

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

1663871



Statement covers period from <u>09/22/2024</u> through <u>10/19/2024</u>	Date of election if applicable: (Month, Day, Year) <u>11/05/2024</u>	Page <u>1</u> of <u>11</u> For Official Use Only
---	---	---

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1299762

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Democratic Club of Greater Tracy

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Tracy</u>	<u>CA</u>	<u>95376</u>	<u>[REDACTED]</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Tracy</u>	<u>CA</u>	<u>95378</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Patricia Howell

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Tracy</u>	<u>CA</u>	<u>95376</u>	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/23/2024
Date

By Patricia Howell
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/22/2024	
through	10/19/2024	Page <u>3</u> of <u>11</u>
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		1299762

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 1,081.40	\$ 14,425.41
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 1,081.40	\$ 14,425.41
4. Nonmonetary Contributions	Schedule C, Line 3	163.60	1,590.48
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 1,245.00	\$ 16,015.89

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 6,970.09	\$ 23,881.86
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 6,970.09	\$ 23,881.86
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	163.60	1,590.48
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 7,133.69	\$ 25,472.34

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 26,207.10
13. Cash Receipts	Column A, Line 3 above	1,081.40
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	6,970.09
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 20,318.41

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
------------------------------	--------------------	---------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	09/22/2024	
through	10/19/2024	Page 4 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2024	Mitra Behnam Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Behnam Accounting Solutions Inc.	100.00	135.00	G2018 \$14.40 P2019 \$90.00 P2021 \$51.00 P2022 \$100.00 G2022 \$164.00 P2023 \$470.00 G2024 \$135.00
09/25/2024	Susan Carson Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Department of Justice	20.20	202.00	P2019 \$58.20 P2020 \$38.80 G2020 \$174.60 P2021 \$242.40 P2022 \$80.80 G2022 \$641.40 P2023 \$242.40 P2024 \$60.60 G2024 \$141.40
09/25/2024	Robin Cole Tracy, CA 95377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	915.00	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
10/17/2024	Robin Cole Tracy, CA 95377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	100.00	915.00	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
10/19/2024	Robin Cole Tracy, CA 95377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	100.00	915.00	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
SUBTOTAL \$				370.20		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 891.40
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 190.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1,081.40**

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/22/2024	
through	10/19/2024	Page <u>5</u> of <u>11</u>

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
10/03/2024	Mrs. Alyce Eversole [REDACTED] Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	50.00	962.50	G2018 \$58.00 P2019 \$756.90 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 [REDACTED] Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	40.00	207.50	P2018 \$500.25 G2018 \$24.01 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 [REDACTED] Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Human Resources Director Sol Food Restaurant San Mateo California	10.00	100.00	P2018 \$43.21 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 [REDACTED] Tracy, CA 95304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	60.00	120.00	G2022 \$50.00 P2023 \$270.00 G2024 \$120.00
10/03/2024	Gail Grassi [REDACTED] Oakland, CA 94601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Mechanic The Model Garage	10.00	100.00	P2018 \$172.03 G2018 \$144.06 P2019 \$115.20 P2020 \$28.80 G2020 \$76.80 P2021 \$130.00 P2022 \$40.00 G2022 \$80.00 P2023 \$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
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>09/22/2024</u> through <u>10/19/2024</u>	CALIFORNIA FORM 460
Page <u>6</u> of <u>11</u>	I.D. NUMBER <u>1299762</u>

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)
10/19/2024	Cheryl Hays [REDACTED] Tracy, CA 95377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not employed	20.00	533.50	P2019 \$14.40 P2020 \$20.00 P2021 \$363.75 P2022 \$15.00 G2022 \$397.25 S2023 \$24.40 P2023 \$530.00 P2024 \$35.00 G2024 \$498.50
10/17/2024	Patricia Howell [REDACTED] Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	20.00	583.93	P2018 \$146.11 G2018 \$215.00 P2019 \$462.01 P2020 \$92.03 G2020 \$48.02 P2021 \$70.00 P2022 \$20.00 G2022 \$487.50 P2023 \$928.60
10/19/2024	Patricia Howell [REDACTED] Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	10.00	583.93	P2018 \$146.11 G2018 \$215.00 P2019 \$462.01 P2020 \$92.03 G2020 \$48.02 P2021 \$70.00 P2022 \$20.00 G2022 \$487.50 P2023 \$928.60
09/25/2024	Jerome Kineen [REDACTED] Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	100.00	100.00	P2018 \$14.40 P2021 \$15.00 G2024 \$100.00
10/17/2024	Brenda Malone [REDACTED] Tracy, CA 95304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Not Employed	25.00	250.00	P2018 \$20.00 P2019 \$453.07 P2020 \$28.02 G2020 \$216.09 P2021 \$325.00 P2022 \$100.00 G2022 \$325.00 P2023 \$300.00 P2024 \$50.00
SUBTOTAL \$				175.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/22/2024	
through	10/19/2024	Page <u>7</u> of <u>11</u>
NAME OF FILER		I.D. NUMBER
Democratic Club 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/25/2024	Lynn Mueller [REDACTED] Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	20.20	202.00	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
09/25/2024	Meredith Rohr [REDACTED] Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Palo Alto Networks	50.00	850.00	G2018 \$20.00 P2023 \$500.00 P2024 \$300.00 G2024 \$550.00
10/19/2024	Ms. Nancy Rusch [REDACTED] Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	80.00	380.60	P2018 \$72.03 G2018 \$20.00 P2019 \$195.00 P2020 \$64.40 G2020 \$24.01 P2021 \$197.00 P2022 \$40.00 G2022 \$381.50 P2023 \$338.00
10/19/2024	June Yasemsky [REDACTED] Tracy, CA 95304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute Teacher Tracy Unified School District	26.00	624.50	G2022 \$309.00 P2023 \$373.00 P2024 \$35.00 G2024 \$589.50
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from <u>09/22/2024</u> through <u>10/19/2024</u>	CALIFORNIA FORM 460
Page <u>8</u> of <u>11</u>	I.D. NUMBER 1299762

SEE INSTRUCTIONS ON REVERSE

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2024	Democratic Club of Greater Tracy (ID# 1299762) [REDACTED] Tracy, CA 95376	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Baked goods from Members for Bake Sale Auction	130.00	130.00	P2014 \$365.36 G2016 \$200.00 P2021 \$10.00 G2024 \$130.00
10/07/2024	Ms. Nancy Rusch [REDACTED] Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	GOTV Postcard Stamps	33.60	380.60	P2018 \$72.03 G2018 \$20.00 P2019 \$195.00 P2020 \$64.40 G2020 \$24.01 P2021 \$197.00 P2022 \$40.00 G2022 \$381.50 P2023 \$338.00 P2024 \$135.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
					SUBTOTAL \$	163.60	

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	163.60
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$	163.60

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/22/2024	
through	10/19/2024	Page 9 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

I.D. NUMBER

1299762

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
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	TSF transfer between committees of the same candidate/sponsor
LEG 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 (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	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 \$ 28.92

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	6,936.09
2. Unitemized payments made this period of under \$100	\$	34.00
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.)	TOTAL \$	6,970.09

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/22/2024	
through	10/19/2024	Page <u>10</u> of <u>11</u>
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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
FL 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	TSF transfer between committees of the same candidate/sponsor
LEG 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cheryl Hays [REDACTED] Tracy, CA 95377	FND		Miscellaneous Expenses for Bowling & Bake Back Better Fundraisers	78.71
Cheryl Hays [REDACTED] Tracy, CA 95377	MTG		Miscellaneous Meeting & Workshop supplies.	53.59
Cheryl Hays [REDACTED] 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 expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 757.17

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/22/2024	
through	10/19/2024	Page 11 of 11
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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 |
| 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 | TSF transfer between committees of the same candidate/sponsor |
| LEG 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 (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

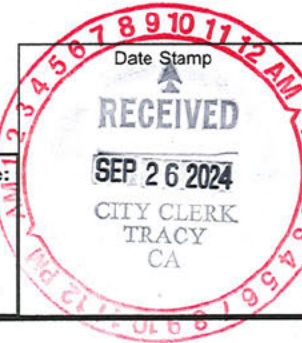
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 6,150.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

1658827



Statement covers period
from 07/01/2024
through 09/21/2024

Date of election if applicable:
(Month, Day, Year)
11/05/2024

Page 1 of 18
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- 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

I.D. NUMBER
1299762

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Democratic Club of Greater Tracy

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Tracy CA 95376

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 1146

CITY STATE ZIP CODE AREA CODE/PHONE

Tracy CA 95378

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Patricia Howell

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Tracy CA 95376

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/23/2024
Date

By Patricia Howell
Signature

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page <u>3</u> of <u>18</u>
I.D. NUMBER		1299762

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 7,700.91	\$ 13,344.01
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 7,700.91	\$ 13,344.01
4. Nonmonetary Contributions Schedule C, Line 3	170.80	1,426.88
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 7,871.71	\$ 14,770.89

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 9,636.39	\$ 16,911.77
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 9,636.39	\$ 16,911.77
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	170.80	1,426.88
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 9,807.19	\$ 18,338.65

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 28,142.58
13. Cash Receipts Column A, Line 3 above	7,700.91
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	9,636.39
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 26,207.10

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
---	---------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2024</u> through <u>09/21/2024</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>18</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
07/17/2024	Charles Cumiskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Support Kaiser Permanente	27.00	243.00	P2018 \$155.58 G2018 \$205.52 P2019 \$285.23 P2020 \$51.86 G2020 \$233.37 P2021 \$351.00 P2022 \$108.00 G2022 \$216.00 P2023 \$324.00
07/17/2024	Brenda Malone [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Not Employed	25.00	225.00	P2018 \$20.00 P2019 \$453.07 P2020 \$28.02 G2020 \$216.09 P2021 \$325.00 P2022 \$100.00 G2022 \$325.00 P2023 \$300.00 P2024 \$50.00
07/24/2024	Susan Carson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Department of Justice	20.20	181.80	P2019 \$58.20 P2020 \$38.80 G2020 \$174.60 P2021 \$242.40 P2022 \$80.80 G2022 \$641.40 P2023 \$242.40 P2024 \$60.60 G2024 \$121.20
07/24/2024	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	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
07/24/2024	Lynn Mueller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	20.20	181.80	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
SUBTOTAL \$				142.40		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 7,100.91
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 600.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 7,700.91

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page <u>5</u> of <u>18</u>

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
07/24/2024	Meredith Rohr [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Palo Alto Networks	50.00	800.00	G2018 \$20.00 P2023 \$500.00 P2024 \$300.00 G2024 \$500.00
07/31/2024	Babu Krishnamurthy [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IT Manager Kaiser Permanente	100.00	100.00	G2024 \$100.00
08/14/2024	Cheryl Hays [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not employed	35.00	513.50	P2019 \$14.40 P2020 \$20.00 P2021 \$363.75 P2022 \$15.00 G2022 \$397.25 S2023 \$24.40 P2023 \$530.00 P2024 \$35.00 G2024 \$478.50
08/14/2024	Brenda Malone [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Not Employed	25.00	225.00	P2018 \$20.00 P2019 \$453.07 P2020 \$28.02 G2020 \$216.09 P2021 \$325.00 P2022 \$100.00 G2022 \$325.00 P2023 \$300.00 P2024 \$50.00
08/21/2024	Yolande Barial Knight [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clerk of Board East Bay Regional Park District	70.00	105.00	P2022 \$20.00 G2022 \$50.00 P2023 \$205.00 P2024 \$70.00 G2024 \$70.00

SUBTOTAL \$ 280.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page <u>6</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
Democratic Club 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/21/2024	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	665.00	P2018 \$250.11 P2019 \$266.03 P2020 \$667.54 G2020 \$288.13 P2021 \$1,004.40 P2022 \$220.00 P2023 \$975.00 P2024 \$1,524.05 \$145.00
08/21/2024	Charles Cumiskey [REDACTED] 05	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Support Kaiser Permanente	27.00	243.00	P2018 \$155.58 G2018 \$205.52 P2019 \$285.23 P2020 \$51.86 G2020 \$233.37 P2021 \$351.00 P2022 \$108.00 G2022 \$216.00 P2023 \$324.00
08/21/2024	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	70.00	912.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$983.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50 P2024 \$100.00
08/21/2024	Lynn Mueller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	20.20	181.80	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
08/21/2024	Jane Yasemsky [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute Teacher Tracy Unified School District	30.00	598.50	G2022 \$309.00 P2023 \$373.00 P2024 \$35.00 G2024 \$563.50
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 (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page 7 of 18
NAME OF FILER		I.D. NUMBER
Democratic Club 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/28/2024	Susan Carson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Department of Justice	20.20	181.80	P2019 \$58.20 P2020 \$38.80 G2020 \$174.60 P2021 \$242.40 P2022 \$80.80 G2022 \$641.40 P2023 \$242.40 P2024 \$60.60 G2024 \$121.20
08/28/2024	Meredith Rohr [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Palo Alto Networks	50.00	800.00	G2018 \$20.00 P2023 \$500.00 P2024 \$300.00 G2024 \$500.00
09/05/2024	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	200.00	912.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50 P2024 \$100.00
09/05/2024	SJC Democratic Central Committee P.O. Box 78061 Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,459.11	5,709.11	G2018 \$1,250.00 G2019 \$1,869.90 P2020 \$2,000.00 P2021 \$602.98 G2022 \$4,500.00 P2024 \$250.00 G2024 \$5,459.11
09/11/2024	Mr. Henry Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	500.00	535.25	P2019 \$458.91 P2020 \$174.70 G2020 \$786.15 P2021 \$562.35 P2022 \$23.80 G2022 \$178.85 G2024 \$535.25
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
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page 8 of 18
NAME OF FILER		I.D. NUMBER
Democratic Club 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/11/2024	Kimberly Range [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Health Analyst DHHS/HRSA	100.00	170.00	P2023 \$45.00 P2024 \$45.00 G2024 \$125.00
09/19/2024	Charles Cummiskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Support Kaiser Permanente	27.00	243.00	P2018 \$155.58 G2018 \$205.52 P2019 \$285.23 P2020 \$51.86 G2020 \$233.37 P2021 \$351.00 P2022 \$108.00 G2022 \$216.00 P2023 \$324.00
09/18/2024	Patricia Howell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	60.00	553.93	P2018 \$146.11 G2018 \$215.00 P2019 \$462.01 P2020 \$92.03 G2020 \$48.02 P2021 \$70.00 P2022 \$20.00 G2022 \$487.50 P2023 \$928.60
09/18/2024	Brenda Malone [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Not Employed	25.00	225.00	P2018 \$20.00 P2019 \$453.07 P2020 \$28.02 G2020 \$216.09 P2021 \$325.00 P2022 \$100.00 G2022 \$325.00 P2023 \$300.00 P2024 \$50.00
09/18/2024	Ms. Nancy Rusch [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	40.00	267.00	P2018 \$72.03 G2018 \$20.00 P2019 \$195.00 P2020 \$64.40 G2020 \$24.01 P2021 \$197.00 P2022 \$40.00 G2022 \$381.50 P2023 \$338.00
SUBTOTAL \$				252.00		

*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 C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page <u>9</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		1299762

SEE INSTRUCTIONS ON REVERSE

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/27/2024	Patricia Howell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	Postage for Campaign Postcards	100.80	553.93	P2018 \$146.11 G2018 \$215.00 P2019 \$462.01 P2020 \$92.03 G2020 \$48.02 P2021 \$70.00 P2022 \$20.00 G2022 \$487.50 P2023 \$928.60 P2024 \$75.00
09/11/2024	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting- Milford MI 48381	Paid Booth Fees for Tracy Connect & LGBTQ Pride in the Park.	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 \$522.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
					SUBTOTAL \$	170.80	

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ 170.80
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 170.80

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

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page <u>10</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		1299762

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

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	Dotty Mygard Tracy City Council City of Tracy CA District: n/a	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Dotty Nygard for City Council 2024 Campaign	500.00	500.00	G2024 \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/19/2024	Cliff Hudson City Council of Tracy 2024 City of Tracy CA District: n/a	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Cliff Hudson for City Council 2024 Campaign Donation	500.00	500.00	G2024 \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/20/2024	Catalina Pina Community College Board SJC Delta Trustee Area 6 County of Delta Community College District: 6	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Catalina for SJC Delta Trustee Area 6 Campaign Donation	500.00	500.00	G2024 \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,500.00		

Schedule D Summary

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

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

SCHEDULE D (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page <u>11</u> of <u>18</u>

NAME OF FILER Democratic Club of Greater Tracy	I.D. NUMBER 1299762
---	------------------------

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	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Dan Arriola for Mayor 2024 Campaign Donation	750.00	750.00	G2024 \$750.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$ 750.00

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page 12 of 18
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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
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	TSF transfer between committees of the same candidate/sponsor
LEG 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 (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 [REDACTED]	FND		Social Media Fee for Fundraising Boost	150.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule 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, 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.)	TOTAL \$	9,636.39

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page 13 of 18
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		1299762

SEE INSTRUCTIONS ON REVERSE

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 |
| 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 | TSF transfer between committees of the same candidate/sponsor |
| LEG 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Robin Cole [REDACTED]	LIT		USPS Post Card Stamps	267.35
Robin Cole [REDACTED]	LIT		Post Cards for Campaign	298.00
Matthew Lunger Media Consultant [REDACTED]	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 Endorsed Candidates	493.67

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

SUBTOTAL \$ 1,312.87

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page <u>14</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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
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	TSF transfer between committees of the same candidate/sponsor
LEG 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 (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 [REDACTED]	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 summarized on Schedule D.

SUBTOTAL \$ 1,265.08

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page 15 of 18
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		1299762

SEE INSTRUCTIONS ON REVERSE

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 |
| 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 | TSF transfer between committees of the same candidate/sponsor |
| LEG 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Democratic Party 1830 9th St. Sacramento, CA 95811	OFC		Liability Insurance	610.00
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND		Fundraising Fee	2.98
Upper Room 130 W. 11th St. Ste B Tracy, CA 95376	MTG		Meet & Greet for Endorsed Candidates	600.49
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND		Fundraising Fee	13.35
Benjamin McLarin [REDACTED]	WEB		Email Campaign Set Up Fee	250.00

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

SUBTOTAL \$ 1,476.82

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page <u>16</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		1299762

SEE INSTRUCTIONS ON REVERSE

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
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	TSF transfer between committees of the same candidate/sponsor
LEG 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 (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	3.18
Matt Lunger Media Group [REDACTED]	WEB		Web Site/Social Media Consultant	399.99
Work Vine 209 1006 E. Pescadero Ave. #107 Tracy, CA 95304	OFC		Rent September 2024	1,162.00
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND		Fundraising Fee	8.50
Robin Cole [REDACTED]	WEB		Reimbursed payment for renewal For WIX Program	324.00

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

SUBTOTAL \$ 1,897.67

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page 17 of 18
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		1299762

SEE INSTRUCTIONS ON REVERSE

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 |
| 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 | TSF transfer between committees of the same candidate/sponsor |
| LEG 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 (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	23.90
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND		Fundraising Fee	2.46
Cliff Hudson for City Council 2024 (ID# 1472330) [REDACTED] Tracy, CA 95376	CTB		Cliff Hudson for City Council 2024 Campaign Donation	500.00
Dan Arriola for Mayor 2024 (ID# 1468272) n/a Tracy, CA 95376	CTB		Dan Arriola for Mayor 2024 Campaign Donation	750.00
Dotty Nygard for City Council 2024 (ID# 1471637) [REDACTED] Tracy, CA 95376	CTB		Dotty Nygard for City Council 2024 Campaign	500.00

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

SUBTOTAL \$ 1,776.36

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page <u>18</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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
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	TSF transfer between committees of the same candidate/sponsor
LEG 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 (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	CTB		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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)
1651298

Statement covers period
 from 02/18/2024
 through 06/30/2024

Date of election if applicable:
 (Month, Day, Year)
11/05/2024



Page 1 of 24
 For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- 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

I.D. NUMBER
1299762

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Democratic Club of Greater Tracy

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Tracy CA 95376

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 1146

CITY STATE ZIP CODE AREA CODE/PHONE

Tracy CA 95378

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Patricia Howell

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Tracy CA 95376

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/13/2024
Date

By Patricia Howell
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page <u>3</u> of <u>24</u>
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		1299762

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 4,590.30	\$ 5,643.10
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
4. Nonmonetary Contributions Schedule C, Line 3	1,256.08	1,256.08
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 5,846.38	\$ 6,899.18

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 5,215.26	\$ 7,275.38
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 5,215.26	\$ 7,275.38
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	1,256.08	1,256.08
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 6,471.34	\$ 8,531.46

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 27,995.54
13. Cash Receipts Column A, Line 3 above	4,590.30
14. Miscellaneous Increases to Cash Schedule I, Line 4	762.00
15. Cash Payments Column A, Line 8 above	5,215.26
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 28,132.58

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
---	---------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 4 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
02/21/2024	Ms. Nancy Busch [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	227.00	P2018 \$72.03 G2018 \$20.00 P2019 \$195.00 G2020 \$64.40 P2021 \$24.01 P2022 \$197.00 G2022 \$40.00 P2023 \$381.50 G2023 \$338.00
02/21/2024	SJC Democratic Central Committee P.O. Box 78061 Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G2018 \$1,250.00 G2019 \$1,869.90 P2020 \$2,000.00 P2021 \$602.98 G2022 \$4,500.00 P2024 \$250.00
02/22/2024	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	495.00	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
02/22/2024	Charles Cummiskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Support Kaiser Permanente	27.00	162.00	P2018 \$155.58 G2018 \$205.52 P2019 \$285.23 P2020 \$51.66 G2020 \$233.37 P2021 \$351.00 P2022 \$106.00 G2022 \$216.00 P2023 \$324.00
02/22/2024	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	50.00	642.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50 P2024 \$100.00
SUBTOTAL \$				477.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,570.05
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,020.25
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 4,590.30

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 5 of 24
NAME OF FILER		I.D. NUMBER
Democratic Club 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/22/2024	Brenda Malone [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Not Employed	25.00	150.00	P2018 \$20.00 P2019 \$453.07 P2020 \$28.02 G2020 \$216.09 P2021 \$325.00 P2022 \$100.00 G2022 \$325.00 P2023 \$300.00 P2024 \$50.00
02/22/2024	Lynn Mueller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	20.20	141.40	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
02/22/2024	Catalina Olvera Pina [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher TUSD	35.00	110.00	P2018 \$20.00 P2023 \$45.00 P2024 \$35.00 G2024 \$75.00
02/22/2024	Ms. Nancy Rusch [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	35.00	227.00	P2018 \$72.03 G2018 \$20.00 P2019 \$195.00 P2020 \$64.40 G2020 \$24.01 P2021 \$197.00 P2022 \$40.00 G2022 \$381.50 P2023 \$338.00
02/22/2024	June Yasemsky [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute Teacher Tracy Unified School District	35.00	568.50	G2022 \$309.00 P2023 \$373.00 P2024 \$35.00 G2024 \$533.50
SUBTOTAL \$				150.20		

*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 Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/18/2024</u> through <u>06/30/2024</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>24</u>

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
02/28/2024	Susan Carson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Department of Justice	20.20	141.40	P2019 \$58.20 P2020 \$38.80 G2020 \$174.60 P2021 \$242.40 P2022 \$80.80 G2022 \$641.40 P2023 \$242.40 P2024 \$60.60 G2024 \$80.80
02/28/2024	Meredith Rohr [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Palo Alto Networks	100.00	700.00	G2018 \$20.00 P2023 \$500.00 P2024 \$300.00 G2024 \$400.00
03/04/2024	Patricia McManus [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organizational Consultant Ileostomy & Internal Pouch Association - IA	50.00	150.00	G2022 \$125.00 P2023 \$300.00 P2024 \$150.00
03/08/2024	Patricia Howell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	30.00	393.13	P2018 \$146.11 G2018 \$215.00 P2019 \$462.01 P2020 \$92.03 G2020 \$48.02 P2021 \$70.00 P2022 \$20.00 G2022 \$487.50 P2023 \$928.60
03/11/2024	Brenda Malone [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Not Employed	25.00	150.00	P2018 \$20.00 P2019 \$453.07 P2020 \$28.02 G2020 \$216.09 P2021 \$325.00 P2022 \$100.00 G2022 \$325.00 P2023 \$300.00 P2024 \$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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page <u>7</u> of <u>24</u>

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
03/18/2024	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	495.00	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
03/18/2024	Charles Cummiskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Support Kaiser Permanente	27.00	162.00	P2018 \$155.58 G2018 \$205.52 P2019 \$285.23 P2020 \$51.86 G2020 \$233.37 P2021 \$351.00 P2022 \$108.00 G2022 \$216.00 P2023 \$324.00
03/18/2024	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	50.00	642.50	G2018 \$56.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50 P2024 \$100.00
03/25/2024	Susan Carson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Department of Justice	20.20	141.40	P2019 \$56.20 P2020 \$38.80 G2020 \$174.60 P2021 \$242.40 P2022 \$80.80 G2022 \$641.40 P2023 \$242.40 P2024 \$60.60 G2024 \$80.80
03/25/2024	Benjamin McLarin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	45.00	337.00	G2024 \$292.00
SUBTOTAL \$				192.20		

*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 Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/18/2024</u> through <u>06/30/2024</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>24</u>

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
03/25/2024	Lynn Mueller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	20.20	141.40	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
03/25/2024	Meredith Rohr [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Palo Alto Networks	100.00	700.00	G2018 \$20.00 P2023 \$500.00 P2024 \$300.00 G2024 \$400.00
04/17/2024	Charles Cumiskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Support Kaiser Permanente	27.00	162.00	P2018 \$155.58 G2018 \$205.52 P2019 \$285.23 P2020 \$51.86 G2020 \$233.37 P2021 \$351.00 P2022 \$108.00 G2022 \$216.00 P2023 \$324.00
04/17/2024	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	50.00	642.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50 P2024 \$100.00
04/17/2024	Brenda Malone [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Not Employed	25.00	150.00	P2018 \$20.00 P2019 \$453.07 P2020 \$28.02 G2020 \$216.09 P2021 \$325.00 P2022 \$100.00 G2022 \$325.00 P2023 \$300.00 P2024 \$50.00

SUBTOTAL \$ 222.20

*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 Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 9 of 24

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
04/23/2024	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	100.00	495.00	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
04/23/2024	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	84.00	642.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50 P2024 \$100.00
04/23/2024	Bob Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	84.00	167.50	P2018 \$500.25 G2018 \$24.01 P2019 \$151.37 P2020 \$120.00 P2021 \$305.00 P2022 \$20.00 G2022 \$390.00 P2023 \$250.00 G2024 \$167.50
04/23/2024	Cheryl Hays [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not employed	67.00	478.50	P2019 \$14.40 P2020 \$20.00 P2021 \$363.75 P2022 \$15.00 G2022 \$397.25 S2023 \$24.40 P2023 \$530.00 P2024 \$35.00 G2024 \$443.50
04/23/2024	Patricia Howell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	134.05	393.13	P2018 \$146.11 G2018 \$215.00 P2019 \$462.01 P2020 \$92.03 G2020 \$48.02 P2021 \$70.00 P2022 \$20.00 G2022 \$487.50 P2023 \$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
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>02/18/2024</u> through <u>06/30/2024</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>24</u>

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
04/23/2024	Ms. Nancy Rusch [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	67.00	227.00	P2018 \$72.03 G2018 \$20.00 P2019 \$195.00 P2020 \$64.40 G2020 \$24.01 P2021 \$197.00 P2022 \$40.00 G2022 \$381.50 P2023 \$338.00
04/23/2024	June Yasemsky [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute Teacher Tracy Unified School District	67.00	568.50	G2022 \$309.00 P2023 \$373.00 P2024 \$35.00 G2024 \$533.50
04/24/2024	Susan Carson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Department of Justice	20.20	141.40	P2019 \$58.20 P2020 \$38.80 G2020 \$174.60 P2021 \$242.40 P2022 \$80.80 G2022 \$641.40 P2023 \$242.40 P2024 \$60.60 G2024 \$80.80
04/24/2024	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	495.00	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
04/24/2024	Lynn Mueller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	20.20	141.40	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

SUBTOTAL \$ 224.40

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page <u>11</u> of <u>24</u>

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
04/24/2024	Meredith Rohr [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Palo Alto Networks	100.00	700.00	G2018 \$20.00 P2023 \$500.00 P2024 \$300.00 G2024 \$400.00
04/26/2024	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	83.50	642.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50 P2024 \$100.00
04/26/2024	Bob Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	83.50	167.50	P2018 \$500.25 G2018 \$24.01 P2019 \$151.37 P2020 \$120.00 P2021 \$305.00 P2022 \$20.00 G2022 \$390.00 P2023 \$250.00 G2024 \$167.50
04/26/2024	Cheryl Hays [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not employed	66.50	478.50	P2019 \$14.40 P2020 \$20.00 P2021 \$363.75 P2022 \$15.00 G2022 \$397.25 S2023 \$24.40 P2023 \$530.00 P2024 \$35.00 G2024 \$443.50
04/26/2024	Jane Yasemsky [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute Teacher Tracy Unified School District	66.50	568.50	G2022 \$309.00 P2023 \$373.00 P2024 \$35.00 G2024 \$533.50
SUBTOTAL \$				400.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/18/2024</u> through <u>06/30/2024</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>24</u>

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
05/12/2024	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	175.00	642.50	P2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50 P2024 \$100.00
05/12/2024	Brenda Malone [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Not Employed	25.00	150.00	P2018 \$20.00 P2019 \$453.07 P2020 \$28.02 G2020 \$216.09 P2021 \$325.00 P2022 \$100.00 G2022 \$325.00 P2023 \$300.00 P2024 \$50.00
05/19/2024	Janeen Bond [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administration Double Tree Hilton Pruneyard Campbell, CA 95008.	50.00	185.00	P2021 \$90.00 G2022 \$80.00 P2023 \$6.40 G2024 \$185.00
05/19/2024	Patricia Howell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	50.00	393.13	P2018 \$146.11 G2018 \$215.00 P2019 \$462.01 P2020 \$92.03 G2020 \$48.02 P2021 \$70.00 P2022 \$20.00 G2022 \$487.50 P2023 \$928.60
05/19/2024	Patricia Howell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	75.00	393.13	P2018 \$146.11 G2018 \$215.00 P2019 \$462.01 P2020 \$92.03 G2020 \$48.02 P2021 \$70.00 P2022 \$20.00 G2022 \$487.50 P2023 \$928.60
SUBTOTAL \$				375.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
from 02/18/2024
through 06/30/2024

CALIFORNIA FORM 460

Page 13 of 24

NAME OF FILER: Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
05/20/2024	Janeen Bond [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administration Double Tree Hilton Pruneyard Campbell, CA 95008.	50.00	185.00	P2021 \$90.00 G2022 \$80.00 P2023 \$6.40 G2024 \$185.00
05/20/2024	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	495.00	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
05/20/2024	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	495.00	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
05/20/2024	Charles Cummiskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Support Kaiser Permanente	27.00	162.00	P2018 \$155.58 G2018 \$205.52 P2019 \$285.23 P2020 \$51.86 G2020 \$233.37 P2021 \$351.00 P2022 \$108.00 G2022 \$216.00 P2023 \$324.00
05/20/2024	Cheryl Hays [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not employed	50.00	478.50	P2019 \$14.40 P2020 \$20.00 P2021 \$363.75 P2022 \$15.00 G2022 \$397.25 S2023 \$24.40 P2023 \$530.00 P2024 \$35.00 G2024 \$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
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/18/2024</u> through <u>06/30/2024</u>	CALIFORNIA FORM 460
	Page <u>14</u> of <u>24</u>

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
05/20/2024	Benjamin McLarin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	50.00	337.00	G2024 \$292.00
05/20/2024	Lynn Mueller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	20.20	141.40	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
05/20/2024	Melinda Ramirez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tradeswomen, Inc. Grant Writer	100.00	100.00	G2024 \$100.00
05/20/2024	Meredith Rohr [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Palo Alto Networks	100.00	700.00	G2018 \$20.00 P2023 \$500.00 P2024 \$300.00 G2024 \$400.00
05/20/2024	Ms. Nancy Rusch [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	25.00	227.00	P2018 \$72.03 G2018 \$20.00 P2019 \$195.00 P2020 \$64.40 G2020 \$24.01 P2021 \$197.00 P2022 \$40.00 G2022 \$361.50 P2023 \$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 Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
from 02/18/2024
through 06/30/2024

CALIFORNIA FORM 460
Page 15 of 24

NAME OF FILER: Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
05/20/2024	June Yasemsky [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute Teacher Tracy Unified School District	50.00	568.50	G2022 \$309.00 P2023 \$373.00 P2024 \$35.00 G2024 \$533.50
05/27/2024	Susan Carson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Department of Justice	20.20	141.40	P2019 \$58.20 P2020 \$38.80 G2020 \$174.60 P2021 \$242.40 P2022 \$80.80 G2022 \$641.40 P2023 \$242.40 P2024 \$60.60 G2024 \$80.80
06/10/2024	Brenda Malone [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Not Employed	25.00	150.00	P2018 \$20.00 P2019 \$453.07 P2020 \$28.02 G2020 \$216.09 P2021 \$325.00 P2022 \$100.00 G2022 \$325.00 P2023 \$300.00 P2024 \$50.00
06/17/2024	Charles Cummiskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Support Kaiser Permanente	27.00	162.00	P2018 \$155.58 G2018 \$205.52 P2019 \$285.23 P2020 \$51.86 G2020 \$233.37 P2021 \$351.00 P2022 \$108.00 G2022 \$216.00 P2023 \$324.00
06/24/2024	Susan Carson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Department of Justice	20.20	141.40	P2019 \$58.20 P2020 \$38.80 G2020 \$174.60 P2021 \$242.40 P2022 \$80.80 G2022 \$641.40 P2023 \$242.40 P2024 \$60.60 G2024 \$80.80
SUBTOTAL \$				142.40		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 16 of 24

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
06/24/2024	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	495.00	P2018 \$250.11 P2019 \$266.03 P2020 \$667.54 G2020 \$288.13 P2021 \$1,094.40 G2022 \$220.00 P2023 \$975.00 P2024 \$1,524.05 \$145.00
06/24/2024	Lynn Mueller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	20.20	141.40	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
06/24/2024	Meredith Rohr [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Palo Alto Networks	100.00	700.00	G2018 \$20.00 P2023 \$500.00 P2024 \$300.00 G2024 \$400.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 170.20

*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 C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 17 of 24
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		1299762

SEE INSTRUCTIONS ON REVERSE

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/23/2024	Patricia Howell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	USPS Fee for Org. Business Mailing	5.08	393.13	G2018 \$146.11 G2018 \$215.00 P2019 \$462.01 P2020 \$92.03 G2020 \$48.02 P2021 \$70.00 P2022 \$20.00 G2022 \$487.50 P2023 \$928.60 P2024 \$75.00
05/19/2024	Janeen Bond [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administration Double Tree Hilton Pruneyard Campbell, CA 95008.	Murano Blue Candle Vase & Set of 4 Gold Gided Mushroom Glasses.	85.00	185.00	P2021 \$90.00 G2022 \$80.00 P2023 \$6.40 G2024 \$185.00
05/19/2024	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	Movie Night Basket & Merlot Wine & Cheese Gift Basket & AMC Movie Gift Card	100.00	642.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50 P2024 \$100.00 G2024 \$542.50
05/19/2024	Cheryl Hays [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not employed	Vintage Raspberry Vase & Coffee Bassket with Peets Coffee, Chocolates and Cocoa.	140.00	478.50	P2019 \$14.40 P2020 \$20.00 P2021 \$363.75 P2022 \$15.00 G2022 \$397.25 S2023 \$24.40 P2023 \$530.00 P2024 \$35.00 G2024 \$443.50
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL \$	330.08	

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 1,221.08
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 35.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 1,256.08

*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 C (Continuation Sheet)
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 18 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club 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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/19/2024	Cheryl Hays [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not employed	Pedicure Gift Certificate & Basket of Baking ingredients & Hand Soap Collection Basket.	120.00	478.50	P2019 \$14.40 P2020 \$20.00 P2021 \$363.75 P2022 \$15.00 G2022 \$397.25 S2023 \$24.40 P2023 \$530.00 P2024 \$35.00 G2024 \$443.50
05/19/2024	Patricia Howell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	Tropical Dracena House Plant in Decorative Urn.	24.00	393.13	P2018 \$146.11 G2018 \$215.00 P2019 \$462.01 P2020 \$92.03 G2020 \$48.02 P2021 \$70.00 P2022 \$20.00 G2022 \$487.50 P2023 \$928.60 P2024 \$75.00
05/19/2024	Benjamin McLarin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	San Francisco 49er's Tickets -2	242.00	337.00	G2024 \$292.00
05/19/2024	Catalina Olvera Pina [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher TUSD	Original Spanish Painting	75.00	110.00	P2018 \$20.00 P2023 \$45.00 P2024 \$35.00 G2024 \$75.00
05/19/2024	Lisa Roth [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not Employed	Sun & Shade Potted Plants with Seed Pkgs. & Bee Friendly Basket.	80.00	115.00	P2022 \$20.00 G2022 \$36.00 P2023 \$381.00 P2024 \$35.00 G2024 \$80.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

541.00

**Schedule C (Continuation Sheet)
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C (CONT.)

Statement covers period
from 02/18/2024
through 06/30/2024

CALIFORNIA FORM 460

Page 19 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Democratic Club 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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/19/2024	June Yasemsky [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute Teacher Tracy Unified School District	Bar Method Certificate (10 Class Pkgs) & Dolly Parton Coffee Mugs with Snack Tray.	350.00	568.50	G2022 \$309.00 P2023 \$373.00 P2024 \$35.00 G2024 \$533.50
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 350.00

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 20 of 24
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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
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	TSF transfer between committees of the same candidate/sponsor
LEG 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 (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	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 must also be summarized on Schedule D.

SUBTOTAL \$ 1,052.71

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	5,140.26
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, 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.)	TOTAL \$	5,215.26

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page <u>21</u> of <u>24</u>
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		1299762

SEE INSTRUCTIONS ON REVERSE

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 |
| 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 | TSF transfer between committees of the same candidate/sponsor |
| LEG 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 (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

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

SUBTOTAL \$ 2,153.84

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page <u>22</u> of <u>24</u>
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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
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	TSF transfer between committees of the same candidate/sponsor
LEG 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 (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 E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 23 of 24
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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 |
| 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 | TSF transfer between committees of the same candidate/sponsor |
| LEG 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 (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	37.08
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
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

Statement covers period
from 02/18/2024
through 06/30/2024

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

I.D. NUMBER

1299762

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
05/19/2024	Michael Ricigliano [REDACTED]	Silent Auction Purchase of San Francisco 49er Tickets.	242.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 242.00

Schedule I Summary

1. Itemized increases to cash this period.	\$	242.00
2. Unitemized increases to cash of under \$100 this period.	\$	520.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$	0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$	762.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)
1594528

REC'D TRACY CITY CLERK
21 FEB 2024 PM 12:01

Statement covers period

from 01/21/2024

through 02/17/2024

Date of election if applicable:
(Month, Day, Year)

03/05/2024

Date Stamp

Page 1 of 5

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- 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

I.D. NUMBER
1299762

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Democratic Club of Greater Tracy

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Tracy</u>	<u>CA</u>	<u>95376</u>	<u>[REDACTED]</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 1146

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Tracy</u>	<u>CA</u>	<u>95378</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

Treasurer(s)

NAME OF TREASURER

Patricia Howell

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Tracy</u>	<u>CA</u>	<u>95376</u>	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 02/20/2024
Date

By Patricia Howell [REDACTED]

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/21/2024	
through	02/17/2024	Page <u>3</u> of <u>5</u>
I.D. NUMBER		1299762

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 797.40	\$ 1,052.80
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 797.40	\$ 1,052.80
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 797.40	\$ 1,052.80

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ 1,050.00	\$ 2,095.12
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1,050.00	\$ 2,095.12
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 1,050.00	\$ 2,095.12

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 28,248.14
13. Cash Receipts Column A, Line 3 above	797.40
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	1,050.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 27,995.54

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
---	---------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/21/2024	
through	02/17/2024	Page <u>4</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		1299762

SEE INSTRUCTIONS ON REVERSE

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)
02/05/2024	Patricia McManus [REDACTED] San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organizational Consultant Ileostomy & Internal Pouch Association - IA	50.00	100.00	G2022 \$125.00 P2023 \$300.00 P2024 \$100.00
02/05/2024	Meredith Rohr [REDACTED] Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Palo Alto Networks	100.00	200.00	G2018 \$20.00 P2023 \$500.00 P2024 \$200.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				150.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	150.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	647.40
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	797.40

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/21/2024	
through	02/17/2024	Page 5 of 5
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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 | FET 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 | TSF transfer between committees of the same candidate/sponsor |
| LEG 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 (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 February 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

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,000.00
2. Unitemized payments made this period of under \$100	\$ 50.00
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.)	TOTAL \$ 1,050.00

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5) 1576875

Statement covers period from 01/01/2024 through 01/20/2024

Date of election if applicable (Month, Day, Year) 03/05/2024



Page 1 of 5 For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1299762

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Democratic Club of Greater Tracy

STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
Tracy CA 95376

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 1146
CITY STATE ZIP CODE AREA CODE/PHONE
Tracy CA 95378

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER Patricia Howell
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
Tracy CA 95376

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/23/2024
Executed on
Executed on
Executed on

By Patricia Howell
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Signature of Controlling Officeholder, Candidate, State Measure Proponent
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/01/2024</u> through <u>01/20/2024</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER 1299762

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>255.40</u>	\$ <u>255.40</u>
2. Loans Received Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>255.40</u>	\$ <u>255.40</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>255.40</u>	\$ <u>255.40</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>1,010.12</u>	\$ <u>1,010.12</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>1,010.12</u>	\$ <u>1,010.12</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>1,010.12</u>	\$ <u>1,010.12</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>29,002.86</u>
13. Cash Receipts Column A, Line 3 above	<u>255.40</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>1,010.12</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>28,248.14</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>
---	----------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2024	
through	01/20/2024	Page <u>4</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		1299762

SEE INSTRUCTIONS ON REVERSE

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)
01/11/2024	Meredith Rohr [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Palo Alto Networks	100.00	100.00	G2018 \$20.00 P2023 \$500.00 P2024 \$100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				100.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	100.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	155.40
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	255.40

*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 E Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2024	
through	01/20/2024	Page <u>5</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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 |
| 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 | TSF transfer between committees of the same candidate/sponsor |
| LEG 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 (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

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

SUBTOTAL \$ 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.)	TOTAL \$	1,010.12

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5) 1576856



Statement covers period from 07/01/2023 through 12/31/2023

Date of election if applicable: (Month, Day, Year) 03/05/2023

Page 1 of 40 For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1299762

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Democratic Club of Greater Tracy

STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
Tracy CA 95376

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 1146
CITY STATE ZIP CODE AREA CODE/PHONE
Tracy CA 95378

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER Patricia Howell

MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
Tracy CA 95376

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/23/2024
Executed on
Executed on
Executed on

By Patricia Howell
By
By
By

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2023</u>	CALIFORNIA FORM 460
through <u>12/31/2023</u>	
Page <u>3</u> of <u>40</u>	I.D. NUMBER <u>1299762</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>12,828.20</u>	\$ <u>23,364.05</u>
2. Loans Received Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>12,828.20</u>	\$ <u>23,364.05</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>160.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>12,828.20</u>	\$ <u>23,524.05</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>6,517.24</u>	\$ <u>20,975.80</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>6,517.24</u>	\$ <u>20,975.80</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>160.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>6,517.24</u>	\$ <u>21,135.80</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u> / / </u>	\$ _____
<u> / / </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>21,394.90</u>
13. Cash Receipts Column A, Line 3 above	<u>12,828.20</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>1,297.00</u>
15. Cash Payments Column A, Line 8 above	<u>6,517.24</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>29,002.86</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>
---	----------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2023
through 12/31/2023

SEE INSTRUCTIONS ON REVERSE

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)
07/06/2023	Susan Carson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Department of Justice	20.20	242.40	P2019 \$58.20 P2020 \$38.80 G2020 \$174.60 P2021 \$242.40 P2022 \$80.80 G2022 \$641.40 P2023 \$242.40
07/24/2023	Mitra Behnam [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Behnam Accounting Solutions Inc.	100.00	570.00	G2018 \$14.40 P2019 \$90.00 P2021 \$51.00 P2022 \$100.00 G2022 \$164.00 P2023 \$470.00
07/24/2023	Charles Cummiskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Support Kaiser Permanente	27.00	324.00	P2018 \$155.58 G2018 \$205.52 P2019 \$285.23 P2020 \$51.86 G2020 \$233.37 P2021 \$351.00 P2022 \$108.00 G2022 \$216.00 P2023 \$324.00
07/24/2023	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	50.00	1,422.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50
07/24/2023	Bridget Gleason [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Human Resources Director Sol Food Restaurant San Mateo California	10.00	120.00	P2018 \$43.21 G2018 \$67.20 P2019 \$141.13 P2020 \$19.20 G2020 \$86.40 P2021 \$130.00 P2022 \$40.00 G2022 \$95.00 P2023 \$120.00

SUBTOTAL \$ 207.20

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 9,229.20
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 3,599.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 12,828.20

*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 Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 6 of 40
NAME OF FILER		I.D. NUMBER
Democratic Club 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/24/2023	Lilliana Udang [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student/Assistant Susan Eggman	25.00	175.00	P2023 \$175.00
08/10/2023	Susan Carson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Department of Justice	20.20	242.40	P2019 \$58.20 P2020 \$38.80 G2020 \$174.60 P2021 \$242.40 P2022 \$80.80 G2022 \$641.40 P2023 \$242.40
08/10/2023	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	1,524.05	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
08/10/2023	Patricia McManus [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organizational Consultant Ileostomy & Internal Pouch Association - IA	50.00	300.00	G2022 \$125.00 P2023 \$300.00
08/10/2023	Lynn Mueller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	20.20	322.20	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
SUBTOTAL \$				165.40		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 5 of 40

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
07/24/2023	Gail Grassi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Mechanic The Model Garage	10.00	120.00	P2018 \$112.03 G2018 \$144.06 P2019 \$115.20 P2020 \$28.80 G2020 \$76.80 P2021 \$130.00 P2022 \$40.00 G2022 \$80.00 P2023 \$120.00
07/24/2023	Brenda Malone [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Not Employed	25.00	300.00	P2018 \$20.00 P2019 \$453.07 P2020 \$28.02 G2020 \$216.09 P2021 \$325.00 P2022 \$100.00 G2022 \$325.00 P2023 \$300.00
07/24/2023	Patricia McManus [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organizational Consultant Ileostomy & Internal Pouch Association - IA	50.00	300.00	G2022 \$125.00 P2023 \$300.00
07/24/2023	Vasuki Nidagal [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	25.00	145.00	G2018 \$25.00 P2019 \$194.01 P2020 \$25.00 G2020 \$45.00 P2021 \$69.50 P2022 \$30.00 G2022 \$25.00 P2023 \$145.00
07/24/2023	Stephen Owen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	10.00	120.00	P2018 \$28.80 G2018 \$67.20 P2019 \$115.20 P2020 \$28.80 G2020 \$86.40 P2021 \$120.00 P2022 \$40.00 G2022 \$70.00 P2023 \$120.00

SUBTOTAL \$ 120.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2023
through 12/31/2023

CALIFORNIA FORM 460

Page 7 of 40

NAME OF FILER: Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
08/10/2023	Stephen Owen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	10.00	120.00	P2018 \$28.80 G2018 \$67.20 P2019 \$115.20 P2020 \$28.80 G2020 \$86.40 P2021 \$120.00 P2022 \$40.00 G2022 \$70.00 P2023 \$120.00
08/10/2023	Meredith Rohr [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Palo Alto Networks	100.00	500.00	G2018 \$20.00 P2023 \$500.00
08/10/2023	Mercedes Silveira [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	75.00	395.00	P2022 \$20.00 G2022 \$25.00 P2023 \$395.00
08/31/2023	Susan Carson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Department of Justice	20.20	242.40	P2019 \$58.20 P2020 \$38.80 G2020 \$174.60 P2021 \$242.40 P2022 \$80.80 G2022 \$641.40 P2023 \$242.40
08/31/2023	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	1,524.05	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

SUBTOTAL \$ 255.20

*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 Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>8</u> of <u>40</u>
NAME OF FILER		I.D. NUMBER
Democratic Club 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/31/2023	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	100.00	1,524.05	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
08/31/2023	Charles Cumiskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Support Kaiser Permanente	27.00	324.00	P2018 \$155.58 G2018 \$205.52 P2019 \$285.23 P2020 \$51.86 G2020 \$233.37 P2021 \$351.00 P2022 \$108.00 G2022 \$216.00 P2023 \$324.00
08/31/2023	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	50.00	1,422.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,019.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50
08/31/2023	Mary Gill [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Self	100.00	100.00	G2022 \$100.00 P2023 \$100.00
08/31/2023	Bridget Gleason [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Human Resources Director Sol Food Restaurant San Mateo California	10.00	120.00	P2018 \$43.21 G2018 \$67.20 P2019 \$141.13 P2020 \$19.20 G2020 \$86.40 P2021 \$130.00 P2022 \$40.00 G2022 \$95.00 P2023 \$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
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>9</u> of <u>40</u>

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
08/31/2023	Gail Grassi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Mechanic The Model Garage	10.00	120.00	P2018 \$172.03 G2018 \$144.06 P2019 \$115.20 P2020 \$28.80 G2020 \$76.80 P2021 \$130.00 P2022 \$40.00 G2022 \$80.00 P2023 \$120.00
08/31/2023	Cheryl Hays [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not employed	35.00	554.40	P2019 \$14.40 P2020 \$20.00 P2021 \$363.75 P2022 \$15.00 G2022 \$397.25 S2023 \$24.40 P2023 \$530.00
08/31/2023	Patricia Howell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	928.60	P2018 \$146.11 G2018 \$215.00 P2019 \$462.01 P2020 \$92.03 G2020 \$48.02 P2021 \$70.00 P2022 \$20.00 G2022 \$487.50 P2023 \$928.60
08/31/2023	Jann Jackson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	35.00	235.00	P2019 \$20.00 P2023 \$235.00
08/31/2023	Dina Jacobson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed-Volunteer Not Employed-Volunteer	100.00	100.00	G2022 \$450.00 P2023 \$100.00
SUBTOTAL \$				280.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 10 of 40

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
08/31/2023	Brenda Malone [REDACTED] Dr.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Not Employed	25.00	300.00	P2018 \$20.00 P2019 \$453.07 P2020 \$28.02 G2020 \$216.09 P2021 \$325.00 P2022 \$100.00 G2022 \$325.00 P2023 \$300.00
08/31/2023	Karen Moore [REDACTED] E.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	35.00	161.00	G2018 \$80.00 P2019 \$35.00 P2020 \$15.00 G2020 \$155.20 P2021 \$116.00 P2022 \$20.00 G2022 \$121.00 P2023 \$161.00
08/31/2023	Lynn Mueller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	20.20	322.20	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
08/31/2023	Meredith Rohr [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Palo Alto Networks	100.00	500.00	G2018 \$20.00 P2023 \$500.00
08/31/2023	Pamela Schure [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director 280 Group	35.00	165.00	G2020 \$96.05 P2021 \$25.50 G2022 \$103.00 P2023 \$165.00
SUBTOTAL \$				215.20		

*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 Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
 from 07/01/2023
 through 12/31/2023

CALIFORNIA FORM 460

Page 11 of 40

NAME OF FILER: Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
08/31/2023	Mary Takahashi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker Self	100.00	100.00	P2018 \$248.02 G2022 \$100.00 P2023 \$100.00
09/08/2023	Gavle Boesch [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	100.00	P2019 \$60.00 G2020 \$48.02 P2021 \$102.00 P2022 \$35.00 G2022 \$225.00 P2023 \$100.00
09/08/2023	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	1,422.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50
09/08/2023	Cheryl Fippen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	35.00	135.00	P2018 \$150.00 G2018 \$30.00 P2019 \$500.00 P2020 \$1,050.00 G2020 \$490.12 P2021 \$300.00 P2022 \$350.00 G2022 \$820.00 P2023 \$135.00
09/08/2023	Shelley Fishkin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Stanford University	100.00	100.00	P2023 \$100.00

SUBTOTAL \$ 435.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 12 of 40
NAME OF FILER		I.D. NUMBER
Democratic Club 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/08/2023	Carole Flores [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a n/a	100.00	150.00	P2018 \$216.11 G2018 \$96.05 P2019 \$96.04 G2020 \$48.02 P2021 \$150.00 G2022 \$200.00 P2023 \$150.00
09/08/2023	Roberta Hannibal [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist Interline Therapeutics	100.00	100.00	P2023 \$100.00
09/08/2023	Diane Hughes [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	100.00	100.00	G2022 \$100.00 P2023 \$100.00
09/08/2023	Kristine Karnos [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Decline to State	70.00	170.00	G2018 \$120.06 P2019 \$96.05 G2022 \$100.00 P2023 \$170.00
09/08/2023	Karen Kippett [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Volunteer Self	100.00	100.00	P2023 \$100.00
SUBTOTAL \$				470.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2023
through 12/31/2023

**CALIFORNIA
FORM 460**

Page 13 of 40

NAME OF FILER: Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
09/08/2023	Joy Kosobayashi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	75.00	180.00	P2023 \$180.00
09/08/2023	Barbara Kyser [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	100.00	100.00	P2023 \$100.00
09/08/2023	Megan McCall [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	100.00	100.00	G2022 \$100.00 P2023 \$100.00
09/08/2023	Patricia McManus [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organizational Consultant Ileostomy & Internal Pouch Association - IA	50.00	300.00	G2022 \$125.00 P2023 \$300.00
09/08/2023	Danielle Mewes [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	100.00	100.00	P2023 \$100.00

SUBTOTAL \$ 425.00

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

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 14 of 40
NAME OF FILER		I.D. NUMBER
Democratic Club 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/08/2023	Maureen Sheehan [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	100.00	100.00	P2023 \$100.00
09/08/2023	Tina Sonoda [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Personal Trainer Self	100.00	100.00	P2023 \$100.00
09/08/2023	June Yasemsky [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute Teacher Tracy Unified School District	35.00	373.00	G2022 \$309.00 P2023 \$373.00
09/08/2023	Kathryn Zeidenstein [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	70.00	105.00	P2021 \$66.75 G2022 \$63.00 P2023 \$105.00
09/12/2023	allyson Aranda [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unknown Unknown	35.00	150.00	G2022 \$48.00 P2023 \$150.00
SUBTOTAL \$				340.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 15 of 40

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
09/12/2023	Yolande Barial Knight [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clerk of Board East Bay Regional Park District	70.00	205.00	P2022 \$20.00 G2022 \$50.00 P2023 \$205.00
09/12/2023	Mitra Behnam [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Behnam Accounting Solutions Inc.	100.00	570.00	G2018 \$14.40 P2019 \$90.00 P2021 \$51.00 P2022 \$100.00 G2022 \$164.00 P2023 \$470.00
09/12/2023	Fran Block [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	35.00	115.00	P2023 \$115.00
09/12/2023	Stephanie Brown [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	100.00	100.00	P2023 \$100.00
09/12/2023	Carole Flores [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a n/a	50.00	150.00	P2018 \$216.11 G2018 \$96.05 P2019 \$96.04 G2020 \$48.02 P2021 \$150.00 G2022 \$200.00 P2023 \$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
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 16 of 40

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
09/12/2023	Gail Grassi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Mechanic The Model Garage	10.00	120.00	P2018 \$172.03 G2018 \$144.06 P2019 \$115.20 P2020 \$28.80 G2020 \$76.80 P2021 \$130.00 P2022 \$40.00 G2022 \$80.00 P2023 \$120.00
09/12/2023	Susan Karlins [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	100.00	100.00	G2020 \$96.04 G2022 \$100.00 P2023 \$100.00
09/12/2023	Kristine Karnos [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Decline to State	100.00	170.00	G2018 \$120.06 P2019 \$96.05 G2022 \$100.00 P2023 \$170.00
09/12/2023	Joy Kosobayashi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	35.00	180.00	P2023 \$180.00
09/12/2023	Hayyah Muller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychiatrist Self Practice	100.00	100.00	P2023 \$100.00
SUBTOTAL \$				345.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 17 of 40

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
09/12/2023	Mary Neumann [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Self-No Separate Business Name	50.00	100.00	G2018 \$10.00 P2019 \$19.96 P2020 \$9.98 G2020 \$87.94 P2021 \$62.40 P2022 \$15.60 G2022 \$200.98 P2023 \$100.00
09/12/2023	Stephen Owen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	10.00	120.00	P2018 \$28.80 G2018 \$67.20 P2019 \$115.20 P2020 \$28.80 G2020 \$86.40 P2021 \$120.00 P2022 \$40.00 G2022 \$70.00 P2023 \$120.00
09/12/2023	Neela Patel [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist AbbVie	100.00	100.00	G2018 \$25.00 G2022 \$100.00 P2023 \$100.00
09/12/2023	Ilona Pollak [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	100.00	100.00	G2022 \$1,000.00 P2023 \$100.00
09/12/2023	Lisa Roth [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not Employed	70.00	381.00	P2022 \$20.00 G2022 \$36.00 P2023 \$381.00
SUBTOTAL \$				330.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 18 of 40

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
09/12/2023	Ms. Nancy Rusch [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	35.00	338.00	P2018 \$72.03 G2018 \$20.00 P2019 \$195.00 P2020 \$64.40 G2020 \$24.01 P2021 \$197.00 P2022 \$40.00 G2022 \$381.50 P2023 \$338.00
09/12/2023	Pamela Salvatierra [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RN Retired	100.00	100.00	P2023 \$100.00
09/12/2023	Pamela Schure [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director 280 Group	65.00	165.00	G2020 \$96.05 P2021 \$25.50 G2022 \$103.00 P2023 \$165.00
09/12/2023	Lilliana Udang [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student/Assistant Susan Eggman	150.00	175.00	P2023 \$175.00
09/12/2023	Greg Yost [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	100.00	100.00	P2023 \$100.00
SUBTOTAL \$				450.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 19 of 40

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
09/12/2023	Kathryn Zeidenstein [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	35.00	105.00	P2021 \$66.75 G2022 \$63.00 P2023 \$105.00
09/26/2023	Michel Bazinet [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	100.00	100.00	G2022 \$100.00 P2023 \$100.00
09/26/2023	Mitra Behnam [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Behnam Accounting Solutions Inc.	100.00	570.00	G2018 \$14.40 P2019 \$90.00 P2021 \$51.00 P2022 \$100.00 G2022 \$164.00 P2023 \$470.00
09/26/2023	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	1,422.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50
09/26/2023	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	1,422.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50
SUBTOTAL \$				435.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>20</u> of <u>40</u>

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
09/26/2023	Bridget Gleason [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Human Resources Director Sol Food Restaurant San Mateo California	10.00	120.00	P2018 \$43.21 G2018 \$67.20 P2019 \$141.13 P2020 \$19.20 G2020 \$86.40 P2021 \$130.00 P2022 \$40.00 G2022 \$95.00 P2023 \$120.00
09/26/2023	Minnie Gong [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Developer Cardlytics	100.00	100.00	P2023 \$100.00
09/26/2023	Mr. Walter Gouveia [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	35.00	270.00	G2022 \$50.00 P2023 \$270.00
09/26/2023	Joy Kosobayashi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	70.00	180.00	P2023 \$180.00
09/26/2023	Brenda Malone [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Not Employed	25.00	300.00	P2018 \$20.00 P2019 \$453.07 P2020 \$28.02 G2020 \$216.09 P2021 \$325.00 P2022 \$100.00 G2022 \$325.00 P2023 \$300.00
SUBTOTAL \$				240.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 21 of 40

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
09/26/2023	Julie McKenzie [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	100.00	100.00	P2023 \$100.00
09/26/2023	Karen Moore [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	35.00	161.00	G2018 \$80.00 P2019 \$35.00 P2020 \$15.00 G2020 \$155.20 P2021 \$116.00 P2022 \$20.00 G2022 \$121.00 P2023 \$161.00
09/26/2023	William Muetzenberg [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Manager Public Health Advocates	35.00	170.00	P2019 \$14.40 P2020 \$14.40 P2021 \$15.00 P2022 \$15.00 G2022 \$20.00 P2023 \$170.00
09/26/2023	Vasuki Nijagal [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	35.00	145.00	G2018 \$25.00 P2019 \$194.01 P2020 \$25.00 G2020 \$45.00 P2021 \$69.50 P2022 \$30.00 G2022 \$25.00 P2023 \$145.00
09/26/2023	Cynthia Reis [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accounting/HR Clerk Ratermann Manufacturing Inc.	35.00	130.00	G2018 \$20.00 P2019 \$199.86 P2020 \$67.23 G2020 \$240.10 P2021 \$556.50 P2022 \$100.00 G2022 \$206.50 P2023 \$130.00
SUBTOTAL \$				240.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 22 of 40

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2023	allyson Aranda [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unknown Unknown	90.00	150.00	G2022 \$48.00 P2023 \$150.00
10/10/2023	Fran Block [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	35.00	115.00	P2023 \$115.00
10/10/2023	Susan Carson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Department of Justice	20.20	242.40	P2019 \$58.20 P2020 \$38.80 G2020 \$174.60 P2021 \$242.40 P2022 \$80.80 G2022 \$641.40 P2023 \$242.40
10/10/2023	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	1,524.05	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
10/10/2023	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	90.00	1,524.05	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
SUBTOTAL \$				285.20		

*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 Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 23 of 40

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2023	Charles Cummiskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Support Kaiser Permanente	27.00	324.00	P2018 \$155.58 G2018 \$205.52 P2019 \$285.23 P2020 \$51.86 G2020 \$233.37 P2021 \$351.00 P2022 \$108.00 G2022 \$216.00 P2023 \$324.00
10/10/2023	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	50.00	1,422.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50
10/10/2023	Gail Grassi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Mechanic The Model Garage	10.00	120.00	P2018 \$172.03 G2018 \$144.06 P2019 \$115.20 P2020 \$28.80 G2020 \$76.80 P2021 \$130.00 P2022 \$40.00 G2022 \$80.00 P2023 \$120.00
10/10/2023	Cheryl Hays [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not employed	45.00	554.40	P2019 \$14.40 P2020 \$20.00 P2021 \$363.75 P2022 \$15.00 G2022 \$397.25 S2023 \$24.40 P2023 \$530.00
10/10/2023	Patricia McManus [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organizational Consultant Ileostomy & Internal Pouch Association - IA	50.00	300.00	G2022 \$125.00 P2023 \$300.00
SUBTOTAL \$				182.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>24</u> of <u>40</u>

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2023	Lynn Mueller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	20.20	322.20	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
10/10/2023	Stephen Owen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	10.00	120.00	P2018 \$28.80 G2018 \$67.20 P2019 \$115.20 P2020 \$28.80 G2020 \$86.40 P2021 \$120.00 P2022 \$40.00 G2022 \$70.00 P2023 \$120.00
10/10/2023	Meredith Rohr [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Palo Alto Networks	100.00	500.00	G2018 \$20.00 P2023 \$500.00
10/19/2023	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	90.00	1,422.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50
10/19/2023	Patricia Howell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	45.00	928.60	P2018 \$146.11 G2018 \$215.00 P2019 \$462.01 P2020 \$92.03 G2020 \$48.02 P2021 \$70.00 P2022 \$20.00 G2022 \$487.50 P2023 \$928.60
SUBTOTAL \$				265.20		

*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 Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 25 of 40

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2023	Ms. Nancy Rusch [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	45.00	338.00	P2018 \$72.03 G2018 \$20.00 P2019 \$195.00 P2020 \$64.40 G2020 \$24.01 P2021 \$197.00 P2022 \$40.00 G2022 \$381.50 P2023 \$338.00
11/06/2023	Mitra Behnam [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Behnam Accounting Solutions Inc.	90.00	570.00	G2018 \$14.40 P2019 \$90.00 P2021 \$51.00 P2022 \$100.00 G2022 \$164.00 P2023 \$470.00
11/06/2023	Fran Block [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	45.00	115.00	P2023 \$115.00
11/06/2023	Susan Carson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Department of Justice	20.20	242.40	P2019 \$58.20 P2020 \$38.80 G2020 \$174.60 P2021 \$242.40 P2022 \$80.80 G2022 \$641.40 P2023 \$242.40
11/06/2023	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	1,524.05	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
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

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 26 of 40
NAME OF FILER		I.D. NUMBER
Democratic Club 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/06/2023	Victor Costa [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Director California Democratic Party	45.00	330.00	P2023 \$330.00
11/06/2023	Charles Cumiskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Support Kaiser Permanente	27.00	324.00	P2018 \$155.58 G2018 \$205.52 P2019 \$285.23 P2020 \$51.86 G2020 \$233.37 P2021 \$351.00 P2022 \$108.00 G2022 \$216.00 P2023 \$324.00
11/06/2023	Susan Eggman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assemblymember CA Assembly	1,000.00	1,000.00	P2023 \$1,000.00
11/06/2023	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	50.00	1,422.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50
11/06/2023	Bridget Gleason [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Human Resources Director Sol Food Restaurant San Mateo California	10.00	120.00	P2018 \$43.21 G2018 \$67.20 P2019 \$141.13 P2020 \$19.20 G2020 \$86.40 P2021 \$130.00 P2022 \$40.00 G2022 \$95.00 P2023 \$120.00
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
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>27</u> of <u>40</u>

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
11/06/2023	Cheryl Hays [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not employed	90.00	554.40	P2019 \$14.40 P2020 \$20.00 P2021 \$363.75 P2022 \$15.00 G2022 \$397.25 S2023 \$24.40 P2023 \$530.00
11/06/2023	Brenda Malone [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Not Employed	25.00	300.00	P2018 \$20.00 P2019 \$453.07 P2020 \$28.02 G2020 \$216.09 P2021 \$325.00 P2022 \$100.00 G2022 \$325.00 P2023 \$300.00
11/06/2023	Lynn Mueller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	20.20	322.20	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
11/06/2023	Meredith Rohr [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Palo Alto Networks	100.00	500.00	G2018 \$20.00 P2023 \$500.00
11/06/2023	Ethan Stone [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Stone Business Law P.C.	45.00	320.00	P2018 \$307.35 P2019 \$280.12 P2020 \$467.22 P2021 \$700.00 P2022 \$250.00 P2023 \$320.00
SUBTOTAL \$				280.20		

*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 Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 28 of 40

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
11/06/2023	June Yasemsky [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute Teacher Tracy Unified School District	90.00	373.00	G2022 \$309.00 P2023 \$373.00
11/10/2023	Patricia McManus [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organizational Consultant Ileostomy & Internal Pouch Association - IA	50.00	300.00	G2022 \$125.00 P2023 \$300.00
11/10/2023	Stephen Owen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	10.00	120.00	P2018 \$28.80 G2018 \$67.20 P2019 \$115.20 P2020 \$28.80 G2020 \$86.40 P2021 \$120.00 P2022 \$40.00 G2022 \$70.00 P2023 \$120.00
11/30/2023	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	50.00	1,422.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$1,422.50
11/30/2023	Bridget Gleason [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Human Resources Director Sol Food Restaurant San Mateo California	10.00	120.00	P2018 \$43.21 G2018 \$67.20 P2019 \$141.13 P2020 \$19.20 G2020 \$86.40 P2021 \$130.00 P2022 \$40.00 G2022 \$95.00 P2023 \$120.00
SUBTOTAL \$				210.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 29 of 40

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2023	Gail Grassi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Mechanic The Model Garage	10.00	120.00	P2018 \$172.03 G2018 \$144.06 P2019 \$115.20 P2020 \$28.80 G2020 \$76.80 P2021 \$130.00 P2022 \$40.00 G2022 \$80.00 P2023 \$120.00
11/30/2023	Josh Harder For Congress [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
11/30/2023	Brenda Malone [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Not Employed	25.00	300.00	P2018 \$20.00 P2019 \$453.07 P2020 \$28.02 G2020 \$216.09 P2021 \$325.00 P2022 \$100.00 G2022 \$325.00 P2023 \$300.00
12/12/2023	Susan Carson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Department of Justice	20.20	242.40	P2019 \$58.20 P2020 \$38.80 G2020 \$174.60 P2021 \$242.40 P2022 \$80.80 G2022 \$641.40 P2023 \$242.40
12/12/2023	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	1,524.05	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
SUBTOTAL \$				605.20		

*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 Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 30 of 40

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2023	Charles Cummiskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Support Kaiser Permanente	27.00	324.00	P2018 \$155.58 G2018 \$205.52 P2019 \$285.23 P2020 \$51.86 G2020 \$233.37 P2021 \$351.00 P2022 \$108.00 G2022 \$216.00 P2023 \$324.00
12/12/2023	Mr. Walter Gouveia [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	45.00	270.00	G2022 \$50.00 P2023 \$270.00
12/12/2023	Gail Grassi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Mechanic The Model Garage	10.00	120.00	P2018 \$172.03 G2018 \$144.06 P2019 \$115.20 P2020 \$28.80 G2020 \$76.80 P2021 \$130.00 P2022 \$40.00 G2022 \$80.00 P2023 \$120.00
12/12/2023	Patricia McManus [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organizational Consultant Ileostomy & Internal Pouch Association - IA	50.00	300.00	G2022 \$125.00 P2023 \$300.00
12/12/2023	Lynn Mueller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	20.20	322.20	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
SUBTOTAL \$				152.20		

*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 Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 31 of 40

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2023	Stephen Owen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	10.00	120.00	P2018 \$28.80 G2018 \$67.20 P2019 \$115.20 P2020 \$28.80 G2020 \$86.40 P2021 \$120.00 P2022 \$40.00 G2022 \$70.00 P2023 \$120.00
12/12/2023	Meredith Rohr [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Palo Alto Networks	100.00	500.00	G2018 \$20.00 P2023 \$500.00
12/29/2023	Robin Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Consultant Mipro Consulting-Milford MI 48381	50.00	1,524.05	P2018 \$260.11 P2019 \$266.03 P2020 \$667.54 G2020 \$298.13 P2021 \$1,004.40 P2022 \$220.00 G2022 \$975.00 P2023 \$1,524.05
12/29/2023	Charles Cummiskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology Support Kaiser Permanente	27.00	324.00	P2018 \$155.58 G2018 \$205.52 P2019 \$285.23 P2020 \$51.86 G2020 \$233.37 P2021 \$351.00 P2022 \$108.00 G2022 \$216.00 P2023 \$324.00
12/29/2023	Mrs. Alyce Eversole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	50.00	1,422.50	G2018 \$58.00 P2019 \$756.90 P2020 \$457.63 G2020 \$1,018.24 P2021 \$963.80 P2022 \$220.00 G2022 \$548.00 P2023 \$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
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>32</u> of <u>40</u>

NAME OF FILER Democratic Club 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)	PER ELECTION TO DATE (IF REQUIRED)
12/29/2023	Bridget Gleason [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Human Resources Director Sol Food Restaurant San Mateo California	10.00	120.00	P2018 \$43.21 G2018 \$67.20 P2019 \$141.13 P2020 \$19.20 G2020 \$86.40 P2021 \$130.00 P2022 \$40.00 G2022 \$95.00 P2023 \$120.00
12/29/2023	Brenda Malone [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Not Employed	25.00	300.00	P2018 \$20.00 P2019 \$453.07 P2020 \$28.02 G2020 \$216.09 P2021 \$325.00 P2022 \$100.00 G2022 \$325.00 P2023 \$300.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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
 SCC - Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 33 of 40
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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
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	TSF transfer between committees of the same candidate/sponsor
LEG 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 (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 [REDACTED]	OFC	Moving Expense for office	250.00
Robin Cole [REDACTED]	MTG	Printing of Information cards for Club Booth at Tracy African American Assoc. Juneteenth.	239.89

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

SUBTOTAL \$ 506.92

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	6,467.24
2. Unitemized payments made this period of under \$100	\$	50.00
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.)	TOTAL \$	6,517.24

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 34 of 40
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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 |
| 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 | TSF transfer between committees of the same candidate/sponsor |
| LEG 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 (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	5.16
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND		Fundraising Fee	12.35
Work Vine 209 1006 E. Pescadero Ave. #107 Tracy, CA 95304	OFC		Rent August	500.00
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND		Fundraising Fee	12.39
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND		Fundraising Fee	21.58

* 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.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 35 of 40
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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 |
| 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 | TSF transfer between committees of the same candidate/sponsor |
| LEG 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 (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	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	FND		Fundraising Fee	110.18
Robin Cole [REDACTED]	FND		Bake Back Better Supplies	29.94
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND		Fundraising Fee	106.55

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

SUBTOTAL \$ 1,294.46

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>36</u> of <u>40</u>
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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
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	TSF transfer between committees of the same candidate/sponsor
LEG 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Robin Cole [REDACTED]	FND		Email Notifications for Fundraisers	91.26
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND		Fundraising Fee	42.54
Cheryl Hays [REDACTED]	FND		Wine/Trivia Night Supplies	183.44
Work Vine 209 1006 E. Pescadero Ave. #107 Tracy, CA 95304	OFC		Rent October 2023	1,000.00
Act Blue PO Box 441146 Somerville, MA 02144-0031	FND		Fundraising Fee	18.10

* 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.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 37 of 40
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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
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	TSF	transfer between committees of the same candidate/sponsor
LEG	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 (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
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>38</u> of <u>40</u>
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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
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	TSF transfer between committees of the same candidate/sponsor
LEG 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 (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.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 39 of 40
NAME OF FILER		I.D. NUMBER
Democratic Club of Greater Tracy		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 |
| 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 | TSF transfer between committees of the same candidate/sponsor |
| LEG 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 (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	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 I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2023
through 12/31/2023

SCHEDULE I

CALIFORNIA FORM 460

Page 40 of 40

I.D. NUMBER
1299762

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Democratic Club of Greater Tracy

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION 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 Security Deposit	1,297.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,297.00

Schedule I Summary

1. Itemized increases to cash this period.	\$ 1,297.00
2. Unitemized increases to cash of under \$100 this period.	\$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 1,297.00