Recipient Committee			Date Stamp	COVER PAGE
Campaign Statement				CALIFORNIA 460
Cover Page			RECEIVED	FORM TOO
-		CITY	CLERK'S OFFICE	Page 1 of 9
	Statement covers period	Date of election if applicable:		For Official Use Only
	from 10-23-2016	(Month, Day, Year) 2016	DEC 30 AM 9: 48	For Onicial Use Only
SEE INSTRUCTIONS ON REVERSE	through 12-30-2016	11-8-2016C	TY OF TRACY	
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (No Complete Ped 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Use Complete Pert 0) Primarily Formed Candidate/ Officeholder Committee Use Complete Part 1)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	t	terly Stalement ial Odd-Year Report
4 Committee Information	, NUMBER 1366511	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
MACIEL FOR TRACY MAYOR 2016		Michael Maciel		
111101227 077 17010 1 11111 017 2010		MAILING ADDRESS		
		210 Forest Hills Drive		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	
210 Forest Hills Drive	DE AREA CODE/PHONE	Tracy NAME OF ASSISTANT TREASURE	CA 9537	6 209/835-2468
Tracy CA 95376	· · · · · ·	N/A	n, it arei	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	200,000 2,100	MAILING ADDRESS		
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL. FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	58	
4. Verification				
I have used all reasonable diligence in preparing and reviewin	ng this statement and to the best of my ki	nowledge the information contained	herein and in the attached sch	edules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and o	orrect.		
Executed on 13-30-2016	By	<u> </u>		
	•	Since of Assistant	Treasurer	
Executed on 12 - 30 2016	BySignature of Contains	Hity Litteritureur, warrant,	nonsible Officer of Sponso	ar ·
Executed on	P.			#Morandonie
Date	Signal Si	nature of Controlling Officeholder, Candidate, S	State Measure Proponent	
Executed on	BySt	mature of Controlling Officeholder, Cendidate, S	State Measure Proponent	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	r Page	- PART 2
CALIF	ORN		
	ORM.	4	(90)
	AND		

Page	2	of	_9

j. 1	Officeholder or Candidate Controlled Cor	nmittee			6.	Primarily Formed Ballo	t Measure	Committee		
•	NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
	Michael Maciel									
,	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER	IF APPLICABL	E)		BALLOT NO. OR LETTER	JURISDICTIO	ÓN		SUPPORT OPPOSE
	Mayor, City of Tracy					-		·		OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		Identify the controlling office	holder, cand	idate, or state meas	sure propo	nent. if anv.
	210 Forest Hills Drive	Tracy	CA	95376		NAME OF OFFICEHOLDER, CAN			ouro propo	
						NAME OF OFFICEROLDER, CAR	DIDAIL, OR FI	(Or ONLIV)		
	Related Committees Not Included in this not included in this statement that are controlled by you contributions or make expenditures on behalf of your contributions.	u or are prima				OFFICE SOUGHT OR HELD		TRID	TRICT NO. IF	ANY
,	COMMITTEE NAME	I.D. NUMI	BER					<u> </u>		44.
	IAME OF TREASURER	CONTRO	LLED COMMIT	TEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	lidate/Offic	ceholder Comm s committee is prima	ittee List arily formed	t names of f.
		☐ YE	s 🗌 NO)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	1
ı	COMMITTEE ADDRESS NO P.	.O. BOX)				TOTAL OF OFFICE ROLL OF O	7 11 Case 2 Grap 7 C WW			SUPPORT OPPOSE
,		ZIP CODE	AREA COL	DE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (OR HELD	SUPPORT OPPOSE
•	COMMITTEE NAME	I.D. NUMI	BER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER	CONTRO	S NO			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (OR HELD	SUPPORT
	COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)		······································		***************************************				hand a second
	CITY STATE 2	IP CODE	AREA COI	DE/PHONE		Atta	ch continuat	ion sheets if neces.	sary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA** 10-23-2016 FORM from_ 12-30-2016 Page ___ through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Maciel For Tracy Mayor 2016 1366511

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ \frac{-30,000}{1,700}	\$ 28,836 30,000 \$ 58,836 0 \$ 58,836	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ 20,751 0 0	\$ 53,979 0 \$ 53,979 0 0 0 \$ 53,979	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	to	whole dollars.	Statement covers period 10-23-2016 12-30-2016		CALIFORNIA 460 FORM Page 9 of 9		
SEE INSTRUCTIO	NS ON REVERSE			through	30-2010 Page			
NAME OF FILER Maciel For	Tracy Mayor 2016					1.D. NI 1366	JMBER 511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10-24-2016	Thomas Davis 10 Northview Court Danville, CA 94506	☑ IND □ COM □ OTH □ PTY □ SCC	President, Lee & Associates Commercial Real Estate services	\$500				
10-24-2016	Salman S. Razi M.D. Inc. 2160 W. Grantline Road Suite 140 Tracy, CA 95377	☐ IND IZ COM ☐ OTH ☐ PTY ☐ SCC		\$100				
10-29-2016	Brent H. Ives 2459 Neptune Court Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Self-Employed BHI Consulting	\$200				
11-1-2016	JP Palmer Inc. 672 W. 11th Street, Suite 102 Tracy, CA 95376	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$250				
11-10-2016	Phillip Pennino 1502 Keagle Way Lodi, CA 95242	IND COM OTH PTY SCC	Secretary/Treasurer Pennino Management Group	\$150				
			SUBTOTAL \$	1,200				
Amount red (Include all Amount red	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		^	IND- COM OTH PTY	other) Other – Politic	ual vient Committee than PTY or SCC) (e.g., business entity)	
	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$	1,700	1 300		PC Form 460 (Jan/2016)	

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)	CHEDULE A (CONT.)
--------------------	-------------	--------

CALIFORNIA FORM

Statement covers period

from_

10-23-2016

				through 12-3	0-2016	Page_	<u>ゝ</u> of _ ラ
NAME OF FILER				<u> </u>		I.D. NUI	MBER
Maciel For	Tracy Mayor 2016					13665	11
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
12-23-2016	DCT Industrial Operating Partners LP 555 17th Street, Suite 3700 Denver, CO 80202	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$500			
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL	500			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received	Am	ounts may be ro to whole dollars	unded s.	circumstantia militare com	Statement coverage from 10-23	ers period -2016	SCHEDULE B - PART 1 CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Maciel For Tracy Mayor 2016	Page6 I.D. NUMBER 1366511	of							
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Michael Maciel 210 Forest Hills drive Tracy, CA 95376	Retired	40.000		 Z PAID \$ 4,167 ✓ FORGIVEN 	\$	% RATE	s 10,000	s 20,000	
ZIND COM OTH PTY SCC		\$ 10,000	\$	\$ <u>5,833</u>	DATE DUE	\$	10-14-16 DATE INCURRED	\$	
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376	Retired			PAID \$ FORGIVEN	s	RATE	ş <u>10,000</u>	\$PER ELECTION*	
[‡] ☑IND □ COM □ OTH □ PTY □ SCC		s <u>10,000</u>	\$	s 10,000	DATE DUE	\$	5-16-16 DATE INCURRED	\$	
Micheal Maciel 210 Forest Hills Drive Tracy, CA 95376	Retired			PAID S Z FORGIVEN	s	% RATE	s 5.000	CALENDAR YEAR 5 PER ELECTION*	
TØ IND □ COM □ OTH □ PTY □ SCC		\$5,000	\$	s5,000	DATE DUE	\$	6-27-14 DATE INCURRED	s	
		SUBTOTALS S	5	\$ 30,000	\$	\$			
Schedule B Summary 1. Loans received this period			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	0	(Enter (e) on Schedule E, Line 3)			

1.	Loans received this period	\$	0
	Loans paid or forgiven this period(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	\$.	30,000

-30,000 Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

SCC - Small Contributor Committee

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

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

	Am	ounts may be roi	unded	·	~~~		SCHE	DULE B - PART 1
Schedule B – Part 1		to whole dollars		Statement cov	•	CALIFORN	^{IA} 460	
_oans Received			annu achdunya.	from10-23	3-2016	FORM TOO		
EE INSTRUCTIONS ON REVERSE				Bildericalitana	through12-	30-2016	Page 7	of 9
IAME OF FILER	40 - VOO - 17 - VI - HAMILLIAN HAR III II I						I.D. NUMBER	
Maciel For Tracy Mayor 2016							1366511	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(6) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Michael Maciel	Retired			☐ PAID				CALENDAR YEAR
210 Forest Hills Drive	Rould			s	. \$	%	s 5,000	\$
Fracy, CA 95376				☑ FORGIVEN		RATE		PER ELECTION**
☑ IND □ COM □ OTH □ PTY □ SCC		s 5,000	\$	s 5,000	DATE DUE	\$	4-30-14 DATE INCURRED	\$
				PAID				CALENDAR YEAR
		automorphism		s	_ \$	%	\$	s
				FORGIVEN		RATE		PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	s	\$	DATE DUE	s	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
					\$	%	\$	s
				FORGIVEN		RATE		PER ELECTION**
			¢	A CONTRACTOR OF THE CONTRACTOR	A-1			
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			-	3	DATE DUE		DATE INCURRED	
		SUBTOTALS \$		S	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3	3)	
Loans received this period				\$	N/A			
(Total Column (b) plus unitemized loar						(Contributor Codes	
) languagid or familian this resist				ار ج	SEE PG. 6	I '	ND – Individual	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 	naid or forgiven.)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ψ		. (COM - Recipient C	ommittee PTY or SCC)
(Include loans paid by a third party tha		dule A.)					OTH - Other (e.g.,	business entity)
S. N. J. C.	- 0 f Li 4 \			NET &	CEE PG. 6		PTY – Political Part SCC – Small Contr	
 Net change this period. (Subtract Lin Enter the net here and on the Summar 	e ∠ trom Line 1.) ov Page, Column A. Line 2	**********			(May be a negative number)		- Ontar John	
Little tile net here and on the Odiffitial	y augo, columnary colo za				- "			

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

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

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE	Made to whole dollars.					CALIFO FOI	8 of 9
NAME OF FILER Maciel For Tracy Mayor 2016						136651	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* legal defense LET campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and st POS postage, deliper professional print ads	munications I appearance es ating urvey resea very and me	s ees rch essenger services	RAD rau RFD rei SAL ca TEL t.v TRC ca TRS str TSF tra VOT vo	scribe the payment. dio airlime and production lurned contributions mpaign workers' salaries , or cable airlime and prod ndidate travel, lodging, an aff/spouse travel, lodging, insfer between committees ter registration formation technology costs	luction costs d meals and meals s of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION O	F PAYMENT		AMOUNT PAID
Tracy Press P.O. box 419 Tracy, CA 95378		PRT					\$891.00
Strategic Research 3333 W. Country Club Blvd. Stockton, CA 95204		LIT					\$6,844.39
Tracy Press P.O. Box 419 Tracy, CA 95378		PRT					\$741.00
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SU	IBTOTAL \$	8476.39
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$ <u></u>	20,751.25

FPPC Form 460 (Jan/2016)

20,751.25

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

Schedule E Continuation Sheet) Payments Made EE INSTRUCTIONS ON REVERSE AME OF FILER	Amounts may be to whole do			ent covers period 10-23-2016 12-30-2016	CALIFO FOR	9 of 9	
Maciel For Tracy Mayor 2016						1366511	1
campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense	the payment, you make in member common meetings and office expension petition circular phone banks POL polling and suppostage, delivation professional support professional suppo	munications appearances es ating irvey research very and mess	r enger services	RAD radic RFD retur SAL camp TEL t.v. o TRC cand TRS staff, TSF trans VOT votes	ribe the payment. a airtime and production ned contributions paign workers' salaries r cable airtime and prod lidate travel, lodging, and (spouse travel, lodging, a fer between committees r registration mation technology costs	uction costs d meals and meals s of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DES	CRIPTION OF	PAYMENT		AMOUNT PAID
Strategic Research 3333 W. Country Club Blvd. Stockton, CA 95204			Combination of LI	T, RAD an	d TEL		\$7,485.57
Jorge's El Tapitio Restaurant			Catering				\$252.12
Fracy Press P.O. Box 419 Fracy, CA 95378		PRT					\$370.50
Michael Maciel 210 Forest Hills Drive Fracy, CA 95376			Loan Payment				\$4,166.67

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

12,274.86

SUBTOTAL \$

Recipient Committee				COVER PAGE
			Date Stamp	CALIFORNIA A CO
Campaign Statement			DECEMEN	FORM 40U
Cover Page		Q TV	RECEIVED	PURI
-	·	UIIY	CLERK'S OFFICE	- / . 11
	Statement covers period	Date of election if applicable:		Page of
	from 9-25-2016	(Month, Day, Year) 20 16 ()CT 27 AM II: 56	For Official Use Only
	110(1)	1		
SEE INSTRUCTIONS ON REVERSE	through 10-22-2016	10-8-2016 CI	TY OF TRACY TRACY, CA	
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
☑ Officeholder, Candidate Controlled Committee	☐ Primarily Formed Ballot Measure	Preelection Statement		
O State Candidate Election Committee	Committee	Semi-annual Statement		erly Statement
O Recall	O Controlled	☐ Termination Statement	L. Specia	al Odd-Year Report
(Also Complete Part 5)	O Sponsored	(Also file a Form 410 Termi	nation)	
	(Also Complete Part 6)	· ·	•	
General Purpose Committee	☐ Primarily Formed Candidate/	Amendment (Explain belov	v)	
O Sponsored O Small Contributor Committee	Officeholder Committee			
O Political Party/Central Committee	(Also Complete Part 7)			
——————————————————————————————————————				
3. Committee Information	1.D. NUMBER 1366511	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		
MACIEL FO⊀ TRACY MAYOR 2016		Michael Maciel		
WACIEL FOR TRACT WATOR 2010		MAILING ADDRESS		
		210 Forest Hills Drive		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP COD	E AREA CODE/PHONE
210 Forest Hills Drive				
		Tracy	CA 95376	209/835-2468
	P CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	ANY	
Tracy CA 98	5376 209/835-2468	N/A		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BI	OX	MAILING ADDRESS		
CITY STATE Z	P CODE AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHONE
Step Street 20	ANEA GODDI HONE	CAT .	SIAIL ZIF GOD	E AREA CODE/FRONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX/E-MAILADDRESS		
4. Verification				
I have used all reasonable diligence in preparing and rev	invine this eleterant and to the heat of my	knowledge the information contained has	ain and in the attached caba	distant in taxa and a anotate 1
certify under penalty of perjury under the laws of the Stat	e of California that the foregoing is true and	consci.	an and in the attached sche	udes is the and complete. T
	* Di Damarna narnic toregong la nac bilo	In C		
Executed on 10 - 27 - 16	8y			
Date		Signature of Hudasural Symmetry	*	•
Executed on 70 - 27 - 16	Ву			
Date	Signature of Contr	olling Officeholder, Candidate, State Measure Hupon	sible Officer of Sponsor	
Executed on	By			
Date	Sy	ignature of Controlling Officeholder, Candidate, State I	deasure Proponent	-
Executed on	By			
Date:		Sanatura et Cautadina Ottonbutura Candidata Ctala d	1	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA ACO
CALIFORNIA 460
Page of

. (Officeholder or Candidate Controlled Cor	nmittee			6.	Primarily Formed Ballo	t Measure	Committee		
Ĩ	NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
	Michael Maciel									
į	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER	R IF APPLICABLI	E)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
	Mayor, City of Tracy								.	OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		Identify the controlling office	holder, cand	idate, or state mea	asure prop	onent, if any.
	210 Forest Hills Drive	Tracy	CA	95376		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PE	ROPONENT	······································	
1	Related Committees Not Included in this not included in this statement that are controlled by your contributions or make expenditures on behalf of your contributions.	u or are prima				OFFICE SOUGHT OR HELD		DIS	STRICT NO. I	FANY
ï	OMMITTEE NAME	I.D. NUN	/BER							

i	IAME OF TREASURER	CONTR	OLLED COMMIT	TEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	ceholder Comn s committee is prim	nittee Lis arily forme	st names of d.
		□ YI	ES 🗌 NO	l		THE STATE OF THE S		OFFICE SOUGHT	0011510	
ē	COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)				NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OK HELD	SUPPORT
•	CITY STATE 2	IP CODE	AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
•	COMMITTEE NAME	I.D. NUN	MBER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
i	NAME OF TREASURER	CONTR	OLLED COMMIT			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
Ĭ	COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)						. I	······································	
;	STATE Z	IP CODE	ADEA COL	DE/PHONE		A	. 6 43	t		
	SIAIE 2	IF CUDE	AREAGOI	J#15 U €14E		Atta	cn conunuat	ion sheets if nece:	ssary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA 460 Statement covers period 9-25-2016 from. Page 3 10-22-2016 through_

SEE INSTRUCTIONS	ON	REVERSE
NAME OF FILER		

MACIEL FOR TRACY MAYOR 2016

1366511

I.D. NUMBER

Contributions Received	(Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	6,366	\$	27,736	General Elections
2. Loans Received Schedule B, Line 3		10,000		30,000	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	16,,366	\$	57,736	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3		0		0	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	16,366	\$	57,736	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	19,483	\$	33,228	Candidates
7. Loans Made Schedule H, Line 3		0		0	1
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	19,483	\$	33,228	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0		0	Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3		0		0	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	19,483	\$	33,228	
Current Cash Statement			Ī		s
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	22,168	T.	calculate Column B.	
13. Cash Receipts Column A, Line 3 above		16,366	ade	d amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0		o the corresponding ounts from Column B	*Amounts in this section may be different from amounts
15. Cash Payments Column A, Line 8 above		19,483	of	our last report. Some	reported in Column B.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	19,051	be	ounts in Column A may negative figures that	
If this is a termination statement, Line 16 must be zero.			pre	ould be subtracted from vious period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file	is the first report being d for this calendar year, y carry over the amounts	
Cash Equivalents and Outstanding Debts				n Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0	a 1)	<i>.</i>	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	30,000			FPPC Form 460 (Jan/2016)
					FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 460

Statement covers period

from_

9-25-2016

SEE INSTRUCTION	IS ON REVERSE	through10-2	2-2016	4_of_[
NAME OF FILER	DR TRACY MAYOR 2016		har 11100 - 11100 - 11100 - 11100 - 11100 - 11100 - 11100 - 11100 - 11100 - 11100 - 11100 - 11100 - 11100 - 11			I.D. NU 13665	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9-26-16	River Islands Development, LLC 2999 Oak Road, Suite 4000 Walnut Creek, CA 94597	□IND □COM ☑OTH □PTY □SCC		\$500			
9-27-16	Jane Williford 436 E. Carlton Way Tracy, CA 95376	ZIND COM OTH PTY SCC	Home m aker	\$250			
9-28-16	Mike Repetto 840 Orazio Lane Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Self-employed Tracy Disposal	\$250			
9-29-16	James Younger 1861 Petrig Court Tracy, CA 95376	IND COM OTH PTY	Retired	\$300			
9-29-16	Beckie Brown 32811 S. Bird road Tracy, CA 953204	IND COM OTH PTY SCC	Homemaker	\$250			
			SUBTOTAL \$	1,550			
	A Summary					tributor (
1. Amount red (Include all	ceived this period – itemized monetary contributions. Schedule A subtotals.)	******************	\$	5,175			ient Committee than PTY or SCC)
Amount received this period – unitemized monetary contributions of less than \$100\$					PTY	– Öther – Politica	(e.g., business entity)
3. Total mone	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col	6,366	scc	- Small	Contributor Committee PC Form 460 (Jan/2016)		

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from.

9-25-2016

				through 10-2	2-2016		5 of 11
NAME OF FILER MACIEL FO	OR TRACY MAYOR 2016			I.D. NUI 13665			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9-30-16	Curtis Repetto 2709 Annette Court Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Self-employed Tracy Material Recovery	\$250			
10-4-16	Fred Gowan 6893 St. Andrews Lane Tracy, CA 95377	IND COM OTH PTY	Retired	\$100			
10-11-16	Lewis Investment Company, LLC 1156 N. Mountain Ave. Upland, CA 91786	□IND □COM ☑OTH □PTY □SCC		\$500			
10-13-16	Joanne Souchek 734 Jesse Martinez Drive Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	\$250			
10-17-16	Rados Properties - CA Land, LLC P.O. Box 15184 Santa Ana CA, 92573	□IND □COM ☑OTH □PTY □SCC		\$750			
			SUBTOTAL	\$ 1,850			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from

9-25-2016

				through 10-22	2-2016	Page _	6 of 11
NAME OF FILER					I.D. NUI		
MACIEL FO	R TRACY MAYOR 2016					13665	11
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN, 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
10-17-16	The Surtec System 1880 N. MacArthur Drive Tracy, CA 95376	□IND □COM ØOTH □PTY □SCC		\$100			
10-17-16	Eagle Property Management 421 W. 11th Street Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		\$200			
10-19-16	Cal. Real Estate PAC / Cal. Assn. of Realtors 525 S. Virgil Avenue Los Angeles, CA 90020	□IND □COM ☑OTH □PTY □SCC		\$1,000			
10-19-16	PG&E Corporation / Major Donor Account 77 Beale Street San Francisco, CA	□IND □COM ØOTH □PTY □SCC		\$20,5			
10-20-16	Charles Manne Insurance Agency, Inc. 2177 Las Positas Court, Suite I Livermore, CA 94551	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		\$250			
		M++	SUBTOTAL S	1,7775	and the second s		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

Schedule B – Part 1 to whole dollars. Loans Received				Statement cov	ers period 5-20\b	CALIFORN FORM	^{IA} 460	
SEE INSTRUCTIONS ON REVERSE					through10-2	22-2016	Page	of
NAME OF FILER							I.D. NUMBER	
MACIEL FOR TRACY MAYOR 2016							1366511	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOL	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Michael Maciel 210 Forest Hills Drive Tracy, CA	Retired		. 10,000	PAID S FORGIVEN	s 10,000	RATE	s 10,000 10-14-16	S 20,000 PER ELECTION*
[†] ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		,	<u> </u>	-	DATE DUE	*	DATE INCURRED	
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376	Retired	10,000		\$ FORGIVEN	s 10,000	RATE	; 10,000	\$PER ELECTION*
[†] ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	s		\$
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376	Retired			PAID FORGIVEN	s 5,000	% RATE	\$5,000	CALENDAR YEAR \$ PER ELECTION*
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		5,000	s	s	DATE DUE	\$	6-27-14 DATE INCURRED	\$
	The state of the s	SUBTOTALS	\$ 10,000	\$	\$ 30,000	\$		
Schedule B Summary			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			(Enter (e) on Schedule E, Line (3)	
Loans received this period (Total Column (b) plus unitemized load Loans paid or forgiven this period	ns of less than \$100.)				10,000		Contributor Codes	
(Total Column (c) plus loans under \$1 (Include loans paid by a third party that	00 p aid or forgiven.) at are also itemized on Scho			NET \$	10 000	***************************************	•	PTY or SCC) business entity) ty

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

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

** If required.

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

(May be a negative number)

Schedule B – Part 1 Loans Received	An	nounts may be ro to whole dollar		Transmission of the second	Statement cov	ers period 5-2016	CALIFORN FORM	1A 460
SEE INSTRUCTIONS ON REVERSE					through10-	22-2016	Page	of
NAME OF FILER							I.D. NUMBER	
MACIEL FOR TRACY MAYOR 2016							1366511	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOI	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376	Retired	. 5,000		S FORGIVEN	\$5.000	% RATE	\$ 5,000	\$PER ELECTION ^{#1}
† IND COM OTH PTY SCC		\$\$	\$	\$	DATE DUE	\$	4-30-14 DATE INCURRED	\$
		\$	\$	PAID S FORGIVEN S	s	% RATE	s	S PER ELECTION*
†□ IND □ COM □ OTH □ PTY □ SCC				☐ PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR
		•		\$ FORGIVEN	_ \$	RATE	\$	PER ELECTION*
TO IND COM OTH PTY SCC		3		\$	DATE DUE		DATE INCURRED	
		SUBTOTALS	\$	\$	\$ 5,000	\$		
Schedule B Summary 1. Loans received this period		*******		\$	N/A	(Enter (e) on Schedule E, Line 3	3)	
(Total Column (b) plus unitemized loa						ا	Contributor Codes	<u> </u>
 Loans paid or forgiven this period (Total Column (c) plus loans under \$1 (Include loans paid by a third party the 	00 paid or forgiven.)			\$		- (ND – Individual COM – Recipient C (other than DTH – Other (e.g., PTY – Political Pan	PTY or SCC) business entity)
Net change this period. (Subtract Lir Enter the net here and on the Summa	ne 2 from Line 1.) arv Page, Column A. Line 2.	••••••		NET \$	N/A (May be a negative number)		SCC – Small Contr	

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

** If required.

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

Schedule E Payments Made	Amounts may be rounded to whole dollars.				9-25-2016 10-22-2016	FOR	FORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through	10-22-2016	Page	ľ	
MACIEL FOR TRACY MAYOR 2016						136651		
CODES: If one of the following codes accurately describ	es the navment v	nu may ent	er the code. Other	wise descri	be the payment.			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	imunications d appearances ses lating urvey research	s 1 senger services	RAD radio RFD return SAL camp; TEL t.v. or TRC candid TRS staff/s TSF transf VOT voter	airtime and production ed contributions aign workers' salaries cable airtime and prod date travel, lodging, an pouse travel, lodging, a er between committees	uction costs d meals and meals s of the same	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DES	CRIPTION OF PA	YMENT		AMOUNT PAID	
Tracy Press P.O. Box 419 Tracy, CA 95378		PRT					741	
Strategic Research 3333 W. Country Club Blvd. Stockton, CA 95204		LIT					10,744.27	
Power Marketing 6333 Pacific Ave. #510 Stockton. CA 95207		TLE					4,500	
* Payments that are contributions or independent expenditures must also	be summarized on Scho	edule D.			su	BTOTAL \$	15,985.27	
Schedule E Summary							. 1 n . 1 J7-	
1. Itemized payments made this period. (Include all Schedu							19,483.2	
2. Unitemized payments made this period of under \$100								
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)							19,483,20	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Colum					10	/IAL \$		

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

MBR member communications

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

Statement covers period	CALIFORNIA 160
from 9-25-2016	FORM 400
through 10-22-2016	Page 10 of 11
	I.D. NUMBER
	1366511

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MACIEL FOR TRACY MAYOR 2016

CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		d appearance ses lating urvey researd very and mes		RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same voter registration information technology costs (internet, e-	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Tracy Press P.O. Box 419 Tracy, CA 95378			On-line ad			150
Strategic Research 3333 W. Country Club Blvd. Stockton, CA 95204		TLE				1,350
Tracy Instant Printing 1119 Adam St. Tracy, CA 95376		LIT				568.08
Ian McKenzie 1286 Shady Court Tracy, CA 95377			Vi d eo Produc	etion		500.00
Tracy Press P.O. Box 419 Tracy, CA 95378			On-line ad			150
* Payments that are contributions or independent expenditures must also I	pe summarized on Sche	dule D.		NAME OF THE PARTY	SUBTOTAL	2,718.08

Schedule E	A		SCHEDULE E (CONT.)
(Continuation Sheet)	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
Payments Made		from 9-25-2016	FORM 400
SEE INSTRUCTIONS ON REVERSE		through 10-22-2016	Page / of //
NAME OF FILER			I.D. NUMBER
MACIEL FOR TRACY MAYOR 2016			1366511
CODES: If one of the following codes accurately describes	s the payment, you may enter the code	e. Otherwise, describe the payment.	
CMP campaign paraphemalia/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	dradian acada
CVC civic donations FIL candidate filing/ballot fees	PET petition circulating PHO phone banks	TEL t.v. or cable airtime and proc TRC candidate travel, lodging, ar	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger service	, , ,	es 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 cost	s (internet, e-mail)

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

PRO professional services (legal, accounting) PRT print ads			yot voter registration WEB information technology costs (internet, e-mail)		
	CODE (OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
		4X8 signs		779.93	
	PRO professional s	PRO professional services (lega PRT print ads	PRO professional services (legal, accounting) PRT print ads CODE OR	PRO professional services (legal, accounting) PRT print ads CODE OR DESCRIPTION OF PAYMENT	

779.93

SUBTOTAL \$

Recipient Committee				COVER PAGE
Campaign Statement Cover Page				FORM 460
	Statement covers period from 1-7-2016	Date of election if applicable: (Month, Day, Year)	2016 OCT 27 AM II 58°	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through9-24-2016	11-8-2016	CITY OF TRACY TRACY, CA	
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee		ermination) elow) .ines 1,3,5, 6,8,11,12,13&16. F	-Year Report Pg. 4 totals on
O Political Party/Central Committee	lsa Complete Part 7)	Items 1,2 &3. Pg.5 (F	g. 6 on original) Subtotal & en	try on 3rd listing.
J. COMMINGER ROSSINATION	NUMBER 366511	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
MACIEL FOR TRACY MAYOR 2016		Michael Maciel		
		MAILING ADDRESS		***************************************
STREET ADDRESS (NO P.O. BOX)		210 Forest Hills Drive		
210 Forest Hills Drive		CITY	STATE ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP COD	PE AREA CODE/PHONE	Tracy NAME OF ASSISTANT TREASURES	CA 95376	209/835-2468
Tracy CA 95376		N/A	₹, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX N/A	200/000-2400	MAILING ADDRESS		
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S	
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C	g this statement and to the best of my l California that the foregoing is true and	knowledge the information contained correct.	herein and in the attached schedules i	s true and complete. I
10.27 16		-	7	
	Ву	<u> </u>		
Executed on	By — Signature of Contro	olling Officeholder, Candidate, State Measure Pro	ponent or Responsible Unicer of Sponsor	
Executed on	By	ignature of Controlling Officeholder, Candidate, S	tate Measure Proponent	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

Officeholder or Candidate Controlled Com	mittee			6.	Primarily Formed Ballo	t Measure Con	nmittee	
NAME OF OFFICEHOLDER OR CANDIDATE		,,			NAME OF BALLOT MEASURE			
Michael Maciel								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF	APPLICABLE	Ξ)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Mayor, City of Tracy								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP					
210 Forest Hills Drive	Тгасу	CA	95376		Identify the controlling office	holder, candidate	, or state measure pro	ponent, if any.
					NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPO	NENT	
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primaril				OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBI	ER						
NAME OF TREASURER	CONTROL	LED COMMIT	TEE?	7.	Primarily Formed Cand	lidate/Officeho	lder Committee	ist names of
	☐ YES				officeriologi(s) of candidate(s)	tor which this con	mintee is primarny torn	rea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	hama		· · · · · · · · · · · · · · · · · · ·		NAME OF OFFICEHOLDER OR C	ANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIE	CODE	AREA COD	E/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE OF	FICE SOUGHT OR HELD	☐ SUPPORT
								OPPOSE
COMMITTEE NAME	I.D. NUMBI	ER			NAME OF OFFICEHOLDER OR C	ANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROL	LED COMMIT	TEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE OF	FICE SOUGHT OR HELD	
	☐ YES	□ №					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)					1		
CITY STATE ZII	PCODE	AREA COD	E/PHONE		Λ <i>н</i> э	ch continuation s	heets if necessary	
SIATE ZII	CODE	AREA OUL	PUDIC		Atta	cn continuation s	neets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA ACO

Jummary 1 ago	from	7-1-16	FORM 400	
SEE INSTRUCTIONS ON REVERSE	through	9-24-16	Page 3 of 5	
JAME OF FILER			I.D. NUMBER	
MACIEL FOR TRACY MAYOR 2016			1366511	

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 5,369 0	\$ 21,370 20,000 \$ 41,370 \$ 41,370	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ \frac{0}{10,570} \\ \frac{0}{0}	\$ 13,745 0 \$ 13,745 0 0 0 \$ 10,570	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) /\$
12. Beginning Cash Balance	\$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377

Schedule A

Amounts may be rounded to whole dellare

SCHEDULE A

Monetary Contributions Received	to whole dollars.	Statem	Statement covers period 1-7-2016		california 460	
SEE INSTRUCTIONS ON REVERSE		through	9-24-2016	Page_	4_ of _ 5	
NAME OF FILER				I.D. NUN	/BER	
MACIEL FOR TRACY MAYOR 2016				13665	i 1	
	IE AND ADDRESS TATES	ANGLIN	ST CUBBLE ATING	TODATE	DED ELECTION	

			SUBTOTAL \$	1,600		
7-27-16	John Stanek 888 San Clemente Drive, Suite 100 Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal Integral Communities	250		
7-27-16	Evan Knapp 888 San Clemente Drive, Suite 100 Newport Beach, CA 92660	☑ IND □ COM □ OTH □ PTY □ SCC	Principal Integral Communities	250		
7-22-16	Anthony Souza 105 E. 10th St Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Self-Employed Souza Realty & Development	500		
7-22-16	Michael Souza 6000 W. Linne Road Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Self-Employed Souza Realty & Development	500		
7-22-16	Stan Morri 8556 Julie Lynne Circle Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
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)

Schedule A Summary

1. Amount received this period – itemized monetary contributions. 4,823 (Include all Schedule A subtotals.) 546 2. Amount received this period – unitemized monetary contributions of less than \$100\$ 3. Total monetary contributions received this period. 5,369

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ _

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

SCC - Small Contributor Committee

www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from.

1-7-2016

NAME OF FILER MACIEL FO	OR TRACY MAYOR 2016			through 9-24	3-2016	Page _ I.D. NU 13665	MBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN, 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
8-27-16	City of Tracy 333 Civic Center Plaza Tray, CA, 95376	□IND □COM ☑OTH □PTY □SCC	Security Deposit Refund	223(not233)			
		□IND □COM □OTH □PTY □SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
	SUBTOTAL \$ 1,973						

*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

Recipient Committee				COVER PAGE
Campaign Statement Cover Page		NECEIVI CITY (LERK'S	ote Stamp OFFICE	CALIFORNIA 460
	Statement covers period from 7-1-2016	Month, Day, Year 2016 SEP 28	M 2:07	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	9-24-2016	11-8-2016 CVTY OF T	RACY .CA	
1. Type of Recipient Committee: All Committees - Co	implete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	✓ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)		rly Statement I Odd-Year Report
	D. NUMBER 1366511	Treasurer(s)		
		NAME OF TREASURER Michael Maciel		
Maciel for Tracy Mayor 2016		MAILING ADDRESS		
		210 Forest Hills Drive		
STREET ADDRESS (NO P.O. BOX) 210 Forest Hills Drive		CITY	STATE ZIP CODI	
CITY STATE ZIP CO	DE AREA CODE/PHONE	Tracy NAME OF ASSISTANT TREASURER, IF ANY	CA 95376	(209) 835-2468
Tracy CA 9537		Walle of Assistant The Assistant, it have		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CODI	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State o	ng this statement and to the best of my l California that the foregoing is true and	knowledge the information contained herein and in correct.	i the attached sched	fules is true and complete. I
Executed on 9-21-/6	Ву			
Executed on Date	By	Dilling Officeholder, Candidate, State Measure Proponent or Respo		
Executed on	Bv	olling Officeholder, Candidate, State Measure Proponent or Respo	•	_
Executed on	By	ignature of Controlling Utticeholder, Candidate, State Measure Pro		_

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM 400
^ <i>!!</i>
Page A of II

NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Michael Maciel								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICAE	BLE)		BALLOT NO. OR LETTER	JURISDICTION	l	☐ SU	IPPORT PROSE
Mayor, City of Tracy					1			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 210 Forest Hills Drive	Tracy CA	95376		Identify the controlling office	holder, candid	ate, or state measure	e propone	nt, if any.
210 Folest fills blive	Tracy CA	90070		NAME OF OFFICEHOLDER, CANI	DIDATE, OR PRO	PONENT		
Related Committees Not Included in this S not included in this statement that are controlled by your contributions or make expenditures on behalf of your care	ı or are primarily formed i			OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF AN	IY
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMM		7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office for which this o	holder Committe committee is primarily	9e List na formed.	ames of
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)	40		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR I	l.	SUPPORT OPPOSE
CITY STATE ZI	P CODE AREA CI	ODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR I		SUPPORT OPPOSE
COMMITTEE NAME	1.D. NUMBER			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR I	HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMM			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR I	HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C). BOX)	***************************************					1	
CITY STATE ZI	P CODE AREA C	ODE/PHONE		Atta	ch continuatio	n sheets if necessar	y	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Stateme	nt covers period 7-1-2016	CALIFORNIA 460
through	9-24-2016	Page of
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Maciel For Tracy Mayor 2016

Page 3 of 11

I.D. NUMBER
1366511

Maciel For Tracy Mayor 2016			1300511
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$5,479	\$21,480	General Elections
2. Loans Received Schedule B, Line 3	0	20,000	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	s 5,479	s 21,480	20. Contributions Received \$ \$
4. Nonmonetary Contributions	0	0	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$ 5,479	\$ 21,480	Made \$ \$
Expenditures Made	****		Expenditure Limit Summary for State
3. Payments Made Schedule E, Line 4		\$13,745	Candidates
7. Loans Made Schedule H, Line 3	0	0	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		\$13,745	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0	0	Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3	0	0	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 10,570	\$13,745	\$
Current Cash Statement			\$
12. Beginning Cash Balance Previous Summary Page, Line 16		To calculate Column B.	
3. Cash Receipts	5,479	add amounts in Column A to the corresponding	
4. Miscellaneous Increases to Cash Schedule I, Line 4	0	amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	10,570	of your last report. Some amounts in Column A may	
16. ENDING CASH BALANCE	\$22,372	be negative figures that	
If this is a termination statement, Line 16 must be zero.		should be subtracted from previous period amounts. If this is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	s <u> </u>	filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse	\$		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Form 460 (Jan/20 FPPC Advice: advice@fppc.ca.gov (866/275-3 www.fppc.ca

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 460

Statement covers period

from _

7-1-2016

SEE INSTRUCTIONS ON REVERSE					4-2016	Page	<u>4</u> of <u>11</u>	
NAME OF FILER	Tracy Mayor 2016					I.D. NU 13665		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
7-22-16	Stan Morri 8556 Julie Lynne Circle Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	100				
7-22-16	Michael Souza 6000 W. Linne Road Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Self-Employed Souza Realty & Development	500				
7-22-16	Anthony Souza 105 E. 10th St. Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Self-Employed Souza Realty & Development	500				
7-27-16	Evan Knapp 888 San Clemente Drive, Suite 100 Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal Integral Communities	250				
7-27-16	John Stanek 888 San Clemente Drive, Suite 100 Newpot beach, A 92660	IND COM OTH PTY SCC	Principal Integral Communities	250				
			SUBTOTAL	\$ 1,600				
Schedule /	A Summary					tributor C		
Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)\$ 2. Amount received this period – unitemized monetary contributions of less than \$100\$				4,833 646	COM	(other	ient Committee than PTY or SCC) (e.g., business entity)	
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)						SCC – Small Contributor Committee		

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA 460		
		from7-1-2016	FORM 400		
		through <u>9-24-2016</u>	Page <u>5</u> of <u>//</u>		
NAME OF FILER			I.D. NUMBER		
Maciel For Tracy Mayor 2016			1366511		

			The state of the s			
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)
7-27-16	Craig Manchester 888 San Clemente Drive, Suite 100 Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Managing Partner Integral Communities	250		
7-27-16	Lance Waite 888 San Clemente Drive, Suite 100 Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal Integral Communities	250		
8-1-16	Stan Morri 8556 Julie Lynne Circle Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	100	200	
8-4-16	Koru Pacific Packaging Inc. 503 W. Larch Road, Unit A	☐IND ☐COM ☐OTH ☐PTY ☐SCC		100		
8-11-16	David Thompson 1678 Toulouse Court Tracy, CA 95304	IND COM OTH PTY	Director Sutter Tracy Community Hospital	100		
			SUBTOTAL \$	800		

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

SCC - Small Contributor Committee

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from

7-1-2016

				through 9-24	1-2016	Page _	of _//_
NAME OF FILER	T Mayon 2016		1			1.D. NU	
Maciel For	Tracy Mayor 2016				· · ·	13665	
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)	OCCUPATION AND EMPLOYER RECEIVED THIS CALENDA (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN 1 - I		CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	
8-9-16	Gregory DeValle 1579 Frankfurt Way Livermore, CA 94550	☑IND □COM □OTH □PTY □SCC	Retired	500			
8-22-16	Done Cose P.O. Box 326 Tracy, CA 95378	☑IND □COM □OTH □PTY □SCC	Self-Employed Don Cose & Associates	250			
8-27-16	City of Tracy 333 Civic Center Plaza Tracy, CA 95376	☐IND ☐COM ☑OTH ☐PTY ☐SCC	Security Deposit Refund	233			
9-16-16	Ponderosa Homes II, Inc. 6130 Stoneridge Mall Road, Suite 185 Pleasanton, CA 94588	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		500			
9-16-16	Susan Dell'osso 25 W. Stewart Road Lathrop, CA 95330	☑IND □COM □OTH □PTY □SCC	Self Employed Dell'osso Farms	500			
SUBTOTAL \$ 1,983							

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from.

7-1-2016

					I-2016	_	7 of!
NAME OF FILER Maciel For Tracy Mayor 2016					I.D. NUMBER 1366511		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
9-22-16	Albert Navarra 2465 W. Vernalis Road Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	250			
9-22-16	Ann Silva 157 E. Eaton Ave. Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	100			
9-24-16	Roy Hawkins 1524 East St. Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100		-	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
antiam recommendation of							

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1 to whole dollars. Loans Received				from7-	overs period 1-2016	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE				Senson-Actions.	through	-24-2016	Page	of <u>//</u>	
NAME OF FILER						······································	I.D. NUMBER		
Maciel For Tracy Mayor 2016							1366511		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF TH	DAID THIS		(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376	Retired	s5,000	\$	S FORGIVEN \$)% RATE	\$ 5,000 4-30-14 DATE INCURRED	SPER ELECTION**	
TO IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCORRED	CALENDAR YEAR	
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376	Retired			PAID \$ FORGIVEN	_ s5,000)%	s 5,000	\$ PER ELECTION**	
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		s5,000	\$	5	DATE DUE	\$		\$	
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376	Retired	40.000		PAID S FORGIVEN	_ s <u>10,000</u>)%		\$PER ELECTION**	
TIZ IND □ COM □ OTH □ PTY □ SCC		s 10,000	\$	s	DATE DUE	\$		s	
	<u> </u>	SUBTOTALS :	\$	\$	\$ 20,000) \$			
Schedule B Summary 1. Loans received this period				\$		(Enter (e) on Schedule E, Line			
(Total Column (b) plus unitemized loa	ns of less than \$100.)					ſ	†Contributor Codes	3	
Loans paid or forgiven this period (Total Column (c) plus loans under \$1 (Include loans paid by a third party the	00 paid or forgiven.)			\$	TOTAL SAME	0	IND – Individual COM – Recipient C (other than OTH – Other (e.g., PTY – Political Par	PTY or SCC) business entity)	
3. Net change this period. (Subtract Lir	ne 2 from Line 1.)			NET \$		[SCC - Small Contr		

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

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

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

(May be a negative number)

Schedule E Payments Made	Amounts may be rounded to whole dollars.		Stateme	ent covers period			
SEE INSTRUCTIONS ON REVERSE				through	9-24-2016	Page	
NAME OF FILER Maciel For Tracy Mayor 2016						1366511	
CODES: If one of the following codes accurately describ	es the payment, yo	ou may en	er the code. Other	wise, descri	be the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and st POS postage, deliv PRO professional st PRT print ads	l appearance: es ating urvey researc very and mes	h senger services	RFD returns SAL campa TEL t.v. or TRC candic TRS staff/s TSF transfe VOT voter in	airtime and production of ed contributions aign workers' salaries cable airtime and produ- late travel, lodging, and pouse travel, lodging, a er between committees registration ation technology costs	action costs meals nd meals of the same	·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (OR DESC	CRIPTION OF PA	YMENT		AMOUNT PAID
City of Tracy 333 Civic Center Plaza Tracy, CA 95376			Booth Fee for Art	s and Cultur	al Festival		125
U.S. Post Office 125 W. 9th St. Tracy, CA 95376		POS					188
Tracy Press P.O. Box 419 Trcy, CA 95378		PRT					741
* Payments that are contributions or independent expenditures must also	be summarized on Sche	dule D.			SUI	STOTAL \$	1,054
Schedule E Summary	Water Control of the						
1. Itemized payments made this period. (Include all Schedu	ile E subtotals.)					\$	10,501.81
2. Unitemized payments made this period of under \$100				***************************************		\$	68.04
3. Total interest paid this period on loans. (Enter amount from	om Schedule B, P ar	t 1, Colum	າ (e).)			\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)						TAL \$	10,569.85

Amounts may be rounded to whole dollars.

Schedule E

SCHEDULE E

Statement covers period

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

		OUNEDOLL L (OUNT)		
	Statement covers period	CALIFORNIA 460		
***************************************	from7-1-2016			
	through 9-24-2016	Page 10 of 11		
		I.D. NUMBER		
		1366511		

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Maciel For Tracy Mayor 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)* IND PRO professional services (legal, accounting) VOT voter registration legal defense LEG WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings LIT NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Event Booth Fee/Sponsorship Southside Community Oganization 500 126 W. 1st St. Tracy, CA 95376 T-Shirts Silkscreens by Mary 488.20 392 W. Larch Road, Suite 2 Tracy, CA 95304 Tracy Instant Printing 160.97 CMP 1119 Adam Street Tracy, CA 95376 Catering Jane Willliford 275 436 E. Carlton Ave. Tracy, CA 95376 Tracy Press 741 PRT P.O. Box 419 Tracy, CA 95376 SUBTOTAL \$ 2.165.17 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

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

	SCHEDOLL L (CONT.)		
Statement covers period	CALIFORNIA 460		
from7-1-2016			
through 9-24-2016	Page _//of _//		
	I.D. NUMBER		
	1366511		

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Maciel For Tracy Mayor 2016

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	PHO phone banks POL polling and s POS postage, del	petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) TEL t.v. or cable airtime and production c candidate travel, lodging, and meals staff/spouse travel, lodging, and means transfer between committees of the staff voter registration				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIP	TION OF PAYMENT	AMOUNT PAID	
West H.S. Cross Country %Michelle Loomis 1221 Claremont Court Tracy, CA 95376			Advertising Sponsors	hip	100	
Strategic Research 3333 W. Country Club Blvd. Stockton, CA 95204		PRT			5,613.64	
Tracy Republican Women's Club % Monica Dias 27507 S. Bird Road Tracy, CA 95304			Advertising Sponsors	hip	150	
Gateway Press, Inc. 772 Murphys Creek Road Murphys, CA 95247			Signs		1,419	
* Payments that are contributions or independent expenditures must also	be summarized on Sch	edule D.	- Lawrence	SUBTOTAL	\$ 7,282.64	

D 11 40				COVER PAGE
Recipient Committee Campaign Statement Cover Page		REC	Date Stamp CEIVED RK'S OFFICE	CALIFORNIA 460
	Statement covers period 1-1-2016	Date of election if applicable: (Month, Day, Year) 2016 DCT 2		Page 1 of 3 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through6-30-2016	11-8-2016 CTY (OF TRACY	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
○ State Candidate Election Committee ○ Recall (Also Complete Pert 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination ☐ Amendment (Explain below) Pg. 3 - Correction to Lines 3	☐ Speci	erly Statement al Odd-Year Report d Lines 6,8 & 11
/ Campanittaa Intarmatian	D. NUMBER 1366511	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
MACIEL FOR TRACY MAYOR 2016		Michael Maciel		
		MAILING ADDRESS 210 Forest Hills Drive		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DE AREA CODE/PHONE
210 Forest Hills Drive		Tracy	CA 95370	5 209/835-2468
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF ANY	,	
Tracy CA 9537	6 209/835-2468	N/A		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
N/A CITY STATE ZIP CC	DE AREA CODE/PHONE	CITY	STATE ZIP COI	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	And the second of the second o	OPTIONAL: FAX / E-MAIL ADDRESS		
. Verification				
I have used all reasonable diligence in preparing and reviewi certify under penalty of perjury under the laws of the State of	ng this statement and to the best of my California that the foregoing is true and	knowledge the information contained herein correct.	and in the attached scho	edules is true and complete. I
Executed on	Ву	Transition or Assistant Treasurer		
Executed on/ 0 \cdot 27 \cdot / \begin{array}{c} \dot 27 \cdot / \begin{array}{c} \dot \dot \dot \dot \dot \dot \dot \dot	By Signature of Cont	rolling Officeholder, Canonaux, 5roponent or	Responsible Officer of Spanso	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Meas	ure Proponent	·
Executed on	Ву			

Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

(COVER	R PAGE	- PAF	RT 2
CALIF	ORN	A ST		
FO	DIM.		101	
	, VIII			
	^		7	
Page		. of		-

Officeholder or Candidate Controlled Cor	nmittee			6.	Primarily Formed Ballo	t Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	MANY				NAME OF BALLOT MEASURE			
Michael Maciel								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	TRICT NUMBER	IF APPLICABLE	<u>=</u>)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT OPPOSE
Mayor, City of Tracy						<u> </u>		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	2IP 95376		Identify the controlling office	holder, candid	late, or state measure pr	oponent, if any.
210 Forest Hills Drive	Tracy	CA	90370		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT	
Related Committees Not Included in this not included in this statement that are controlled by you contributions or make expenditures on behalf of your contributions.	u or are prima				OFFICE SOUGHT OR HELD		DISTRICT N	D. IF ANY
COMMITTEE NAME	I.D. NUM	BER						
				7	Primarily Formed Cand	lidato/Office	sholder Committee	Liet names of
NAME OF TREASURER	CONTRO	LLED COMMIT	TEE?	٠,	officeholder(s) or candidate(s)	for which this	committee is primarily for	ned.
	☐ YE	s 🗌 NO			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELI	
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)				NAME OF OFFICEROLDER OR C	VIIDIDULE	or not good in or net	SUPPORT OPPOSE
CITY STATE Z	ZIP CODE	AREA COL	DE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUM	BER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
NAME OF TREASURER	☐ YE	S NO			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	.O. BOX)							
CITY STATE Z	ZIP CODE	AREA COL	DE/PHONE		2 44 -	المسامس على	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 1-1-16 FORM from_ 6-30-16 through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1366511 MACIEL FOR TRACY MAYOR 2016

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ \frac{10,000}{26,001}	\$ \frac{16,001}{20,000}\$ \$ \frac{36,001}{0}\$ \$ \frac{36,001}{0}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$ \$
Expenditures Made 6. Payments Made	\$ 3,319 0 0	\$ 3,319 0 \$ 3,319 0 0 0 3,319	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 26,001 0 3,319 \$ 27,369 \$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

Recipient Committee Campaign Statement Cover Page		YELD	RECEIVED CLERK'S OFFICE	CALIFORNIA 460
	Statement covers period from1-1-2016	Date of election if applicable: (Month, Day Year)	SEP 28 PM 2: 08	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	6-30-2016	11-8-2016 CI	TY OF TRACY	
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	HIAUT UA	
✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ☐ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termi Amendment (Explain below Correction to Summary Line 16 & Line 19	☐ Specination) w)	terly Statement ial Odd-Year Report Line 12, Line 15,
3. Committee Information	I.D. NUMBER 1366511	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	***************************************	NAME OF TREASURER		
Maciel for Tracy Ma y or 2016		Michael Maciel MAILING ADDRESS		
		210 Forest Hills Drive		
STREET ADDRESS (NO P.O. BOX) 210 Forest Hills Drive	The second secon	сіту Tracy	STATE ZIP CO	
	CODE AREA CODE/PHONE 376 (209) 835-2468	NAME OF ASSISTANT TREASURER, IF	ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	X	MAILING ADDRESS	<u> </u>	MATTER CONTRACTOR CONT
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				
I have used all reasonable diligence in preparing and revie certify under penalty of perjury under the laws of the State Executed on 9-28-/L Date Executed on Date	of California that the foregoing is true and o	nowledge the information contained her correct. Transurer or Assistant Treating Officeholder, Candidate, State Measure Propone	surer	· · · · · · · · · · · · · · · · · · ·
Executed on	BySi	gnature of Controlling Officeholder, Candidate, State	Measure Proponent	Market and a second as a secon
Executed on	BySide	anature of Controlling Officeholder, Candidate State	Measure Progonent	

COVER PAGE

	COVE	R PAG	E - PAR	T 2
CALIF	ORN	IIA .	160	7
FC)RM		JOt	
Page _	2	of	3	
~20				- 1

NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Michael Maciel									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER	IF APPLICABL	E)		BALLOT NO. OR LETTER	JURISDICTI	DN		SUPPORT OPPOSE
Mayor, City of Tracy									j 0 1 00L
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		Identify the controlling offic	abolder cand	idate, or state	measure prop	onent. if anv.
210 Forest Hills Drive	Tracy	CA	95376		NAME OF OFFICEHOLDER, CA	· · · · · · · · · · · · · · · · · · ·		The section of the property of the section of the s	
***************************************					NAME OF OFFICEHOLDER, CA	YUIDAIE, UK FI	COPONEIVI		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your c	u or are primai	List any cor rily formed to	nmittees receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
OMMITTEE NAME	I.D. NUME	BER						1	
	1								
	1								
IAME OF TREASURER	CONTRO	LLED COMMIT	TEE?	7.	Primarily Formed Can	didate/Offices)	ceholder Co	ommittee Li	st names of
IAME OF TREASURER	CONTRO	_		7.	officeholder(s) or candidate(s) for which thi	s committee is	primarily forme	st names of d.
	☐ YES			7.	Primarily Formed Can officeholder(s) or candidate(s)	s) for which thi	s committee is	ommittee Li. primarily forme	st names of d. SUPPO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	☐ YES	S 🗌 NO		7.	officeholder(s) or candidate(s) for which thi	OFFICE SOL	primarily forme	SUPPOS
	O. BOX)	S 🗌 NO)	7.	officeholder(s) or candidate(s	s) for which thi	OFFICE SOL	primarily forme	SUPPO
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	O. BOX)	S NO)	7.	officeholder(s) or candidate(s	s) for which thi Candidate Candidate	OFFICE SOL	primarily forme	SUPPO OPPOS SUPPO SUPPO SUPPOS SUPPOS
OMMITTEE ADDRESS STREET ADDRESS (NO P.C. STATE Z COMMITTEE NAME	O. BOX) CIP CODE	S NO	DE/PHONE	7.	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	Primarily forme	SUPPO SUPPO SUPPO SUPPO SUPPO OPPOS
OMMITTEE ADDRESS STREET ADDRESS (NO P.O. STATE Z COMMITTEE NAME HAME OF TREASURER	O. BOX) CIP CODE I.D. NUMI CONTRO	AREA COI	DE/PHONE	7.	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	Primarily forme UGHT OR HELD UGHT OR HELD	SUPPO
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	O. BOX) CIP CODE I.D. NUMI CONTRO	AREA COI	DE/PHONE	7.	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	Primarily forme UGHT OR HELD UGHT OR HELD	SUPPO

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 1-1-2016 FORM from _ Page _____3 of ___ 6-30-2016 through __ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maciel For Tracy Mayor 2016			1366511
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ \frac{10,000}{26,001} \\ \frac{0}{26,001} \\	\$ \frac{16,001}{20,000} \\ \$ \frac{36,001}{0} \\ \$ \frac{36,001}{0} \\	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	s 3,175 0 0	\$ 3,175 0 \$ 3,175 0 0 0 5 3,175	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377

Recipient Committee Campaign Statement Cover Page		OLTM	Date Stamp RECEIVED CLERK'S OFF	CALIFORNIA 460
	Statement covers period from 1-1-2016	Date of election if applicable:	JUL 27 PM 3:	
SEE INSTRUCTIONS ON REVERSE	through 6-30-2016	11- 8 2016	ITY OF TRAC'	4
1. Type of Recipient Committee: All Committees - Col	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Nso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Nso Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Ter ☐ Amendment (Explain bel	•	Quarterly Statement Special Odd-Year Report
), NUMBER 1366511	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	The state of the s	NAME OF TREASURER		
Maciel For Tracy Mayor 2016		Michael Maciel		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		210 Forest Hills Drive	STATE	ZIP CODE AREA CODE/PHONE
210 Forest Hills Drive		Tracy	CA	95376 209/835-2468
CITY STATE ZIP COIL Tracy CA 95376		NAME OF ASSISTANT TREASURER,		230,300 2.300
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of 0	ng this statement and to the best of my California that the foregoing is true and	knowledge the information contained h	erein and in the attach	ied schedules is true and complete. 1
Executed on 7-27-2016	Ву	Signature of Treasurer or Assistant Tr	easyiri	
Executed on	BySignature of Cont.	rolling Officeholder, Candidate, State Measure Prop		of Sponsor
Executed onDate	Βv	Signature of Controlling Officeholder, Candidate, Sta	•	·
Executed on	Ву	Signature of Controlling Officeholder Consider Signature	A Logo on Des	**************************************

COVER PAGE - PART 2
CALIFORNIA 460
FORM 40U
Page _ 2 _ of

i. Officeholder or Candidate Controlled Com	mittee		6.	Primarily Formed Ballot	: Measure C	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		 		NAME OF BALLOT MEASURE			
Michael Maciel							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTI	RICT NUMBER IF APPLICAB	BLE)		BALLOT NO. OR LETTER	JURISDICTION	1	SUPPORT
Mayor, City of Tracy							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	E ZIP					
210 Forest Hills Drive	Tracy CA	95376		Identify the controlling officel			proponent, if any.
		<u></u>		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PRO	PONENT	
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your co	or are primarily formed t			OFFICE SOUGHT OR HELD		DISTRICT	NO, IF ANY
COMMITTEE NAME	I.D. NUMBER		-		:	1	
NAME OF TREASURER	CONTROLLED COMM		7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	committee is primarily f	Elist names of commed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	YES N	10		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	ELD
OWNER ADDRESS (NOTICE							SUPPORT OPPOSE
CITY STATE ZI	P CODE AREA CO	ODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMM			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C). BOX)	· · · · · · · · · · · · · · · · · · ·		talan area area area area area area area ar		<u></u>	
CITY STATE ZI	P CODE AREA CO	ODE/PHONE		Attac	ch continuatio	n sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE		through.	
NAME OF FILER Maciel For Tracy Mayor 2016			1.D. NUMBER 1366511
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ \frac{10,000}{26,001}	\$\frac{16,001}{20,000}\$ \$\frac{26,001}{0}\$ \$\frac{26,001}{26,001}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$ \$ \$
Expenditures Made 6. Payments Made	\$ 3,175 0 0	\$ 3,175 0 \$ 3,175 0 0 0 \$ 3,225	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	26,001 0 3,319 \$ 27,369 \$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Form 460 (Jan/2010

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

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

DATE RECEIVED PULL NAME, STREET ADDRESS AND EMPLOYER (F COMMITTEE, ALSO ENTER LD, NUMBER) CODE * COCUPATION AND EMPLOYER (F SELF-EMPLOYED COLOR TRIBUTOR CODE * COLOR TRIBUTOR CODE * COLOR TRIBUTOR CODE * COLOR TRIBUTOR (JAN. 1 - DEC. 31) COTTAI Hollow Development, LLC 3208 Wycliffe Drive Modesto, CA 95335 Terravest Capital Partners, LP 3208 Wycliffe Drive Modesto, CA 95355 Terravest Capital Partners, LP 3208 Wycliffe Drive Modesto, CA 95355 Chris Tyler 3208 Wycliffe Drive Modesto, CA 95355 Chris Tyler 3208 Wycliffe Drive Modesto, CA 95355 Chris Tyler 3208 Wycliffe Drive Modesto, CA 95355 Stephanie Gallo Stephanie Gallo Stephanie Gallo Stephanie Gallo Stephanie Gallo Marketing Executive S500 S500 CONTRIBUTOR COCUPATION AND EMPLOYER PERIOD COM (JAN. 1 - DEC. 31) (II COM S500 \$500 \$500 S500 S500	11A 460
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO EMTER LD. NUMBER)	
DATE RECEIVED PULL NAME, STREET ADDRESS AND EMPLOYER (F COMMITTEE, ALSO ENTER LD, NUMBER) CODE * COCUPATION AND EMPLOYER (F SELF-EMPLOYED COLOR TRIBUTOR CODE * COLOR TRIBUTOR CODE * COLOR TRIBUTOR CODE * COLOR TRIBUTOR (JAN. 1 - DEC. 31) COTTAI Hollow Development, LLC 3208 Wycliffe Drive Modesto, CA 95335 Terravest Capital Partners, LP 3208 Wycliffe Drive Modesto, CA 95355 Terravest Capital Partners, LP 3208 Wycliffe Drive Modesto, CA 95355 Chris Tyler 3208 Wycliffe Drive Modesto, CA 95355 Chris Tyler 3208 Wycliffe Drive Modesto, CA 95355 Chris Tyler 3208 Wycliffe Drive Modesto, CA 95355 Stephanie Gallo Stephanie Gallo Stephanie Gallo Stephanie Gallo Stephanie Gallo Marketing Executive S500 S500 CONTRIBUTOR COCUPATION AND EMPLOYER PERIOD COM (JAN. 1 - DEC. 31) (II COM S500 \$500 \$500 S500 S500	
5-20-2016 Corral Hollow Development, LLC 3208 Wycliffe Drive Modesto, CA 95335 Scc Scc Scc Scc Scc Scc Scc Scc Scc Sc	R ELECTION TO DATE REQUIRED)
5-20-2016 Terravest Capital Partners, LP 3208 Wycliffe Drive Modesto, CA 95355 Chris Tyler 3208 Wycliffe Drive Modesto, CA 95355 Chris Tyler 3208 Wycliffe Drive Modesto, CA 95355 Stephanie Gallo	
5-20-2016 Chris Tyler 3208 Wycliffe Drive Modesto, CA 95355 C C Com DOTH DOTH DOTH DOTH DOTH DOTH DOTH DOTH	
Stephanie Gallo Com Marketing Executive \$500 \$500	
3208 Wycliffe Drive Soc So	
Inderpal Pal	
SUBTOTAL \$ 2,100	
*Contributor Codes I. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) *Contributor Codes IND – Individual COM – Recipient Co (other than P	
2. Amount received this period – unitemized monetary contributions of less than \$100\$ OTH – Other (e.g., b. PTY – Political Party 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	usiness entity)

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

1-1-2016

			The state of the s	through6-30	0-2016	Page	of
NAME OF FILER Maciel For	Tracy Mayor 2016					1.D. NUMBER 1366511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
6-16-2016	Interstate A Enterprises, Inc DBA City Food & Liquor 16470 Cambridge Road Lathrop, CA 95330	□IND □COM ☑OTH □PTY □SCC		\$200	\$200		
6-16-2016	Judge & Litt Inc (Sansar Indian Cuisine) 430 W. Grantline Road Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		\$500	\$500		
6-16-2016	Tracy Trucking 1455 Lankershire Drive Tracy, CA 95377	□IND □COM ☑OTH □PTY □SCC		\$200	\$20	00	
6-16-2016	Ranjit Singh Gill 403 Riley Court Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Self-Employed Railport Logistics, Inc.	\$250	\$25	50	
6-16-2016	Vanco Truck & Auto Plaza 1033 Charter Way Stockton, CA 95206	□IND □COM ☑OTH □PTY □SCC		\$2,000	\$2,00	00	

SUBTOTAL \$

\$3,150

*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.)

Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA ACO	
•		from <u>1-1-2016</u>	FORM 460	
		through 6-30-2016	Page 6 of 11	
NAME OF FILER			I.D. NUMBER	
Maciel For Tracy Mayor 2016			1366511	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
6-16-2016	Harry Randhawa 982 Steamboat Court Lathrop, CA 95330	☑IND □COM □OTH □PTY □SCC	Manager Napa Winery	\$101	\$101			
6-16-2016	Immortal Trucking 15822 Covered Bridge Way Lathrop, CA 95330	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		\$100	\$100			
6-16-2016	Country Mart Gas & food 34243 S. Chrisman Road Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		\$1,500	\$1,500			
6-16-2016	Sucha Singh Mehroke 160 Randall Way Manteca, CA 95337	☑ IND □ COM □ OTH □ PTY □ SCC	Self-Employed / Owner Manteca Mart Liquor	\$1,500	\$1,500			
6-16-2016	Raghbir Shergill 1553 Tanya Lane Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Self-Employed MGS Transportation	\$200	\$200			
TWO TO THE PARTY OF THE PARTY O	SUBTOTAL \$ 3,401							

*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.)

CALIFORNIA FORM

Statement covers period

from

SUBTOTAL \$

7,350

1-1-2016

				through 6-30	0-2016	-	7 of 1)
NAME OF FILER Maciel For	Tracy Mayor 2016					1.D. NUME	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN, 1 - DEC.	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)
6-16-2016	Balwant Singh Sandhu 1623 Bella Terra Drive Manteca, CA 95337	☑ IND □ COM □ OTH □ PTY □ SCC	Self-Employed PRIVATE TRUCK PARKING FACILITY	\$100	\$10	00	
6-16-2016	Two Guys Food & Fuel INC 147 Lathrop Road Lathrop, CA 95330	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		\$2,000	\$2,00	00	77000
6-16-2016	Joe's Travel Plaza (Dhoot Bros Partnership Inc) 15600 S. Harlan Road Lathrop, CA 95330	□IND □COM ☑OTH □PTY □SCC		\$5,000	\$5,04	00	
6-16-2016	Tracy Liquors 1200 W. 11th St. Tracy, CA 95377	□IND □COM ØOTH □PTY □SCC		\$250	\$2	50	
6-16-2016		☐ IND ☐ COM					***************************************

□отн □ PTY SCC

*Contributor Codes

IND - Individual

6-16-2016

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received	Am	ounts may be rol to whole dollars			Statement coverage from 1-1-	ers period 2016		DULE B - PART 1 A 460
EE INSTRUCTIONS ON REVERSE		MINA MANAGEMENT AND M			through6-3	0-2016	Page _ &	of _[]
Maciel For Tracy Mayor 2016							1366511	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOL	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Michael Maciel 210 Forest Hills Drive Fracy, CA 95376	Retired	5 000		PAID S FORGIVEN	s 5,000	% RATE	\$ 5,000	S PER ELECTION**
☑ IND □ COM □ OTH □ PTY □ SCC		\$5,000	\$	\$	DATE DUE	\$	4-30-14 DATE INCURRED	\$
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376	Retired	5,000		PAID 5 FORGIVEN	s 5,000	RATE	\$ 5,000 6-27-14	S PER ELECTION*
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376			AND THE REAL PROPERTY OF THE P	PAID 5 FORGIVEN	s 10,000	%	s 10,000	\$PER ELECTION*
™ IND □ COM □ OTH □ PTY □ SCC		\$	s 10,000	s	DATE DUE	\$	5-16-16 DATE INCURRED	s
	100000000000000000000000000000000000000	SUBTOTALS S	10,000	\$	\$ 20,000	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line	3)	
Loans received this period (Total Column (b) plus unitemized loar		*****************	******************	\$	10,000		tContributor Codes	

1.	Loans received this period	.\$	10,000_
	(Total Column (b) plus unitemized loans of less than \$100.)		
2.	Loans paid or forgiven this period	.\$	
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$	10,000 (May be a negative number)

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

SCC - Small Contributor Committee

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

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

Schedule E

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA FORM** 1-1-2016 from 6-30-2016 through I.D. NUMBER

Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1366511 Maciel For Tracy Mayor 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers salaries OFC office expenses CTB contribution (explain nonmonetary)* petition circulating t.v. or cable airtime and production costs CVC civic donations PET candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services IND voter registration legal defense professional services (legal, accounting) VOT LEG WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Tracy African American Association P.O.Box 62 Tracy, CA 95378	Booth rental at Juneteenth event.	\$175.00
Printglobe Inc 5812 Trade Center Drive, Suite 100 Austin,TX 78744	Promotional items: Fans	\$460.00
Printglobe Inc 5812 Trade Center Drive, Suite 100 Austin, TX 78744	Promotional items: Flying discs	\$905.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 1,540

Schedule E Summary

2.944.64 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 230.45 2. Unitemized payments made this period of under \$100.....\$ 0 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 3,175.09

$-\alpha\alpha$	100	 _	(CONT.)

Schedule	E	
(Continua	tion	Sheet)
Payments	Ma	de

Maciel For Tracy Mayor 2016

Amounts may be rounded to whole dollars.

	00//
Statement covers period	CALIFORNIA 160
from1-1-2016	FORM TOU
through 6-30-2016	Page 10 of 11
	I.D. NUMBER
	1366511

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Printglobe Inc 5812 Trade Center Drive, Suite 100 Austin, TX 78744		Promotional items: Buttons	\$107.00
Francis L. Dean & Associates P.O. Box 4200 Wheatin, IL 60189		Liability insurance for 4th of July campaign booth	\$150.00
Tracy Chamber of Commerce 223 E. 10th Street Tracy, CA 95376		4th of July event booth fee	\$100.00
Printglobe Inc 5812 Trade Center Drive, Suite 100 Austin, TX 78744		Shipping: flying discs	\$363.79
Tracy African American Association P.O. Box 62 Tracy, CA 95378		Advertisment	\$100.00
		CUDTOTAL	£ 000 70

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

SUBTOTAL \$

820.79

Payments Made	Statement covers period from 1-1-2016 FORM 460
SEE INSTRUCTIONS ON REVERSE	through 6-30-2016 Page 11 of //
NAME OF FILER	I.D. NUMBER
Maciel For Tracy Mayor 2016	1366511

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings and appearances OFC office expenses OFC petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads RFD returned contributions Campaign workers' salaries t.v. or cable airtime and production or candidate travel, lodging, and meals staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the staff workers VOT voter registration WEB information technology costs (internet			s ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	W	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Tracy 333 Civic Center Plaza Tracy, CA 95376			Security deposit and permit fee for facility rental (campaign kick-off event)	\$258.00
Tracy Instant Printing 1119 Adams Street Tracy, CA 95376			Remittance envelops	\$124.85
City of Tracy 333 Civic Center Plaza Tracy, CA 95376	No. of the Control of		Facility rental fee - Tracy Transit Station (campaign kick-off event)	\$201.00

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