auto Mechanic The Model Garage	10.00		20.00 P2018 \$172.0 G2018 S144.0 P2019 P2019 P2019 P2020 \$28.8 G2020 \$76.8 P2021 \$130.0 G2022 \$40.0 G2022 \$80.0 P2023 \$120.0		
08/31/2023	Chervl Havs	⊠IND □COM □OTH □PTY □SCC	Not Employed Not employed	35.00	554.	P2020 P2021 P2022 G2022 S2023 P2023	\$14.40 \$20.00 \$363.75 \$15.00 \$397.25 \$24.40 \$530.00	
08/31/2023	Patricia Howell	⊠IND □COM □OTH □PTY □SCC	Retired Retired	100.00	928.	50 F2018 G2018 F2019 F2020 G2020 F2021 F2022 G2022 F2023	\$146.11 \$215.00 \$462.01 \$92.03 \$48.02 \$70.00 \$20.00 \$487.5 \$928.60	
08/31/2023	Jann Jackson	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	35.00		P2019 P2023	\$235.00	
08/31/2023	Dina Jacobson	□ IND □ COM □ OTH □ PTY □ SCC	Not Employed-Volunteer Not Employed-Volunteer	100.00	100.	00 G2022 P2023		
			SUBTOTAL	\$ 280.00				

*Contributor Codes

IND - Individual

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(other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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CALIFORNIA 460

Statement covers period

from.

07/01/2023

NAME OF FILER	lub of Greater Tracy	through 12/31/	I.D	Page 10 of 40			
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR		PER ELECTION TO DATE
08/31/2023	Brenda Malone Dr.	⊠IND □COM □OTH □PTY □SCC	OFBUSINESS) Physician Not Employed	25.00	(JAN. 1 - DEC. 31)	P2018 P2019 P2020 G2020 P2021 P2022 G2022 G2022	\$28.02 \$216.09 \$325.00 \$100.00 \$325.00
08/31/2023	Karen Moore	⊠IND □COM □OTH □PTY □SCC	Retired Retired	35.00	161.		\$80.00 \$35.00 \$15.00 \$155.20 \$116.00 \$20.00 \$121.00
08/31/2023	Lynn Mueller	⊠IND □COM □OTH □PTY □SCC	Retired Retired	20.20	322	P2016 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$138.80 \$270.65 \$262.60 \$40.40 \$181.80
08/31/2023	Meredith Rohr	⊠IND □COM □OTH □PTY □SCC	Attorney Palo Alto Networks	100.00	500.0	00 G201 P202	8 \$20.00
08/31/2023	Pamela Schure	⊠IND □COM □OTH □PTY □SCC	Director 280 Group	35.00	165.0	G202 P202 G202 P202	1 \$25.50 2 \$103.00
			SUBTOTAL\$	215.20			Magazine (

*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 4

Statement covers period

			from07/01/	2023	F	ORM	400
			through12/31/	2023	Page _	11	of 40
NAME OF FILER					I.D. NU	MBER	
Democratic Club of Greater Tracy			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12997	62	
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERILD. 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 . 31)	(IF I	ELECTION TO DATE REQUIRED)
08/31/2023 Mary Takahashi	⊠IND □COM □OTH □PTY □SCC	Homemaker Self	100.00			G2022 P2023	\$248.02 \$100.00 \$100.00
09/08/2023 Gavle Boesch	IND COM OTH PTY SCC	Retired Retired	100.00	1		P2019 G2020 P2021 P2022 G2022 P2023	\$60.00 \$48.02 \$102.00 \$35.00 \$225.00 \$100.00
09/08/2023 Mrs. Alyce Eversole	⊠IND □COM □OTH □PTY □SCC	Retired Retired	100.00	1,4		G2018 P2019 F2020 G2020 P2021 F2022 G2022 F2023	\$58.00 \$756.90 \$457.63 \$1,018.24 \$963.80 \$220.00 \$548.00 \$1,422.50
09/08/2023 Cheryl Fippen	∑IND □COM □OTH □PTY □SCC	Not Employed Not Employed	35.00			P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$150.00 \$30.00 \$500.00 \$1,050.00 \$490.12 \$300.00 \$350.00 \$820.00 \$135.00
09/08/2023 Shelley Fishkin	⊠IND □COM □OTH □PTY □SCC	Professor Stanford University	100.00	1	00.00	P2023	\$100.00
		SUBTOTAL	\$ 435.00				

*Contributor Codes

IND - Individual

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(other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from.

07/01/2023

			through 12/31/	/2023 P	age12	of40		
NAME OF FILER								
emocratic Club of Greater Tracy				1	1299762			
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31		PER ELECTION TO DATE IF REQUIRED)		
09/08/2023 Carole Flores		n/a n/a	100.00	150.	00 P2018 G2018 P2019 G2020 P2021 G2022 P2023	\$216.11 \$96.05 \$96.04 \$48.02 \$150.00 \$200.00		
09/08/2023 Roberta Hannibal		Scientist Interline Therapeutics	100.00	100.	00 P2023	\$100.00		
09/08/2023 Diane Hughes	⊠IND □COM □OTH □PTY □SCC	Not Empkoyed Not Employed	100.00	100.	00 G2022 P2023			
09/08/2023 Kristine Karnos	⊠IND □COM □OTH □PTY □SCC	Software Decline to State	70.00	170.	00 G2018 P2019 G2022 P2023	\$96.05 \$100.00		
09/08/2023 Karen Kippett	⊠IND □COM □OTH □PTY □SCC	Volunteer Self	100.00	100.	00 P2023	\$100.00		
		SUBTOTAL\$	470.00					

*Contributor Codes

IND - Individual

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(other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded

SCHEDULE A	(CONT.)
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CALIFORNIA ACO

Statement covers period

		to whole t	ioliars.	from07/01/	2023	FORM	400
				through 12/31/	2023 P	age13	_ of40
NAME OF FILER					I.	D. NUMBER	
Democratic C	lub of Greater Tracy				1	299762	
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 DA CALENDAR YEAI (JAN. 1 - DEC. 31) (I	ER ELECTION TO DATE F REQUIRED)
09/08/2023	Jov Kosobavashi	IND COM OTH PTY SCC	Not Employed Not Employed	75.00		.00 P2023	·
09/08/2023	Barbara Kyser	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	100.00		.00 P2023	
09/08/2023	Megan McCall	IND COM OTH PTY SCC	Not Employed Not Employed	100.00		.00 G2022 P2023	\$100.00
09/08/2023	Patricia McManus	☑IND □COM □OTH □PTY □SCC	Organizational Consultant Ileostomy & Internal Pouch Association - IA			.00 G2022 P2023	\$300.00
09/08/2023	Danielle Mewes	☑IND □COM □OTH □PTY □SCC	Not Employed Not Employed	100.00	100	.00 P2023	\$100.00
			SUBTOTALS	\$ 425.00			

*Contributor Codes

IND - Individual

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(other than PTY or SCC)

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PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from _

07/01/2023

				through12/31/	2023	Page .	14	of 40
NAME OF FILER			1.011			I.D. NU	JMBER	
Democratic C	lub of Greater Tracy					1299	762	
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	T	ELECTION O DATE EQUIRED)
09/08/2023	Maureen Sheehan	IND COM OTH PTY SCC	Not Employed Not Employed	100.00	10	00.00	P2023	\$100.00
09/08/2023	Tina Sonoda	⊠IND □COM □OTH □PTY □SCC	Personal Trainer Self	100.00	10	0.00	P2023	\$100.00
09/08/2023	June Yasemsky	IND COM OTH PTY SCC	Substitute Teacher Tracy Unified School District	35.00	37	73.00	G2022 P2023	\$309.00 \$373.00
09/08/2023	Kathryn Zeidenstein		Retired Retired	70.00	10		P2021 G2022 P2023	\$66.75 \$63.00 \$105.00
09/12/2023	allyson Aranda	⊠IND □COM □OTH □PTY □SCC	Unknown Unknown	35.00	15		G2022 P2023	\$48.00 \$150.00
			SUBTOTAL\$	340.00				- Line 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

*Contributor Codes

IND -- Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedule	Α	(Continuatio	on Sheet)
Monetary	Co	ontributions	Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)
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CALIFORNIA 160

Statement covers period

Date Received Pull Name, Street Address and Zip Code of Contributor Code Received Pull Name, Street Address and Zip Code of Contributor Code Received Pull Name, Street Address Person Received Pull Name, Street Address Person Received Pull Name, Street Pu					from07/01/	2023	FO	RM	400		
DATE PULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * C					through12/31/	2023	Page	15 c	of40		
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE of CONTRIBUTOR (PCOMMTTER LASOENTERLD.MAMSEN) CONTRIBUTOR (PCOMMTTER LASOENTERLD.MAMSEN) CONTRIBUTOR (PCOMMTTER LASOENTERLD.MAMSEN) CONTRIBUTOR (PCOMMTTER LASOENTERLD.MAMSEN) CONTRIBUTOR (PERCEIVED THIS PERIOD) CONTRIBUTOR (PERIODE OF PUBLISHES) CONTRIBUTOR (PERIODE OF PUB	NAME OF FILER	AME OF FILER I.D. NUMBER									
Date Received PULL NAME, STREET ADDRESS AND ZIP CODE of CONTRIBUTOR CODE * COLDWATON AND EMPLOYER RECEIVED THIS CALENDAR YEAR (JAN. 1 - DEC. 3)	Democratic Cl	ub of Greater Tracy					129976	2			
COM				OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR YE (JAN. 1 - DEC.	EAR 31)	(IF R	DATE EQUIRED)		
COM	09/12/2023	Yolande Barial Knight	□COM □OTH □PTY	East Bay Regional Park		:	F	2022 2023	\$50.00 \$205.00		
Not Employed Not	09/12/2023	Mitra Behnam	□COM □OTH □PTY	Behnam Accounting	100.00	5	E E	2019 2021 2022 2022	\$14.40 \$90.00 \$51.00 \$100.00 \$164.00 \$470.00		
	09/12/2023	Fran Block	□COM □OTH □PTY	Not Employed Not Employed	35.00	1.	15.00 F	2023	\$115.00		
COM	09/12/2023	Stephanie Brown	□COM □OTH □PTY						\$100.00		
SUBTOTAL\$ 355.00	09/12/2023	Carole Flores	□COM □OTH □PTY		50.00	1.	P G P	2019 2020 2021 2022	\$216.11 \$96.05 \$96.04 \$48.02 \$150.00 \$200.00 \$150.00		
				SUBTOTAL	\$ 355.00						

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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CALIFORNIA 460

Statement covers period

from.

07/01/2023

NAME OF FILER	.ub of Greater Tracy	through 12/31/2023			Page 16 of 40 I.D. NUMBER 1299762			
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)		PE	R ELECTION TO DATE REQUIRED)
09/12/2023	Gail Grassi	COM OTH PTY SCC	Auto Mechanic The Model Garage	10.00			P2020 G2020 P2021 P2022 G2022 P2023	\$172.03 \$144.06 \$115.20 \$28.80 \$76.80 \$130.00 \$40.00 \$80.00 \$120.00
09/12/2023	Susan Karlins	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed Not Employed	100.00	10		G2020 G2022 P2023	\$96.04 \$100.00 \$100.00
09/12/2023	Kristine Karnos	⊠IND □COM □OTH □PTY □SCC	Software Decline to State	100.00	17		G2018 P2019 G2022 P2023	\$120.06 \$96.05 \$100.00 \$170.00
09/12/2023	Joy Kosobayashi		Not Employed Not Employed	35.00	18	30.00	P2023	\$180.00
09/12/2023	Hayyah Muller		Psychiatrist Self Practice	100.00	10	00.00	P2023	\$100.00
			SUBTOTAL\$	345.00	reserve en lles en la company			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars

SCHEDULE A	(CONT.)
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CALIFORNIA ACO

Statement covers period

		to whole (donars.	from07/01/	2023	FORM	400
				through12/31/	^{/2023} Pag	e <u>17</u>	_ of40
NAME OF FILER					I.D.	NUMBER	
Democratic C	lub of Greater Tracy				129	9762	
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)	(IF	ER ELECTION TO DATE F REQUIRED)
09/12/2023	Mary Neumann	⊠IND □COM □OTH □PTY □SCC	Writer Self-No Separate Business Name	50.00		O G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$10.00 \$19.96 \$9.98 \$87.94 \$62.40 \$15.60 \$200.98 \$100.00
09/12/2023	Stephen Owen	⊠IND □COM □OTH □PTY □SCC	Retired Retired	10.00	120.0	G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$28.80 \$67.20 \$115.20 \$28.80 \$86.40 \$120.00 \$40.00 \$70.00 \$120.00
09/12/2023	Neela Patel	⊠IND □COM □OTH □PTY □SCC	Scientist AbbVie	100.00	100.0	0 G2018 G2022 P2023	\$25.00 \$100.00 \$100.00
09/12/2023	Ilona Pollak	☑IND □COM □OTH □PTY □SCC	Not Employed Not Employed	100.00		0 G2022 P2023	\$1,000.00 \$100.00
09/12/2023	Lisa Roth	⊠IND □COM □OTH □PTY □SCC	Not employed Not Employed	70.00	381.0	0 P2022 G2022 P2023	\$20.00 \$36.00 \$381.00
		-	SUBTOTALS	330.00			

*Contributor Codes

IND - Individual

COM -- Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 460

FORM

Statement covers period

from_

07/01/2023

NAME OF FILER	.ub of Greater Tracy			through 12/31/	2023		MBER	of 40
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.	DATE	PE	R ELECTION TO DATE REQUIRED)
09/12/2023	Ms. Nancy Rusch	☑IND □COM □OTH □PTY □SCC	Retired Retired	35.00	3	38.00	P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$72.03 \$20.00 \$195.00 \$64.40 \$24.01 \$197.00 \$40.00 \$381.50 \$338.00
09/12/2023	Pamela Salvatierra	⊠IND □ COM □ OTH □ PTY □ SCC	RN Retired	100.00	1	00.00	P2023	\$100.00
09/12/2023	Pamela Schure	⊠IND □COM □OTH □PTY □SCC	Director 280 Group	65.00	1	65.00	G2020 P2021 G2022 P2023	\$96.05 \$25.50 \$103.00 \$165.00
09/12/2023	Lilliana Udang	⊠IND □ COM □ OTH □ PTY □ SCC	Student/Assistant Susan Eggman	150.00	1	75.00	P2023	\$175.00
09/12/2023	Greg Yost	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	100.00	10	00.00	P2023	\$100.00
SUBTOTAL\$ 450.00								

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

		to whole (Johans.	from07/01/	2023	FORM	400
				through12/31/	2023 F	age 19	of 40
NAME OF FILER					1	.D. NUMBER	
Democratic Cl	lub of Greater Tracy				1	299762	
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 D CALENDAR YEA (JAN. 1 - DEC. 3	R 1) (IF	R ELECTION TO DATE REQUIRED)
09/12/2023	Kathryn Zeidenstein	IND COM OTH PTY SCC	Retired Retired	35.00		.00 P2021 G2022 P2023	\$66.75 \$63.00 \$105.00
09/26/2023	Michel Bazinet	IND COM OTH PTY SCC	Not Employed Not Employed	100.00	100	.00 G2022 P2023	\$100.00 \$100.00
09/26/2023	Mitra Behnam	⊠IND □COM □OTH □PTY □SCC	Accountant Behnam Accounting Solutions Inc.	100.00		.00 G2018 P2019 P2021 P2022 G2022 P2023	\$14.40 \$90.00 \$51.00 \$100.00 \$164.00 \$470.00
09/26/2023	Mrs. Alyce Eversole	☑IND □COM □OTH □PTY □SCC	Retired Retired	100.00	1,422	.50 G2018 F2019 F2020 G2020 F2021 F2022 G2022 F2023	\$58.00 \$756.90 \$457.63 \$1,018.24 \$963.80 \$220.00 \$548.00 \$1,422.50
09/26/2023	Mrs. Alyce Eversole	☑IND □COM □OTH □PTY □SCC	Retired Retired	100.00	1,422	2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$58.00 \$756.90 \$457.63 \$1,018.24 \$963.80 \$220.00 \$548.00 \$1,422.50
			SUBTOTAL	\$ 435.00			

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(other than PTY or SCC)

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

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

07/01/2023

NAME OF FILER				through 12/31/	2023		20 JMBER	_ of40
Democratic Cl	lub of Greater Tracy					1299	762	
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 . 31)	(IF	ER ELECTION TO DATE REQUIRED)
09/26/2023	Bridget Gleason	□ COM	Human Resources Director Sol Food Restaurant San Mateo California	10.00	1	20.00	P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$43.21 \$67.20 \$141.3 \$19.20 \$86.40 \$130.00 \$40.00 \$95.00 \$120.00
09/26/2023	Minnie Gong	⊠IND □COM □OTH □PTY □SCC	Software Developer Cardlytics	100.00	1	00.00	P2023	\$100.00
09/26/2023	Mr. Walter Gouveia		Retired Retired	35.00	2	70.00	G2022 P2023	\$50.00 \$270.00
09/26/2023	Joy Kosobayashi		Not Employed Not Employed	70.00			P2023	\$180.00
09/26/2023	Brenda Malone		Physician Not Employed	25.00	3	00.00	P2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$20.00 \$453.07 \$28.02 \$216.09 \$325.00 \$100.00 \$325.00
	SUBTOTAL\$ 240.00							

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CC

CALIFORNIA AGO

Statement covers period

		10 1111010		from 07/01/	2023	FORM	400
				through 12/31/	²⁰²³ Pa	ge21	of40
NAME OF FILER					I.D	NUMBER	
Democratic Cl	Lub of Greater Tracy				12	99762	
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	(IF	R ELECTION TO DATE REQUIRED)
09/26/2023	Julie McKenzie	IND COM OTH PTY SCC	Not Employed Not Employed	100.00		00 P2023	\$100.00
09/26/2023	Karen Moore		Retired Retired	35.00	161.	OO G2018 P2019 P2020 G2020 P2021 P2022 G2022 G2022 P2023	\$80.00 \$35.00 \$15.00 \$155.20 \$116.00 \$20.00 \$121.00 \$161.00
09/26/2023	William Muetzenberg	⊠IND □COM □OTH □PTY □SCC	Program Manager Public Health Advocates	35.00	170.	P2019 P2020 P2021 P2022 G2022 P2023	\$14.40 \$14.40 \$15.00 \$15.00 \$20.00 \$170.00
09/26/2023	Vasuki Nijagal	⊠IND □COM □OTH □PTY □SCC	Retired Retired	35.00	145.	P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$25.00 \$194.01 \$25.00 \$45.00 \$69.50 \$30.00 \$25.00 \$145.00
09/26/2023	Cynthia Reis	⊠IND □COM □OTH □PTY □SCC	Accounting/HR Clerk Ratermann Manufacturing Inc.	35.00	130.	00 G2018 P2019 P2020 G2020 P2021 P2022 G2022 G2022 P2023	\$20.00 \$199.86 \$67.23 \$240.10 \$556.50 \$100.00 \$206.50 \$130.00
			SUBTOTAL	\$ 240.00		Security States	

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

CALIFORNIA 460

Statement covers period

from_

07/01/2023

			1					
				through12/31/	2023 P	age2	2 of 40	
NAME OF FILER					1.	D. NUMBER	₹	
Democratic C	lub of Greater Tracy				1	299762		
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31	₹	PER ELECTION TO DATE (IF REQUIRED)	
10/10/2023	allyson Aranda	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unknown Unknown	90.00	150	.00 G202 P202		
10/10/2023	Fran Block	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	35.00	115.	.00 P202	\$115.00	
10/10/2023	Susan Carson	⊠IND □COM □OTH □PTY □SCC	Attorney California Department of Justice	20.20	242.	P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$174.60 \$242.40 \$80.80 \$641.40	
10/10/2023	Robin Cole	⊠IND □COM □OTH □PTY □SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	1,524.	P2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$667.54 \$288.13 \$1,004.40 \$220.00	
10/10/2023	Robin Cole	⊠IND □ COM □ OTH □ PTY □ SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	90.00	1,524.	05 P2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$667.54 \$288.13 \$1,004.40 \$220.00 \$975.00	
	SUBTOTAL\$ 285.20							

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACC

Statement covers period

		to whole o	ioliars.	from07/01/	2023	FORM	460
				through12/31/	145		_ of40
NAME OF FILER					I.D.	NUMBER	
Democratic C	lub of Greater Tracy				12:	9762	
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	(1	ER ELECTION TO DATE F REQUIRED)
10/10/2023	Charles Cummiskey	IND COM OTH PTY SCC	Information Technology Support Kaiser Permanente	27.00	324.0	G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$155.58 \$205.52 \$285.23 \$51.86 \$233.37 \$351.00 \$108.00 \$216.00 \$324.00
10/10/2023	Mrs. Alyce Eversole	⊠IND □COM □OTH □PTY □SCC	Retired Retired	50.00	1,422.5	P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$58.00 \$756.90 \$457.63 \$1,018.24 \$963.80 \$220.00 \$548.00 \$1,422.50
10/10/2023	Gail Grassi	⊠IND □COM □OTH □PTY □SCC	Auto Mechanic The Model Garage	10.00	120.0	G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$172.03 \$144.06 \$115.20 \$28.80 \$76.80 \$130.00 \$40.00 \$80.00 \$120.00
10/10/2023	Cheryl Hays	⊠IND □COM □OTH □PTY □SCC	Not Employed Not employed	45.00		P2019 P2020 P2021 P2022 G2022 S2023 P2023	\$14.40 \$20.00 \$363.75 \$15.00 \$397.25 \$24.40 \$530.00
10/10/2023	Patricia McManus	IND □ COM □ OTH □ PTY □ SCC	Organizational Consultant Ileostomy & Internal Pouch Association - IA	50.00	300.0	00 G2022 P2023	
			SUBTOTAL\$	182.00			and the second

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

				from07/01/	/2023	FOR	W
				through 12/31/	/2023	Page2	24 of 40
NAME OF FILER			S C TO SOCIO CONTROL SOCIE CONTROL SOCIO CONTROL SOCIO CONTROL SOCIE CONTROL SOCIE CONTROL SOCIO CONTROL SOCIE CON			I.D. NUMBEI	3
Democratic Cl	ub of Greater Tracy					1299762	
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 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2023	Lynn Mueller	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	20.20		22.20 F201 G201 P201 F202 G202 P202 P202 F202 F202 F202	0 \$138.80 0 \$270.65 1 \$262.60 2 \$40.40 2 \$181.80 3 \$322.20
10/10/2023	Stephen Owen	⊠IND □ COM □ OTH □ PTY □ SCC	Retired Retired	10.00	1	20.00 F2018 G2018 F2019 F2029 G2020 F2021 F2022 F2022 F2022 F2022	8 \$28.80 9 \$115.20 0 \$28.80 0 \$96.40 1 \$120.00
10/10/2023	Meredith Rohr	IND COM OTH PTY SCC	Attorney Palo Alto Networks	100.00	51	00.00 G20: P202	18 \$20.00
10/19/2023	Mrs. Alyce Eversole	⊠IND □COM □OTH □PTY □SCC	Retired Retired	90.00		22.50 G2016 P2019 P2020 G2020 P2021 P2022 G2022 F2023	0 \$457.63 \$1,018.24 \$963.80 2 \$220.00 \$548.00 8 \$1,422.50
10/19/2023	Patricia Howell	⊠IND □COM □OTH □PTY □SCC	Retired Retired	45.00	9:	28.60 P2018	
			SUBTOTAL\$	265.20			

*Contributor Codes

IND - Individual

COM-Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedule .	Α ((Continuatio	on Sheet)
Monetary	Co	ntributions	Received

Amounts may be rounded to whole dollars

SCHEDULE A (CC

CALIFORNIA ACO

Statement covers period

		to whole donars.		from07/01/2023		FORM	400
				through12/31/	^{'2023}	Page25_	_ of40
NAME OF FILER						I.D. NUMBER	
Democratic Cl	ub of Greater Tracy					1299762	
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 D CALENDAR YEA (JAN. 1 - DEC. 3	R 1) (IF	ER ELECTION TO DATE REQUIRED)
10/19/2023	Ms. Nancy Rusch	IND COM OTH PTY SCC	Retired Retired	45.00		3.00 P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$72.03 \$20.00 \$195.00 \$64.40 \$24.01 \$197.00 \$40.00 \$381.50 \$388.00
11/06/2023	Mitra Behnam	⊠IND □COM □OTH □PTY □SCC	Accountant Behnam Accounting Solutions Inc.	90.00		0.00 G2018 P2019 P2021 P2022 G2022 P2023	\$14.40 \$90.00 \$51.00 \$100.00 \$164.00 \$470.00
11/06/2023	Fran Block	⊠IND □COM □OTH □PTY □SCC	Not Employed Not Employed	45.00		5.00 P2023	\$115.00
11/06/2023	Susan Carson	⊠IND □COM □OTH □PTY □SCC	Attorney California Department of Justice	20.20		2.40 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$58.20 \$38.80 \$174.60 \$242.40 \$80.80 \$641.40 \$242.40
11/06/2023	Robin Cole	⊠IND □COM □OTH □PTY □SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	1,52	P2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$250.11 \$266.03 \$667.54 \$288.13 \$1,004.40 \$220.00 \$975.00 \$1,524.05
		1,4900	SUBTOTAL	\$ 250.20			

*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

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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CALIFORNIA 460

Statement covers period

07/01/2023

				from 07/01/2023		F	ORM	-100		
				through12/31/	2023	Page .	26	_ of 40		
NAME OF FILER			1			I.D. NU	MBER			
Democratic Clu	b of Greater Tracy					12997	762			
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)		CALENDAR YEAR			ER ELECTION TO DATE REQUIRED)
	Victor Costa	⊠ COM	District Director California Democratic Party	45.00		30.00		\$330.00		
	Charles Cummiskey		Information Technology Support Kaiser Permanente	27.00	3		P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$155.58 \$205.52 \$285.23 \$51.86 \$233.37 \$351.00 \$108.00 \$216.00 \$324.00		
11/06/2023	Susan Eggman	⊠IND □COM □OTH □PTY □SCC	Assemblymember CA Assembly	1,000.00	1,0	00.00	P2023	\$1,000.00		
	Mrs. Alyce Eversole	IND COM OTH PTY SCC	Retired Retired	50.00	1,4		G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$58.00 \$756.90 \$457.63 \$1,016.24 \$963.80 \$220.00 \$548.00 \$1,422.50		
11/06/2023 B	Bridget Gleason	⊠ COM	Human Resources Director Sol Food Restaurant San Mateo California	10.00	1		P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$43.21 \$67.20 \$141.13 \$19.20 \$86.40 \$130.00 \$40.00 \$95.00		
			SUBTOTAL\$	1,132.00						

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedule	Α	(Continuatio	on Sheet)
Monetary	Co	ontributions	Received

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from07/01/2023		FORM 460			
				through12/31/	2023 Pa	age <u>27</u>	_ of40		
NAME OF FILER	A CONTRACTOR OF THE CONTRACTOR				1.0	D. NUMBER			
Democratic C	lub of Greater Tracy				1:	299762			
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)) (IF	ER ELECTION TO DATE REQUIRED)		
11/06/2023	Cheryl Hays		Not Employed Not employed	90.00	554.	P2020 P2021 P2022 G2022 S2023 P2023	\$14.40 \$20.00 \$363.75 \$15.00 \$397.25 \$24.40 \$530.00		
11/06/2023	Brenda Malone	⊠IND □COM □OTH □PTY □SCC	Physician Not Employed	25.00	300.	P2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$20.00 \$453.07 \$28.02 \$216.09 \$325.00 \$100.00 \$325.00 \$300.00		
11/06/2023	Lynn Mueller	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired Retired	20.20	322.	.20 P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 F2023	\$40.00 \$20.00 \$78.20 \$138.80 \$270.65 \$262.60 \$40.40 \$181.80 \$322.20		
11/06/2023	Meredith Rohr	⊠IND □COM □OTH □PTY □SCC	Attorney Palo Alto Networks	100.00		.00 G2018 P2023	\$20.00 \$500.00		
11/06/2023	Ethan Stone	⊠IND □COM □OTH □PTY □SCC	Lawyer Stone Business Law P.C.	45.00	320	P2018 P2019 P2020 P2021 P2022 P2023	\$307.35 \$280.12 \$467.22 \$700.00 \$250.00 \$320.00		
			SURTOTAL	\$ 280.20					

*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from_

07/01/2023

NAME OF FILER		through12/31/	2023	Page .		of40						
Democratic Cl	ub of Greater Tracy					12997	62					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER (.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)		CALENDAR YEAR		CALENDAR YEAR			R ELECTION TO DATE REQUIRED)
11/06/2023	June Yasemsky	COM	Substitute Teacher Tracy Unified School District	90.00			G2022 P2023	\$309.00 \$373.00				
11/10/2023	Patricia McManus		Organizational Consultant Ileostomy & Internal Pouch Association - IA	50.00	30		G2022 P2023	\$125.00 \$300.00				
11/10/2023	Stephen Owen	⊠IND □COM □OTH □PTY □SCC	Retired Retired	10.00	12		P2016 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$28.80 \$67.20 \$115.20 \$28.80 \$86.40 \$120.00 \$40.00 \$70.00 \$120.00				
11/30/2023	Mrs. Alyce Eversole		Retired Retired	50.00	1,42	22.50	G2018 P2019 P2020 G2020 P2021 P2022 G2022 G2022 P2023	\$58.00 \$756.90 \$457.63 \$1,018.24 \$563.80 \$220.00 \$548.00 \$1,422.50				
11/30/2023	Bridget Gleason	MIND	Human Resources Director Sol Food Restaurant San Mateo California	10.00	12		P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$43.21 \$67.20 \$141.13 \$19.20 \$86.40 \$130.00 \$40.00 \$95.00 \$120.00				
	SUBTOTAL\$ 210.0											

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedule	A ((Continuatio	n Sheet)
Monetary	Co	ntributions	Received

Amounts may be rounded to whole dollars.

SCHEDU	JLE A	(CONT.)
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Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement cover	2023	CALIFORNIA 460 FORM 40			
NAME OF FILER					I.D. N	UMBER			
Democratic Cl	ub of Greater Tracy				1299	762			
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)	(IF	R ELECTION TO DATE REQUIRED)		
11/30/2023	Gail Grassi	⊠IND □COM □OTH □PTY □SCC	Auto Mechanic The Model Garage	10.00		P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$144.06 \$115.20 \$28.80 \$76.80 \$130.00 \$40.00 \$80.00		
11/30/2023	Josh Harder For Congress	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	500.00				
11/30/2023	Brenda Malone	⊠IND □COM □OTH □PTY □SCC	Physician Not Employed	25.00	300.00	P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$20.00 \$453.07 \$28.02 \$216.09 \$325.00 \$100.00 \$325.00 \$300.00		
12/12/2023	Susan Carson	IND COM OTH PTY SCC	Attorney California Department of Justice	20.20	242.40	P2020 G2020 P2021 P2022 G2022 P2023	\$58.20 \$38.80 \$174.60 \$242.40 \$80.80 \$641.40 \$242.40		
12/12/2023	Robin Cole	⊠IND □COM □OTH □PTY □SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	1,524.03	P2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$266.03 \$266.03 \$667.54 \$288.13 \$1,004.40 \$220.00 \$975.00 \$1,524.05		
			SUBTOTAL	\$ 605.20					

*Contributor Codes

IND-Individual

COM – Recipient Committee (other than PTY or SCC)

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

Amounts may be rounded to whole dollars.

SCHEDU	JLE A	(CONT.)
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CALIFORNIA 460

Statement covers period

from .

07/01/2023

NAME OF FILER Democratic Club of Greater Tracy					2023		JMBER	of40
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 PER E CALENDAR YEAR TO		PER ELECTION TO DATE (IF REQUIRED)	
12/12/2023	Charles Cummiskey		Information Technology Support Kaiser Permanente	27.00	3		P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$155.58 \$205.52 \$285.23 \$51.86 \$233.37 \$351.00 \$108.00 \$216.00 \$324.00
12/12/2023	Mr. Walter Gouveia		Retired Retired	45.00	2	70.00	G2022 P2023	\$50.00 \$270.00
12/12/2023	Gail Grassi		Auto Mechanic The Model Garage	10.00	1:		P2018 G2018 P2019 P2020 G2020 P2021 P2022 P2022 P2022 P2023	\$172.03 \$144.06 \$115.20 \$28.80 \$76.80 \$130.00 \$40.00 \$80.00 \$120.00
12/12/2023	Patricia McManus		Organizational Consultant Ileostomy & Internal Pouch Association - IA	50.00	31	00.00	G2022 P2023	\$125.00 \$300.00
12/12/2023	Lynn Mueller		Retired Retired	20.20	3:		P2018 G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$40.00 \$20.00 \$78.20 \$138.80 \$270.65 \$262.60 \$40.40 \$181.80 \$322.20
	SUBTOTAL\$ 152.20							

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedule	A ((Co	ntini	uatio	n S	heet	t)
Monetary	Co	ntr	ibuti	ons	Red	eive	€d

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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Monetary	Contributions Received	Amounts may to whole o		Statement cove from07/01/ through12/31/	2020		A 460
NAME OF FILER					I.D.	NUMBER	
Democratic Cl	Lub of Greater Tracy				12	99762	
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	(IF	R ELECTION TO DATE REQUIRED)
12/12/2023	Stephen Owen		Retired Retired	10.00	120.0	G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$28.80 \$67.20 \$115.20 \$28.80 \$86.40 \$120.00 \$40.00 \$70.00 \$120.00
12/12/2023	Meredith Rohr	⊠IND □COM □OTH □PTY □SCC	Attorney Palo Alto Networks	100.00	500.0	P2023	\$20.00 \$500.00
12/29/2023	Robin Cole	IND COM OTH PTY SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	1,524.0	P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$260.11 \$266.03 \$667.54 \$288.13 \$1,004.40 \$220.00 \$975.00 \$1,524.05
12/29/2023	Charles Cummiskey	IND COM OTH PTY SCC	Information Technology Support Kaiser Permanente	27.00	324.0	G2018 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$155.58 \$205.52 \$285.23 \$51.86 \$233.37 \$351.00 \$108.00 \$216.00 \$324.00
12/29/2023	Mrs. Alyce Eversole	☑IND □COM □OTH □PTY □SCC	Retired Retired	50.00	1,422.	GO GZ018 P2019 P2020 GZ020 P2021 P2022 GZ022 P2023	\$58.00 \$756.90 \$457.63 \$1,018.24 \$963.80 \$220.00 \$548.00 \$1,422.50
			SUBTOTAL	\$ 237.00			

*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

				from07/01/	/2023	F	ORM	T 00
				through 12/31/	2023	Page .	32	of 40
AME OF FILER			, , , , , , , , , , , , , , , , , , , ,			I.D. NÜ	MBER	
Democratic C	lub of Greater Tracy					12997	162	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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		ER ELECTION TO DATE REQUIRED)
12/29/2023	Bridget Gleason	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Human Resources Director Sol Food Restaurant San Mateo California	10.00			P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$43.2 \$67.2 \$141.1 \$19.2 \$866.4 \$130.0 \$40.0 \$95.0 \$120.0
12/29/2023	Brenda Malone	⊠IND □COM □OTH □PTY □SCC	Physician Not Employed	25.00	3		P2016 P2019 P2020 G2020 P2021 P2022 G2022 P2023	\$20.0 \$453.0 \$28.0 \$216.0 \$325.0 \$100.0 \$325.0 \$300.0
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					· · · · · · · · · · · · · · · · · · ·	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					ALC:	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL \$	35.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedule E	
Payments Made	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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Amounts may be rounded to whole dollars.

	SCHEDULE E		
Statement covers period	CALIFORNIA 460		
from07/01/2023	FORM TOO		
through12/31/2023	Page33 of40		
	I.D. NUMBER		
	1299762		

Democratic Club of Greater Tracy

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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 MTG meetings and appearances campaign consultants CNS SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* petition circulating TEL t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor TSF independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services VOT voter registration professional services (legal, accounting) PRO LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	17.03
Patricia Howell	OFC	Moving Expense for office	250.00
Robin Cole	MTG	Printing of Information cards for Club Booth at Trac African American Assoc. Juneteenth.	y 239.8

> FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SUBTOTAL\$

506.92

www.fppc.ca.gov

Schedule E	
(Continuation	on Sheet)
Payments N	lade

Amounts may be rounded to whole dollars.

1299762

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

LIT

Democratic Club of Greater Tracy

campaign literature and mailings

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
FND	Fundraising Fee	5.16
FND	Fundraising Fee	12.35
OFC	Rent August	500.00
FND	Fundraising Fee	12.39
FND	Fundraising Fee	21.58
	FND	FND Fundraising Fee FND Fundraising Fee OFC Rent August FND Fundraising Fee

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

551.48

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

	001.22022 - (00111			
Statement covers period	CALIFORNIA 460			
from07/01/2023	FORM TOO			
through 12/31/2023	Page 35 of 40			
	I.D. NUMBER			
	1299762			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. 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)*

legal defense LEG

RAD radio airtime and production costs MBR member communications RFD returned contributions MTG meetings and appearances

SAL campaign workers' salaries OFC office expenses TEL t.v. or cable airtime and production costs PET petition circulating

TRC candidate travel, lodging, and meals PHO phone banks TRS staff/spouse travel, lodging, and meals POL polling and survey research TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services

VOT voter registration

WFB information technology costs (internet, e-mail)

LIT campaign literature and mailings PRT print ads		WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DESCRIPTION OF PAYMENT				
Act Blue PO Box 441146 Somerville, MA 02144-0031	FNI	Fundraising Fee	47.79			
Work Vine 209 1006 E. Pescadero Ave. #107 Tracy, CA 95304	OFC	Rent September	1,000.00			
Act Blue PO Box 441146 Somerville, MA 02144-0031	FNI	Fundraising Fee	110.18			
Robin Cole	FNI	Bake Back Better Supplies	29.94			
Act Blue PO Box 441146 Somerville, MA 02144-0031	FNI	Fundraising Fee	106.55			

PRO professional services (legal, accounting)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

1,294.46

Schedule	Е	
(Continua	tion	Sheet)
Payments	Mag	de

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period **CALIFORNIA FORM** 07/01/2023 through 12/31/2023 Page ___36__ of __40 I.D. NUMBER 1299762

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Democratic Club of Greater Tracy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP . campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating PET TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events polling and survey research

independent expenditure supporting/opposing others (explain)* IND postage, delivery and messenger services legal defense PRO professional services (legal, accounting)

campaign literature and mailings PRT print ads

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Robin Cole FND Email Notifications for Fundraisers 91.26 Act Blue FND Fundraising Fee 42.54 PO Box 441146 Somerville, MA 02144-0031 Chervl Havs FND Wine/Trivia Night Supplies 183.44 Work Vine 209 Rent October 2023 1,000.00 1006 E. Pescadero Ave. #107 Tracy, CA 95304 Act Blue FND Fundraising Fee 18.10 PO Box 441146 Somerville, MA 02144-0031

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

1,335.34

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

		COLLEGE L (COLL)			
Statem	ent covers period	CALIFORNIA 460			
from	07/01/2023	FORM TO			
through	12/31/2023	Page37 of40			
		I.D. NUMBER			
		1299762			

WEB information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

Democratic Club of Greater Tracy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

PRT

print ads

CMP	campaign paraphernalia/misc.	MBR	member communications		radio airtime and production costs
		MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
			professional services (legal, accounting)		voter registration
ш	legal deletise		protection of the company and a state of the company		to formation to about a manufacture and the ma

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	6.15
California Democratic Party 1830 9th St. Sacramento, CA 95811	OFC	Liability Insurance	561.00
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	5.54
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	59.96
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	7.93

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

640.58

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.) Statement covers period **CALIFORNIA FORM** 07/01/2023 from through 12/31/2023 Page 38 of 40 I.D. NUMBER

1299762

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

LIT

renemer modfile and

Democratic Club of Greater Tracy

campaign literature and mailings

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP . campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating PET TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks

TRC candidate travel, lodging, and meals fundraising events FND polling and survey research POL TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Work Vine 209 1006 E. Pescadero Ave. #107 Tracy, CA 95304	OFC	Rent November 2023	1,000.00
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	10.30
US Postal Service 125 9th St. n/a Tracy, CA 95376	OFC	Post Office Box Fee	105.00
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	5.36
Work Vine 209 1006 E. Pescadero Ave. #107 Tracy, CA 95304	OFC	Rent December 2023	1,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

2,120.66

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

		0011ED0EE E (001111)		
Stater	nent covers period	CALIFORNIA 460		
from	07/01/2023	FORM TOO		
through_	12/31/2023	Page 39 of 40		
		I.D. NUMBER		
		1299762		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

PRT print ads

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses 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 TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events ND

independent expenditure supporting/opposing others (explain)*

LEG legal defense campaign literature and mailings

postage, delivery and messenger services professional services (legal, accounting) PRO

TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	11.18
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND	Fundraising Fee	6.62
	-		

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

17.80

Schedule				SCHEDULE	
Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460	
			from07/01/2023	- FURIVI	
SEE INSTRUCTIO	DNS ON REVERSE		through 12/31/2023	Page 40 of 40	
NAME OF FILER				I.D. NUMBER	
Democratic (Club of Greater Tracy			1299762	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
11/30/2023	West One Real Estate Inc. 902 N. Central Avenue Suite 214 Tracy, CA 95376	Refund of Securi	ty Deposit	1,297.00	
		MATERIAL TO THE PARTY OF THE PA			
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3					
			The second secon		
· · · · · · · · · · · · · · · · · · ·					
Attach add	litional information on appropriately labeled continuation sheets.		SUBTOT	AL \$ 1,297.00	
Schedule I	l Summary	The second secon			
	ncreases to cash this period	***************************************	\$1,297	.00	
	d increases to cash of under \$100 this period			.00	
	interest received this period on loans made to others. (Sci			.00	
4. Total misc	rellaneous increases to cash this period. (Add Lines 1, 2, a	and 3. Enter here and on the		.00	

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