Ca	ecipient Committee ampaign Statement over Page	Stat	09/22/20 09/19/20 09/22/20	024	Date of election if applicable: (Month, Day, Year) 11/05/2024	Date Stamp RECENED OCT 2 4 2024 CITY CLERK TRACY CA	CALIFORI FORM	
1.	Type of Recipient Committee All Committe Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily For Committee Control Sponso (Also Comp	ormed Ballot Measure		2. Type of Statement: X Preelection Statement Serni-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain Below)	Quarterly Sta	itement -Year Report	
3.	Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO CO Eleassia Davis for Mayor 2024		R 1469597		Treasurer(s) NAME OF TREASURER Eleassia Davis MAILING ADDRESS	9		
	CITY Tracy, CA 95377 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	STATE OR P.O. BOX	ZIP CODE	AREA CODE/PHONE	CITY Tracy, CA 95377 NAME OF ASSISTANT TREASURER, IF MAILING ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE
	CITY Tracy, CA 95377 OPTIONAL: FAX / E-MAIL ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE
4.	Verification I have used all reasonable diligence in preparation certify under penalty of perjury under the laws Executed on DATE Executed on DATE Executed on DATE Executed on	ing and revies of the State	ewing this stateme of California that	the foregoing is true By Ele By Ele	my knowledge the information contant correct. eassia Davi: eassia Davi:	rained herein and in the attack	ned schedules is	true-and complete.
	Executed onDATE			Ву		er, Candidate, State Measure Proponer		

	COVER	R PAGE - PART 2
	ORNIA RM	460
Page _	2 (of23

5. Officeholder or Candidate Controlled Com	nittee	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE					
Eleassia Davis							
Eleassia Davis OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUI	MBER (F APP) (CABLE)	BALLOT NO. OR LETTER JURISDICTION		SUPPORT			
	VIDELY IF ACT CLONDLEY			OPPOSE			
Mayor Tracy		Identify the controlling officehold	er candidate or state measu	re proponent, if			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	Y STATE ZIP CA 95377	any.	er, ourididate, or other mount				
racy,	CA 95577	NAME OF OFFICEHOLDER, CANDIDATE, OR PRO	PONENT				
Related Committees Not Included in this Statement	: List any committees						
Helated Committees Not included in this statement into included in this statement that are controlled by you or are primmake expenditures on behalf of your candidacy	arily formed to receive contributions or	OFFICE SOUGHT OR HELD	DISTRICT NO. IF	ANY			
	I.D. NUMBER						
COMMITTEE NAME							
	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/C	Officeholder Committee List I	names of			
NAME OF TREASURER	YES NO	officeholder(s) or candidate(s) for wh	ich this committee is primarily to	ormea.			
		TO SECULD OF SAME OF S	OFFICE SOUGHT OR HELD	SUPPORT			
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE GOODIN ONLINE	SUPPORT OPPOSE			
	2005			U OPPOSE			
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT			
				OPPOSE			
COMMITTEE NAME	LD, NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT			
		NAME OF OFFICEROLDER ON STRUCTURE		OPPOSE			
NAME OF TREASURER	CONTROLLED COMMITTEE?						
	YES NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT			
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)			OPPOSE			
CONTRIBUTE RESPIECE							
CITY STATE	ZIP CODE AREA						

Campaign Disclosure Statement Summary Page

1. Monetary Contributions

2. Loans Received

4. Nonmonetary Contributions

6. Payments Made

3. SUBTOTAL CASH CONTRIBUTIONS.....

5. TOTAL CONTRIBUTIONS RECEIVED.....

.....

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD

(FROM ATTACHED SCHEDULES)

Schedule A, Line 3 \$

Add Lines 1 + 2 \$

Add Lines 3 + 4 \$

Schedule C, Line 3

Schedule E, Line 4

Schedule H, Line 3

Schedule B, Line 3

5.178.00

5,178.00

5,178.00

4,787.80

0.00

0.00

0.00

Column B

CALENDAR YEAR

TOTAL TO DATE

29.651.00

29,651.00

1,482.50

31.133.50

26,342.92

0.00

0.00

Statement covers period 09/22/2024 from 10/19/2024 _ of 23 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

Eleassia Davis for Mayor 2024

Contributions Received

Expenditures Made

7 Loans Made

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 0.00

0.00 20. Contributions Received 21. Expenditures 0.00 Made

Expenditures Limit Summary for State Candidates

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

Date of Election Total to Date (mm/dd/yy)

1469597

0.00

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

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7. Loans Made	-		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ _	4,787.80	\$ 26,342.92
9. Accrued Expenses (Unpaid Bills)	-	0.00	0.00
10. Nonmonetary Adjustment	_	0.00	1,482.50
11. TOTAL EXPENDITURES MADE	\$.	4,787.80	\$ 27,825.42
Current Cash Statement			To calculate Column B,
12. Beginning Cash Balance	\$.	2,950.88	add amounts in Column A to the corresponding amounts from Column B
13. Cash Receipts Column A. Line 3 above		5,178.00	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	
15. Cash Payments		4,787.80	previous period amounts. If this is the first report being
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	3,341.08	Offity Carry Over the amount
If this is a termination statement, Line 16 must be zero.			from Lines 2, 7, and 9 (if any)
17. LOAN GUARANTEES RECEIVED. Schedule B, Line 2	s	0.00	<u> </u>
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents See instructions on reverse \$		0.00	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$		0.00)_
Powered by ISPolitical.com		:	•

Amounts may be rounded to whole dollars.

SEE INSTRUCTION NAME OF FILER						I.D. NUMBER	1469597	
Eleassia Da	vis for Mayor 2024			,			1409097	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIN CALEND (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	Maria Regina Alvis	X IND	Financial Professional	100.00	100	0.00	100.00 G-2024	
10/01/2024	Tracy, CA 95304	COM OTH PTY SCC	VG Capital					
	Janet Brown	⊠ IND	Retired	100.00	100	0.00	100.00 G-2024	
10/01/2024	Tracy, CA 95304	COM OTH PTY SCC	Retired					
	Janet Brown	NIND COM OTH PTY SCC	Retired	100.00	20	0.00	200.00 G-2024	
10/09/2024	Tracy, CA 95304		Retired					
	Anna Chase	⊠ IND	Retired	500.00	50	0.00	500.00 G-2024	
10/07/2024	Tracy, CA 95304	OTH PTY SCC	Retired					
	Germaine Clark	⊠ IND	Retired	100.00	43	5.00	435.00 G-2024	
09/27/2024	Tracy, CA 95377	OTH PTY SCC	Retired					
			SUBTOTAL	\$ 900.00				

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Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers of trom		CALIFORNIA 460	
SEE INSTRUCTIO	INS ON REVERSE			through10/19/2	2024	Page _	5 of23
	ivis for Mayor 2024						1469597
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIN CALEND (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/04/2024	Lesley Coltrell Tracy, CA 95376	IND COM OTH PTY SCC	Retired Retired	100.00	150	0.00	150.00 G-2024
10/08/2024	Lesiev Coltrell Tracy, CA 95376	IND COM OTH PTY SCC	Retired	200.00	350	0.00	350.00 G-2024
10/04/2024	Julia Conover Tracy, CA 95376	ND COM OTH PTY SCC	Retired Retired	100.00	200	0.00	200.00 G-2024
09/27/2024	Dement Real Estate Tracy, CA 95376	IND COM STY		100.00	220	0.00	220.00 G-2024

Realtor

Dement Real Estate Group

IND COM OTH SCC

SUBTOTAL \$	700.00	Participant of the Control of the Co

200.00

200.00

200.00 G-2024

09/27/2024

Juana Dement

Tracy, CA 95376

Amounts may be rounded to whole dollars.

				SC	CHEDULE	Α
S	statement covers period	CALIF	ORN	IA /	16(1
from	09/22/2024	FO	RM			1
thro	ugh10/19/2024	Page _	6	_ of _	23	
		I,D, NUMBER		9597		

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Eleassia Davis for Mayor 2024

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
	Dhaba Indian Cuisine	☐ IND		300.00	300.00	300.00 G-2024
10/11/2024	Tracy, CA 95377	COM OTH PTY SCC				
	Ranjit Donsanjh	XI IND	NETWORKENgineer	100.00	100.00	100.00 G-2024
10/16/2024	Modesto, CA 95356	IND COM OTH PTY SCC	NETWORKENGINELY ZEISS MEDITEC			
	Dan Evans	▼ IND	Project Manager	100.00	490.00	490.00 G-2024
09/27/2024	Tracy, CA 95376	COM OTH PTY SCC	Jacobs			
	Jeri Fisher	X IND	Retired	500.00	500.00	500.00 G-2024
10/07/2024	Tracy, CA 95376	OTH PTY SCC	Retired			
	Vaughn Gates	IND COM	Retired	100.00	200.00	200.00 G-2024
10/01/2024	Tracy, CA 95376	OOM OTH PTY SCC	Retired			

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www.fppc.ca.gov

1,100.00

SUBTOTAL \$

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE A

			from 09/22/2	2024	1024 FORM TOO		
				through10/19/2	2024	Page _	7 of23
SEE INSTRUCTION NAME OF FILER						I.D. NUMBER	1469597
Eleassia Da	vis for Mayor 2024				1	<u> </u>	1469597
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD		/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Richard Hanson	X IND	Retired	100.00	100	0.00	100.00 G-2024
09/27/2024	Tracy, CA 95376	COM OTH PTY SCC	Retired				
	Heirloom Carbon Technologies Inc.	☐ IND		249.00	249	00.	249.00 G-2024
10/09/2024	125 Valley Drive	COM OTH					
	Brisbane, CA 94005	MOTH PTY SCC					
	Stella Lakey	X IND	Owner	150.00	480	0.00	480.00 G-2024
10/02/2024	Tracy, CA 95376	COM OTH PTY SCC	Jays Gourmet				
	Stella Lakey	X IND	Owner	50.00	530	0.00	530.00 G-2024
10/08/2024	Tracy, CA 95376	COM OTH PTY SCC	Jays Gourmet				
	John Martinho	⊠ IND	Retired	150.00	15	0.00	150.00 G-2024
10/09/2024	Tracy, CA 95376	COM OTH PTY SCC	Retired		-		
	1						
			SUBTOTAL	S 699.00			
					5000 A		FPPC Form 460 (Jan/2016)

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE A

				from09/22/	2024	FO	RM TOO
				through10/19/	2024	Page _	8 of 23
NAME OF FILER	NS ON REVERSE		<u>'</u>			I.D. NUMBER	1469597
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIV CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/03/2024	Dominique Mellion Tracy, CA 95304	IND COM OTH PTY SCC	Executive Director Families United	100.00	250	9.00	250.00 G-2024
09/28/2024	Don Penning Tracy, CA 95377	MIND COM OTH PTY SCC	Retired Retired	50.00	410).00	410.00 G-2024
10/01/2024	Elaine Pombo Tracy, CA 95304	IND COM OTH PTY SCC	Retired Retired	50.00	850	0.00	850.00 G-2024
10/09/2024	Elaine Pombo Tracy, CA 95304	IND COM OTH PTY SCC	Retired Retired	50.00	900	0.00	900.00 G-2024
10/01/2024	Belmida Rickman Tracy, CA 95376	IND COM OTH PTY SCC	Retired Retired	100.00	14	5.00	. 145.00 G-2024
			SUBTOTAL	\$ 350.00			
							FPPC Form 460 (Jan/2016)

Amounts may be rounded to whole dollars.

NAME OF FILER	NS ON REVERSE		<u> </u>			I.D. NUMBER	1469597
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD		/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/09/2024	Karen Rickman Tracy, CA 95376	X IND COM OTH PTY SCC	Retired Retired	150.00	150	0.00	150.00 G-2024
10/09/2024	Robert J. Rickman Tracy, CA 95376	IND COM OTH PTY SCC	Supervisor San Joaquin County	100.00	100	0.00	. 100.00 G-2024
09/27/2024	Cynthia San Julian Tracy, CA 95304	ND COM OTH PTY SCC	Retired Retired	100.00	10	0.00	- 100.00 G-2024
10/02/2024	Burnell V. Shull Tracy, CA 95377	ND COM OTH PTY SCC	Retired Retired	50.00	65	5.00	655.00 G-2024
10/16/2024	Vidhu Singh Tracy, CA 95377	IND COM OTH PTY SCC	DHICLON TRUCKING TRUCK Driver	100.00	10	0.00	100.00 G-2024
			SUBTOTAL	s 500.00	T		AT

SEE INSTRUCTION	A Contributions Received ONS ON REVERSE avis for Mayor 2024	Amo	ounts may be rounded to whole dollars.	Statement covers from09/22/ through10/19/	2024	Page _	10 of 23
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2024	Skyline Transport 2285 Aragon Court Tracy, CA 95377	IND COM STY SCC		500.00	500	0.00	500.00 G-2024
10/09/2024	Skyview Aviation 5749 South Tracy Boulevard Tracy, CA 95377	IND COM STY		250.00	250	0.00	250.00 G-2024
1. Amount re (Include all 2. Amount re 3. Total month	ceived this period - itemized monetary contributions. Schedule A subtotals.)			\$	_	(othe OTH - Other PTY - Politic	ual sient Committee r than PTY or SCC) (e.g., business entity)

SUBTOTAL \$	750.00	
		92090-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-

Schedule B - Part 1		Amo	unts may be rounde	ed			SCi	HEDULE B - PART
Loans Received			to whole dollars.		Statement cove	ers period	CALIFORNI	A 160
					from09/2	22/2024	FORM	400
					through10/	19/2024	Page 11	_ of23
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	
Eleassia Davis for Mayor 2024							1469	597
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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 FORGIVEN THIS PERIOD **		(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS T DATE
				PAID \$ FORGIVEN	\$	9 RATE	⁶ \$	S PER ELECTION**
		\$	\$	\$		\$		
* IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
Schedule B Summary					\$0.00			
 Loans received this period (Total Column (b) plus unitemized loans 	pans of less than \$100.)						* Contributor Code	·S
2. Loans paid or forgiven this period (Total Column (c) plus loans under 3 (Include loans paid by a third party t	\$100 paid or forgiven)	 hedule A.)			\$0.00	-	OTH - Other (e.g., PTY - Political Par	PTY or SCC) business entity) ty
3. Net change this period. (Subtract L	ine 2 from line 1)			NET	\$0.00		SCC - Small Contr	ibutor Committee
Enter the net here and on the Sumi	mary Page, Column A, Line	2			(May be a negative nu	ımber)		

SUBTOTALS \$	\$ \$	\$

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

(Enter (e) on Schedule E. Line 3) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule B - Part 2	Amounts may be roun to whole dollars.	ded							EB-PART	
Loan Guarantors		to whole dollars.				ers period 22/2024	CALIF FO	ORNI RM	A	160
				through _	10/	19/2024	Page .	12	of _	23
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Eleassia Davis for Mayor 2024							I.D. NUMBE	n 1469	597	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		LOAN		AMOUNT GUARANTEED THI PERIOD		ATIVE TO ATE	OU	BALANCE TSTANDING TO DATE
				LENDER			\$	ECTION DUIRED)		
	COM OTH PTY SCC			DATE	((IF REC	-		
									<u> </u>	

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www.fppc.ca.gov

SUBTOTAL \$

Enter on Summary Page, Line 17 only.

Schedule C		
Nonmonetary	Contributions	Received

SCHEDULE C

Schedule C Summary 1. Amount received its period - terrized normonetary contributions of less than \$100\$ Schedule C Summary 2. Amount received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) DI NO MORE TOTAL \$	FORM 460	09/22/2024	Statement from			Nonmonetary Contributions Received		
Eleastia Davis for Mayor 2024 AND EPICON TRIBUTOR OF FULL NAME. STREET ADDRESS AND ZEROCH PRODUCTION OF FULL NAME. STREET ADDRESS AND ZEROCH PRODUCTION OF FULL NAME. STREET ADDRESS AND ZEROCH PRODUCTION OF FULL NAME. STREET ADDRESS OCCUPATION AND EMPLOYER OCCUPATION OCCUPATION AND EMPLOYER OCCUPATION O	Page13of23	10/19/2024	through					
AND RECEIVED RECEIVED RECEIVED RESERVANTE PULL NAME, STREET ADDRESS COORD RECEIVED R	I.D. NUMBER 1469597							NAME OF FILER
Schedule C Summary 1. Amount received this period - unitemized nonmonetary contributions of less than \$100 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 3. Total nonmonetary ontributions received this period - unitemized and not the Summary Page, Column A, Lines 4 and 10.) CONTRIBUTOR (GESEP-ENLOYER NAME (LOCAL AND EMPLOYER		T			IE INDIVIDUAL ENTER	ī	avis for Mayor 2024	Eleassia Da
Schedule C Summary Amount received this period - uniternized nonmonetary contributions of less than \$100 Amount received this period - uniternized nonmonetary contributions of less than \$100 Total nonmonetary contributions received this period - uniternized nonmonetary contributions of less than \$100 Total nonmonetary contributions received this period - uniternized nonmonetary contributions of less than \$100 Total nonmonetary contributions received this period - uniternized nonmonetary contributions of less than \$100 Total nonmonetary contributions received this period - uniternized nonmonetary contributions of less than \$100 Total \$ 0.00					OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME		AND ZIP CODE OF CONTRIBUTOR	DATE RECEIVED
Schedule C Summary 1. Amount received this period - intermized nonmonetary contributions. 2. Amount received this period - unitermized nonmonetary contributions of less than \$100 3. Total nonmonetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$						I COM		
Schedule C Summary 1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)						IND COM OTH PTY SCC		
1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)						COM		
1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)	* Contributor Codes				<u></u>		C Summary	Schedule
2. Amount received this period - unitemized nonmonetary contributions of less train \$100 3. Total nonmonetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 0.00 PTY - Political Party SCC - Small Contribute TOTAL \$	COM - Recipient Committee (other than PTY or SCC)	0.00	\$			ns. 	ceived this period - itemized nonmonetary contribution	1. Amount rec
3. Total nonmonetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee	0.00	_ \$		2. Amount received this period - unitemized nonmonetary contributions of less than \$100			
	500 - Office Contributor Committee	0.00	L \$	TOT	and 10.)	mn A, Lines 4 a	nonetary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	3. Total nonm (add Lines 1
SUBTOTAL \$		- \$	SUBTOTAL					•

Schedule Summary Supporting Candidate	e D y of Expenditures ng/Opposing Other es, Measures, and Committees	Amounts may to whole	Statement covers period from09/22/2024			CALIFORNIA 460		
				through	10/19/202	24	Page	14 of 23
NAME OF FILER Eleassia D	avis for Mayor 2024			<u> </u>			1.D. NUMBER 1469597	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)		AMOUNT THIS PERIOD	CALE	ATIVE TO DATE NDAR YEAR 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
SCHEDUL	LE D SUMMARY							0.00
1. Itemized	contributions and independent expenditures made this per	riod. (Include all Sche	edule D subtotals.) -					3
2. Unitemize	ed contributions and independent expenditures made this	period of under \$100						\$
3. Total con	tributions and independent expenditures made this period	. (Add Lines 1 and 2.	Do not enter on the S	Summary F	'age.)		TOTAL	\$

SUBTOTAL \$

Amounts may be rounded to whole dollars.

	-	SCHEDULE E
Stateme	nt covers period	CALIFORNIA 460
from	09/22/2024	FORM 400
through _	10/19/2024	Page15 of23
		1.D. NUMBER 1469597

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses PET petition circulating

PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
209 Times 3319 M Street Merced, CA 95348	WEB		300.00
265 Productions	TEL		200.00
Copyworld Inc. 1375 University Avenue Berkeley, CA 94702	LIT		545.48
Donut & Yogurt 1984 West 11th Street Tracy, CA 95376	CMP		65.94
* Payments that are contributions or independent expenditures must also be summarized on Schedu	le D.	SUBTOTAL \$	1,111.42

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.

Statement covers period	CALIFORNIA 460
from09/22/2024	FORM 400
through10/19/2024	_ Page <u>16</u> of <u>23</u>
	I.D. NUMBER 1469597

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	С	R DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC			7.00
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC			14.00
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC			14.00
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC			3.75
* Payments that are contributions or independent expenditures must also be summarized on Schedu	ile D.		SUBTOTAL \$	38.75

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.

Statement covers period	CALIFORNIA / 60
from09/22/2024	FORM 40U
through10/19/2024	Page17of23
	I.D. NUMBER 1469597

SCHEDULEE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Eleassia Davis for Mayor 2024

CODES: If one of the following codes accurately describes the payr	nent, you may enter the code.	Otherwise,	describe the paymen
--	-------------------------------	------------	---------------------

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 communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

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

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		27.50
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		20.00
Facebook 1 Hacker Way Menlo Park, CA 94025	WEB		128.67
Facebook 1 Hacker Way Menio Park, CA 94025	WEB		494.29
* Payments that are contributions or independent expenditures must also be summarized on Schedu	ule D.	SUBTOTAL \$	670.46

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.

Stateme	nt covers period	CALIFORNIA 460
from	09/22/2024	FORM TOO
through _	10/19/2024	Page 18 of 23
		I.D. NUMBER 1469597

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook 1 Hacker Way Menio Park, CA 94025	WEB		900.00
Facebook 1 Hacker Way Menlo Park, CA 94025	WEB		900.00
Google 1600 Amphitheatre Parkway Mountain View, CA 94043	WEB		151.69
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		165.00
* Payments that are contributions or independent expenditures must also be summarized on Sched	ule D.	SUBTOTAL \$	2,116.69

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

CMP campaign paraphernalia/misc. CNS campaign consultants

CVC civic donations

CTB contribution (explain nonmonetary)*

Amounts may be rounded to whole dollars.

Stateme	nt covers period	CALIFORNIA 460
from	09/22/2024	FORM 400
through _	10/19/2024	Page 19 of 23
		I.D. NUMBER

RAD radio airtime and production costs

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

RFD returned contributions

SAL campaign workers' salaries

SCHEDULE E

	through10/19/2024	Page19 of23
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER
NAME OF FILER		1469597
Eleassia Davis for Mayor 2024		<u> </u>

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

MBR member communications

OFC office expenses

PET petition circulating

MTG meetings and appearances

FND fundraising events IND independent expenditure supporting/opposing others (explain)* POL POS PRO	phone banks polling and sur postage, deliv professional s print ads	rvey research ery and messenger services ervices (legal, accounting)	TRC cancidate travel, lodging, and friead TRS staff/spouse travel, lodging, and mean TSF transfer between committees of the VOT voter registration WEB information technology costs (inter	eals same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ssco	мтө			100.00
The KAL Group, Inc. 9460 Tegner Road Hilmar, CA 95324	PRO			609.14
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)				_\$4,646.46
2. Unitemized payments made this period of under \$100				· > ————
3. Total interest paid this period on loans. (Enter amount from Schedule B, F	Part 1, Column	n (e).)		-\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and	on the Summa	ary Page, Column A, Line 6.)	TOTA	4 ,787.80
* Payments that are contributions or independent expenditures must also be summarized on Schedu	ıle D.		SUBTOTAL\$	709.14

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may to whole		Statement covers	period CALIF	SCHEDULE F
		f	rom09/22	/2024 FC	ORM 40U
		t	hrough10/19	/2024 Page	of23
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		l .		I.D. NUMBE	
Eleassia Davis for Mayor 2024					1469597
CODES: If one of the following codes accurately describes the 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 communi MTG meetings and app OFC office expenses PET petition circulating PHO phone banks POL polling and survey	cations earances research and messenger services	HAD radio airtii RFD returned (SAL campaign TEL t.v. or cab TRC candidate TRS staff/spou TSF transfer b VOT voter regi	workers' salaries le airtime and production cos travel, lodging, and meals se travel, lodging, and meal etween committees of the sa	s ime candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SCHEDULE F SUMMARY					
1. Total accrued expenses incurred this period. (Include all Schedule F.	, Column (b) subtotals for		ı	NCURRED TOTALS	\$ 0.00
accrued expenses of \$100 or more, plus total unitemized accrued ex				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total accrued expenses paid this period. (Include all Schedule F, Co accrued expenses of \$100 or more, plus total unitemized payments of	ilumn (c) subtotals for payment on accrued expenses under \$1	ts on (00.) — — — — — — —		PAID TOTALS	\$ 0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference on the Summary Page, Column A, Line 9.)	ence here and				
on the Summary Page, Solution A, Line 3.)				NET	0.00

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

SUBTOTALS \$

\$

\$

\$

Schedule G	
Payments Made by an Agent or Independent	t
Contractor (on Behalf of This Committee)	

SCHEDULE G Statement covers period 09/22/2024 from 21 of 23

I.D. NUMBER

1469597

10/19/2024 through

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Eleassia Davis for Mayor 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

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

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

TOTAL * \$

Schedule H	Amo	Amounts may be rounded to whole dollars.				SCHEDULE I		
Loans Made to Others*			to whole dollars.	Γ	Statement cove	ers period	CALIFORNIA	460
					from09/2	22/2024	FORM	700
					through10/	19/2024	Page 22	of 23
SEE INSTRUCTIONS ON REVERSE							I.D. NUMBER	
NAME OF FILER Eleassia Davis for Mayor 2024							1469	597
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENESS TH PERIOD *	OR (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
				\$FORGIVEN	_ \$	RATE	\$	PER ELECTION"
		\$	\$	\$		\$.	

SUBTOTALS \$ \$ \$

	Increases to Cash	Amounts m to who	ay be rounded e dollars.	Statement covers period from	CALIFORNIA 460 FORM Page 23 of 23
SEE INSTRUCTIONS ON RE	VERSE				I.D. NUMBER
Eleassia Davis for	Mayor 2024				1469597
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Schedule I Sum	marv	l l			
	to cash this period			\$	
2. Unitemized increase	es to cash of under \$100 this period.			\$0.00	
3. Total of all interest re	eceived this period on loans made to others. (Schedule H, Co	olumn (e).)		\$	
4. Total miscellaneous Summary Page, Line	increases to cash this period. (Add Lines 1, 2, and 3. Enter he 14.)	here and on the			

_____ TOTAL \$ _____0.00

Re	ecipient Committee				Date Stamp	CALIFOR	COVER PAGE
Ca	ampaign Statement					FORM	^{NIA} 460
Co	over Page	Statement covers pe		Date of election if applicable: (Month, Day, Year)	RECEIVED SEP 2 6 2024	Page 1	of45
) BK	REC'D TRACY CITY CLE PEC'D TRACY CITY CLE	through09/21/20	024	11/05/2024	CITY CLERK TRACY CA	For Or	fficial Use Only
1.	Type of Recipient Committee All Commit	ttees - Complete Parts 1, 2, 3, and 4		2. Type of Statement:	AM 1 2 3 8		
	■ State 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 Terminatio	Quarterly S	tatement N-Year Report	
3.	Committee Information	I.D. NUMBER 1469597		Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO CO	OMMITTEE)		NAME OF TREASURER			
	Eleassia Davis for Mayor 2024			Eleassia Davis MAILING ADDRESS			
	STREET ADDRESS (NO.P.O. BOX)			CITY Tracy, CA 95377	STATE	ZIP CODE	AREA CODE/PHONE
	CITY	STATE ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, I	IF ANY		
	Tracy, CA 95377 MAILING ADDRESS (IF DIFFERENT) NO. AND STREE	T OR P.O. BOX		MAILING ADDRESS			-
1							
,	CITY	STATE ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	Tracy, CA 95377						
	OPTIONAL FAX / F-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS			
4.	Verification						
	I have used all reasonable diligence in preparently under penalty of perjury under the law	aring and reviewing this stateme vs of the State of California that	ent and to the best of the foregoing is true	my knowledge the information con and correct.	ntained herein and in the attac	hed schedules is	true and complete. I
	Executed on		By_Ele	eassia Davis			
	Executed onDATE DATE DATE		5y	eassia Davis			
	Executed onDATE		Ву		lder, Candidate, State Measure Propone	ent	
	DATE			Signature of Controlling Officerior		3750	
	Executed onDATE		Ву	Signature of Controlling Officehol	older, Candidate, State Measure Propone	ent	

Recipient Committee Campaign Statement Cover Page - Part 2

	COVE	R PA	GE - PART	2
CALIF FO	ORNIA RM	4	160	
Page	2	of _	45	

NAME OF OFFICEHOLDER OR CANDIDATE Eleassia Davis OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Mayor Tracy RESIDENTIAL /BUSINESS ADDRESS (NO. AND STREET) Tracy, CA 95377 Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by your or are primarily formed to receive contributions or make expenditures on behalf of your candidacy NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT OFFICE SOUGHT OR HELD DISTRICT NO.	
Eleassia Davis OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Mayor Tracy RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) Tracy, CA 95377 Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy BALLOT NO. OR LETTER JURISDICTION Identify the controlling officeholder, candidate, or state measury. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT OFFICE SOUGHT OR HELD DISTRICT NO.	☐ OPPOSE sure proponent, if
Mayor Tracy RESIDENTIAL /BUSINESS ADDRESS (NO. AND STREET) Tracy, CA 95377 Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy BALLOT NO. OR LETTER JURISDICTION Identify the controlling officeholder, candidate, or state meas any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT OFFICE SOUGHT OR HELD DISTRICT NO.	OPPOSE sure proponent, if
Mayor Tracy RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) Tracy, CA 95377 Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy Mayor Tracy City State ZiP Identify the controlling officeholder, candidate, or state meas any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	sure proponent, if
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy City State ZiP Identify the controlling officeholder, candidate, or state measury.	
Tracy, CA 95377 Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy DISTRICT NO.	
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT OFFICE SOUGHT OR HELD DISTRICT NO.	IF ANY
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy DISTRICT NO.	IF ANY
not included in this statement that are controlled by you or are primarily formed to receive contributions of make expenditures on behalf of your candidacy OFFICE SOUGHT OR HELD DISTRICT NO.	IF ANY
COMMITTEE NAME I.D. NUMBER	
CONTROLLED COMMITTEE? 7. Primarily Formed Candidate/Officeholder Committee List	names of
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO CONTROLLED COMMITTEE? Officeholder(s) or candidate(s) for which this committee is primarily to officeholder(s).	formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE?	
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD

(FROM ATTACHED SCHEDULES)

 Statement covers period

 from
 07/01/2024

 through
 09/21/2024

 Page
 3

 i.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

MANUE OF FILEE

Contributions Received

Current Cash Statement

16. ENDING CASH BALANCE

12. Beginning Cash Balance Previous Summary Page. Line 16 \$

14. Miscellaneous Increases to Cash Schedule I, Line 4

17. LOAN GUARANTEES RECEIVED...... Schedule B, Line 2 \$

13. Cash Receipts.....

15. Cash Payments

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

19. Outstanding Debts

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

2.
 3.

Eleassia Davis for Mayor 2024

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

1469597

Total to Date

Payments Made	Schedule E, Line 4 \$	21,202.38	s _	21,555.12	22	Cumul	ative Evnenditi	ures Mad	le*
penditures Made					Expenditure Candidates		it Summary	for Sta	ite
TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$	21,502.50	\$	25,955.50	Made	\$		<u> </u>	
Nonmonetary Contributions	Schedule C, Line 3	1,482.50	_	1,482.50	21. Expenditures	•	0.00	¢.	0.00
SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$	20,020.00	\$ <u></u>	24,473.00	20. Contributions Received	\$	0.00	\$	0.00
Loans Received	Schedule B, Line 3	0.00		0.00		1/1 th	rough 6/30	7/1 to	
Monetary Contributions	Schedule A, Line 3 \$	20,020.00	\$		General Ele	Stions			
Monetary Contributions	Schedule A, Line 3 \$	<u> </u>	\$	24,473.00	General Ele	ctions			

4,133.26

20,020.00

21,202.38

2,950.88

0.00

0.00

0.00

0.00

6.	Payments Made	Schedule E. Line 4	\$_	21,202.38	s _	21,555.12
7.	Loans Made	Schedule H, Line 3	_	0.00	_	0.00
	SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	s _	21,202.38	\$ _	21,555.12
9.	Accrued Expenses (Unpaid Bills)	Schedule F. Line 3		0.00	_	0.00
10	Nonmonetary Adjustment	Schedule C, Line 3	_	1,482.50	_	1,482.50
11	. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$_	22,684.88	s	23,037.62

Column A, Line 3 above

Column A, Line 8 above

Add Lines 12 + 13 + 14, then subtract Line 15 \$

See instructions on reverse

Add Line 2 + Line 9 in Column B above

1	
ı	To calculate Column B,
I	add amounts in Column
ı	A to the corresponding
ı	amounts from Column B
ı	of your last report. Some
ı	amounts in Column A may
ı	be negative figures that
ŀ	should be subtracted from
ı	previous period amounts. If
ŀ	this is the first report being
I	filed for this calendar year,
	only carry over the amounts
l	from Lines 2, 7, and 9 (if any).
ı	

Column B

CALENDAR YEAR

TOTAL TO DATE

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

\$
 \$
\$
\$
\$

Date of Election (mm/dd/yy)

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

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

Amounts may be rounded to whole dollars.

SCHEDULE A **CALIFORNIA** Statement covers period 07/01/2024 from 09/21/2024 through . I.D. NUMBER 1469597

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Elegecia Da	vis for Mayor 2024						1409397
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIV CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	Byron Alvarez	X IND	Retired	200.00	200	.00	200.00 G-2024
07/03/2024	Tracy, CA 95376	COM OTH PTY SCC	Retired				
	Casey Anderson	X IND	Retired	100.00	100	0.00	100.00 G-2024
07/23/2024	Tracy, CA 95376	COM OTH PTY SCC	Retired			-	
	Sandra G. Bayhi	⊠ IND	Glazer	170.00	170	0.00	170.00 G-2024
07/07/2024	Tracy, CA 95376	COM OTH PTY SCC	Bayhi Glass				
	Sandra G. Bayhi	▼ IND	Glazer	45.00	215	5.00	215.00 G-2024
08/16/2024	Tracy, CA 95376	OTH PTY SCC	Bayni Glass				
	Sandra G. Bayhi	▼ IND	Glazer	150.00	36	5.00	365.00 G-2024
08/29/2024	Tracy, CA 95376	COM OTH PTY SCC	Bayhi Glass				

665.00 SUBTOTAL \$

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Eleassia Davis for Mayor 2024

1469597

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
	Ripudaman Beniwal	IND COM	Physician-Information requested	100.00	100.00	100.00 G-2024
09/01/2024	Tracy, CA 95304	I TOTH				
	Broken Arrow Saloon 117 West 11th Street	□ IND □ COM		100.00	100.00	100.00 G-2024
07/07/2024	Tracy, CA 95376	M OTH PTY SCC				
	Shawn Cannon	IND COM	VP of Marketing	10.00	110,00	110.00 G-2024
08/22/2024	Tracy, CA 95377	OTH SCC	NorthStar			
	Germaine Clark	⊠ IND □ COM	Retired	85.00	335.00	335.00 G-2024
07/07/2024	Tracy, CA 95377		Retired			
	Coastal Premier Inc 1418 Mariani Court Ste 120	□ IND		170.00	170.00	170.00 G-2024
07/06/2024	Tracy, CA 95376	NOTH SCC				

SUBTOTAL \$

465.00

Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers		CALIF FO	SCHEDULE ORNIA 46
SEE INSTRUCTIO	INS ON REVERSE			through09/21/	2024	Page _	6 of 45
NAME OF FILER Eleassia Da	vis for Mayor 2024					I.D. NUMBER	1469597
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIV CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	Scott J. Conover	⊠ IND	Construction Inspector	400.00	400	0.00	400.00 G-2024
08/16/2024	Tracy, CA 95376	COM OTH PTY SCC	Self Employed - Scott Conover				
,	Dement Real Estate	□ IND □ COM		30.00	120	.00	120.00 G-2024
08/29/2024	Tracy, CA 95376	MOTH PTY SCC					
	Denise Aguilar Mendez for Assembly 2024	□ IND		255.00	255	.00	255.00 G-2024
07/08/2024	Stockton, CA 95207	COM OTH PTY SCC					
	Amardeep Dhillon	IND COM	Realtor	150.00	150.	.00	150.00 G-2024
08/29/2024	Tracy, CA 95377	OTH Y SCC	Exit Realty Consultants				
	Sharanjit Dhillon	IND COM	Financial Advisor	100.00	100.	.00	100.00 G-2024
08/29/2024	Tracy, CA 95377	OTH SCC	Coldwell Banker				

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Eleassia Davis for Mayor 2024

1	469597	

Licussia Du	vis ici iliayo. 202	1	T	í	1	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
	DS135 Inc DBA Mountain Mikes Pizza	□IND		250.00	250.00	250.00 G-2024
00/00/0004	870 West Schulte Road	COM OTH				
08/29/2024	Tracy, CA 95376	PTY				
	Alice English	X IND	Retired	85.00	185.00	185.00 G-2024
07/10/2024		COM	Retired			
07/10/2024	Tracy, CA 95377	SCC				
	Dan Evans	X IND	Project Manager	90.00	290.00	290.00 G-2024
07/16/2024		COM OTH	Jacobs			
01/10/2024	Tracy, CA 95376	SCC				
	Dan Evans	X IND	Project Manager	100.00	390.00	390.00 G-2024
08/29/2024		COM	Jacobs			
00/23/2024	Tracy, CA 95376	PTY				
	Jennifer Fickes	X IND	Data Analyst	100.00	100.00	100.00 G-2024
07/23/2024		OTH	Nestle USA			
07/23/2024	Jennifer Fickes X IND COM OTH PTY SCC					
				1		

SUBTOTAL \$

625.00

Amounts may be rounded to whole dollars.

REE INSTRUCTIONS ON REVERSE
NAME OF FILER

Eleassia Davis for Mayor 2024

1469597

DATÉ RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/03/2024	Adrian Franco Tracy, CA 95304	IND COM OTH PTY SCC	Self Employed Hacienda Flooring	170.00	170.00	170.00 G-2024
08/29/2024	Ranjit S. Gill Tracy, CA 95377	IND COM OTH PTY SCC	Owner Mountain Mikes Pizza - Stockton	250.00	250.00	250.00 G-2024
08/29/2024	Gurinder Grewal Tracy, CA 95304	IND COM OTH SCC	Physician San Juaquin Cardiology Medical Group	100.00	100.00	100.00 G-2024
09/07/2024	Herman S. Grewal Tracy, CA 95377	IND COM OTH PTY SCC	Data Analyst Telsa	2,000.00	2,000.00	2,000.00 G-2024
08/29/2024	Grin Investments Inc DB Arco AMPM 6009 North El Dorado Street Stockton, CA 95207	IND COM OTH PTY SCC		300.00	300.00	300.00 G-2024

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

2,820.00

SUBTOTAL \$

Schedule Monetary	A Contributions Received	Amo	ounts may be rounded to whole dollars.	Statement covers	F0	SCHEDULE A
occ MOTOLICTICO	NIC ON DEVERSE			through09/21/	2024 Page _	9 of 45
NAME OF FILER	vis for Mayor 2024				1.D. NUMBER	1469597
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
	Harnam Corporation Dba Arco AMPM #82602	□ IND		500.00	500.00	500.00 G-2024
08/29/2024	2430 Joe Pombo Parkway Tracy, CA 95377	COM OTH PTY SCC				
	Jays Gourmet	□ IND		90.00	260.00	260.00 G-2024
07/14/2024	Tracy, CA 95376	COM OTH PTY SCC				
	Jays Gourmet	□ IND		1,200.00	1,200.00	1,200.00 G-2024
07/22/2024	Tracy, CA 95376	OTH PTY SCC				
	Stella Lakey	⊠ IND	Business owner	200.00	200.00	200.00 G-2024
07/07/2024	Tracy, CA 95376	OTH PTY SCC	Jays Gourmet			
	Stella Lakey	⊠ IND	Business owner	30,00	230.00	230.00 G-2024
07/22/2024	Tracy, CA 95376	COM OTH PTY SCC	Jays Gourmet			

SUBTOTAL \$ 2,020.00	
SUBTOTAL \$ 2,020.00	

Schedule Monetary	A Contributions Received	Amo	ounts may be rounded to whole dollars.	Statement covers from 07/01/ through 09/21/	2024	CALIFO FO	SCHEDULE A ORNIA 460 RM of 45
SEE INSTRUCTION	NS ON REVERSE			1		I.D. NUMBER	
	vis for Mayor 2024						1469597
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Stella Lakey	▼ IND	Business owner Jays Gourmet	100.00	330	0.00	330.00 G-2024
08/08/2024	Tracy, CA 95376	OTH PTY SCC					
	Surinder Lal	IND COM	Realtor	100.00	100	0.00	100.00 G-2024
08/29/2024	Tracy, CA 95304	COM OTH PTY SCC	Reality 1 Group Zoom				155.55 5 252

Retired

Retired

Information Requested

SUBTOTAL \$

IND COM OTH PTY SCC

IND COM OTH PTY SCC

IND COM OTH PTY SCC

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

200.00 G-2024

170.00 G-2024

100.00 G-2024

200.00

170.00

100.00

200.00

170.00

100.00

670.00

08/29/2024

07/09/2024

08/16/2024

Lallria Real Estate

Tracy, CA 95376

Annie mcManus

Tracy, CA 95304

Dan McManus

Tracy, CA 95304

Schedule		
Monetary	Contributions	Received

Statement covers period from ____07/01/2024 CALIFORNIA FORM FORM

09/21/2024

through

1,325.00

SUBTOTAL \$

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

I.D. NUMBER

Eleassia Davis for Mayor 2024

1469597

SCHEDULE A

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/10/2024	Jaime Medina	IND COM	Retired Retired	170.00	170.00	170.00 G-2024
07/10/2024	Copperopolis, CA 95228	PTY			I	
	Dominique Mellion	IND COM	Executive Director Families United	150.00	150.00	150.00 G-2024
08/22/2024	Tracy, CA 95304	DOTH PTY SCC				
	Lesa Mellion	IX IND □ COM	Director	170.00	170.00	170.00 G-2024
07/03/2024	San Leandro, CA 94577	OTH PTY SCC	SDS program			
	Lesa Mellion	IX IND ☐ COM	Director	135.00	305.00	305.00 G-2024
07/14/2024	San Leandro, CA 94577	OTH PTY SCC	SDS program			
	Lesa Mellion	▼ IND	Director	700.00	1,005.00	1,005.00 G-2024
08/08/2024	San Leandro, CA 94577	OTH PTY SCC	SDS program			
		1	1			

Schedule		
Monetary	Contributions	Received

Statement covers period

SCHEDULE A

				from07/01/2	2024	ORM TOO
				through09/21/2	2024 Page	e12 of45
IAME OF FILER	NS ON REVERSE				I.D. NUM	BER 1469597
Eleassia Da	vis for Mayor 2024				1	1409597
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
	Gloria C. Murphy	X IND	Retired	100.00	100.00	100.00 G-2024
08/16/2024	Tracy, CA 95376	OTH PTY SCC	Retired			
	Don Penning	X IND	Retired	90.00	360.00	360.00 G-2024
08/04/2024	Tracy, CA 95377	OTH PTY SCC	Retired			
	Donald O. Penning	X IND		1,800.00	1,800.00	1,800.00 G-2024
07/13/2024	Tracy, CA 95377	OTH PTY SCC				
	Ernie Pombo	IND COM	Farmer	300.00	300.00	300.00 G-2024
07/08/2024	Tracy, CA 95304	OTH PTY SCC	Self Employed -Ernie Pombo			
	Ernie Pombo	X IND	Farmer	500.00	800.00	800.00 G-2024
07/15/2024	Tracy, CA 95304	OTH SCC	Self Employed -Ernie Pombo			
10.00		1				
			SUBTOTAL	\$ 2,790.00		
						EPPC Form 460 (Jan/2016

Schedule		
Monetary	Contributions	Received

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Eleassia Davis for Mayor 2024

1469597

Licassia Da	Eleassia Davis for Mayor 2024							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)		
	Maria Ramirez	IXI IND	Retired	100.00	100.00	100.00 G-2024		
08/08/2024		IND COM OTH SCC	Retired			100.00 4-2024		
	Union City, CA 94587							
1000	Karina Ramos	M IND	Chief Financial Officer	170.00	370.00	370.00 G-2024		
07/03/2024		I TOTH	TCS Insurance					
0770012024	Tracy, CA 95377	PTY						
	Kulbir Randhawa	X IND	President	125.00	125.00	125.00 G-2024		
08/29/2024		COM OTH	Home Team of Stockton					
	Tracy, CA 95377	SCC						
	Tajinder Randhawa	⊠ IND	Information Requested	100.00	100.00	100.00 G-2024		
08/29/2024		СОМ						
00/20/2024	Tracy, CA 95377	PTY	5					
07/08/2024	Reece Spray Service	□ IND		1,000.00	1,000.00	1,000.00 G-2024		
	Tracy, CA 95304	COM OTH						
	Tracy, On 33004	OTH PTY SCC						
		1						

1,495.00

SUBTOTAL \$

Schedule A Monetary Contributions Received

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Amounts may be rounded to whole dollars.

CONTRIBUTOR

CODE

X IND Псом ☐ OTH

PTY

ND COM

OTH PTY SCC

X IND СОМ

PTY

☑ IND

OTH

IND COM OTH SCC

Sr Director

Oracle America Inc

CALIFORNIA Statement covers period 07/01/2024 from 09/21/2024 14__ of _ through I.D. NUMBER

SCHEDULE A

1469597

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

DATE

RECEIVED

07/11/2024

07/03/2024

07/08/2024

07/09/2024

08/30/2024

Eleassia Davis for Mayor 2024

Charlene Reece

Tracy, CA 95304

Stephen Ridolfi

Tracy, CA 95376

Cindy Sasser

Tracy, CA 95304

Tracy, CA 95377

Manpreet Shahi

Tracy, CA 95377

Aarti Sehgal

IF 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)
Secretary Reece Farming	200.00	200.00	200.00 G-2024
Retired Retired	170.00	270.00	270.00 G-2024
Retired Retired	170.00	170.00	170.00 G-2024
Registered dietitian Self Employed - Aarti Sehgal	85.00	135.00	135.00 G-2024

SUBTOTAL \$	1,125.00	
30BIOTAL 9	.,	

500.00

500.00

500.00 G-2024

Schedule		
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE	Α

				from07/01/2024		FO	FORM TOO	
				through09/21/	2024	Page _	15 of 45	
NAME OF FILER	ivis for Mayor 2024		- 1			I.D. NUMBER	1469597	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
	Manpreet Shahi	▼ IND	Sr Director	500.00	1,00	0.00	1,000.00 G-2024	
09/06/2024	Tracy, CA 95377	OTH PTY SCC	Oracle America Inc					
	Burnell V. Shuli	M IND □ COM	Retired	250.00	485	5.00	485.00 G-2024	
07/15/2024	Tracy, CA 95377	OTH PTY SCC	Retired					
	Burnell V. Shull	X IND	Retired	30.00	515	5.00	515.00 G-2024	
07/27/2024	Tracy, CA 95377	OTH PTY SCC	Retired					
	Burnell V. Shull	X IND ☐ COM	Retired	90.00	609	5.00	605.00 G-2024	
08/16/2024	Tracy, CA 95377	OTH PTY SCC	Retired					
	Frank I. Silva	IND COM	Retired	500.00	50/	0.00	500.00 G-2024	
07/04/2024	Tracy, CA 95304	OTH PTY SCC	Retired					
	<u> </u>							
- 103			SUBTOTAL	\$ 1,370.00	100			
							EPPC Form 460 (Jan/2016)	

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

from _____07/01/2024 CALIFORNIA 460

through09/21/2024	Page16	of	45

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

I.D. NUMBER

Eleassia	Davis	for	Mayor	2024
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1469597

SCHEDULE A

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/22/2024	Sandra Silveira Tracy, CA 95304	IND COM OTH PTY SCC	Retired Retired	100.00	100.00	100.00 G-2024
07/09/2024	Manjeet Singh Tracy, CA 95377	IND COM OTH PTY SCC	Owner Dhaba indian Cuisine	170.00	170.00	170.00 G-2024
08/29/2024	Paramjit Singh Tracy, CA 95376	IND COM OTH PTY SCC	Dentist PJ Singh Dental Corp	125.00	125.00	125.00 G-2024
08/29/2024	Sky Transport Solutions 2680 North Tracy Boulevard Suite 4 Tracy, CA 95376	IND COM STY		250.00	250.00	250.00 G-2024
07/04/2024	Skyview Aviation LLC 5749 South Tracy Boulevard Tracy, CA 95377 Resp. Officer Jay Vyas	IND COM OTH PTY SCC		85.00	185.00	. 185.00 G-2024

730.00

SUBTOTAL \$

Schedule		
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE A

				from07/01/	2024	FU	TIVI -
				through09/21	2024	Page _	17 of 45
SEE INSTRUCTION NAME OF FILER	vis for Mayor 2024					I,D, NUMBER	1469597
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIV CALEND (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
07/18/2024	TCS insurance Brokers Inc. 2680 North Tracy Boulevard Suite 1 Tracy, CA 95376	IND COM STY SCC		750.00	750	0.00	750.00 G-2024
08/29/2024	Tracy Car Wash And Lube 2480 North Tracy Boulevard Unit 1 Tracy, CA 95376	IND COM STY SCC		200.00	200	0.00	200.00 G-2024
08/29/2024	Tracy Liquors, Inc 1220 West 11th Street Tracy, CA 95376	DIND COM STY SCC		250.00	250	0.00	250.00 G-2024
07/07/2024	Yemina Vergara Tracy, CA 95376	IND COM OTH PTY SCC	Self employed JW Express Delivery	170.00	170	0.00	170.00 G-2024
	·	DIND COM OTH PTY SCC					
			SUBTOTAL	\$ 1,370.00			EPPC Form 460 (Jan/2016)
							EPPC Form 460 (Jan/2016)

Schedule A		Ame	ounts may be rounded to whole dollars.				SCHEDULE A	
Monetary	Contributions Received	to imelo della e		Statement covers	•	CALIFORNIA 460		
				from07/01/	/2024	FU		
				through09/21/	/2024	Page _	18 of 45	
SEE INSTRUCTION	NS ON REVERSE					I.D. NUMBER		
	vis for Mayor 2024						1469597	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENI	VE TO DATE DAR YEAR - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
		IND COM OTH PTY SCC						
Schedule	A Summary	1	Approx. 1 Spring.			* Contributor	Codes	
1. Amount rec	reived this period - itemized monetary contributions.		\$	18,405.00		IND - Individu	ial ient Committee	
`	Schedule A subtotals.)			(oth		(other	er than PTY or SCC) er (e.g., business entity)	
	eived this period - unitemized monetary contributions of less t	nan \$100	\$	1,010.00		PTY - Politica		
3. Total mone (add Lines 1	tary contributions received this period. I and 2. Enter here and on the Summary Page, Column A, Lin	e 1.)	TOTAL \$	20,020.00				
			SUBTOTAL S	0.00		100 March 100 Ma		

Sched	ule	В-	- Part	1
Loans	Re	cei	ved	

SEE INSTRUCTIONS ON REVERSE

Eleassia Davis for Mayor 2024

FULL NAME, STREET ADDRESS AND

ZIP CODE OF LENDER

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

* IND COM OTH PTY SCC

2. Loans paid or forgiven this period

1. Loans received this period _ - - - -

(Total Column (b) plus unitemized loans of less than \$100.)

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

3. Net change this period. (Subtract Line 2 from Line 1.)_ _ _ _ _ _ Enter the net here and on the Summary Page, Column A, Line 2

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

Schedule B Summary

Amounts may be rounded to whole dollars.

(b) AMOUNT

RECEIVED THIS

PERIOD

(a) OUTSTANDING

BALANCE

BEGINNING THIS

PERIOD

IF INDIVIDUAL, ENTER

OCCUPATION AND EMPLOYER

IF SELF- EMPLOYED, ENTER NAME

OF BUSINESS)

1						SCI	HEDULE B - PART
	fr	Statem		ers period 01/2024		CALIFORNI FORM	⁴ 460
		nrough _	h09/21/2024			Page19	of <u>45</u>
						I.D. NUMBER 1469	597
(c) AMOUNT PAIL FORGIVEN TH PERIOD **		(d) OUTS BALANCE OF THIS	AT CLOSE	(e) INTEREST PAID THIS PERIOD		(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS T DATE
PAID \$ FORGIVEN		\$		RATE	%	\$	S PER ELECTION"
\$	_	DATE	DUE	\$		DATE INCURRED	
	\$ -		0.00				
	. \$ -		0.00			* Contributor Codes IND - Individual COM - Recipient C (other than	

0.00

(May be a negative number)

SUBTOTALS \$	\$ \$	\$

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

(Enter (e) on Schedule E, Line 3) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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

SCC - Small Contributor Committee

PTY - Political Party

Schedule B - Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statement covers period		SCHEDULE B - PART		
				from07.	/01/2024	FORM	700	
				through09	/21/2024	Page20	of <u>45</u>	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Eleassia Davis for Mayor 2024						I.D. NUMBER 14695	597	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	
	☐ IND		!	LENDER		CALENDAR DATE \$ PER ELECTION (IF REQUIRED)		
	COM OTH PTY SCC	-		DATE				

Enter on Summary Page. Line 17 only.

SUBTOTAL \$

Schedule		Amounts may be rounded						SCHEDULE (
Nonmone	etary Contributions Received		to whole dollars.			ent covers period	CALIFORN	IAARC
					from	07/01/2024	FORM	700
					through .	09/21/2024	_ Page21	of <u>45</u>
SEE INSTRUCTION NAME OF FILER	NS ON REVERSE				L		I.D. NUMBER	
Eleassia Da	vis for Mayor 2024						1469	597
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIF GOODS OR		AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Rickman for Supervisor 2024					1,482.50	1,482.50	
	The district of the second of	IND IND		Apperance of	n Slate Mailer			1,482.50 G-202
08/19/2024	Tracy, CA 95376	OTH						
	ID: 1437961	H scc						
Schedule	C Summary						* Contributor Codes	
1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.) 1,482.50 IND - Individual COM - Recipient Comm (other than PTY)								
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 OTH - Other (e.g., business							siness entity)	
3. Total nonmonetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)							tor Committee	

Schedule D **Summary of Expenditures** Supporting/Opposing Other

Amounts may be rounded

SCHEDULE D to whole dollars. Statement covers period **CALIFORNIA** 07/01/2024 Candidates, Measures, and Committees from 22 of ___ 09/21/2024 45 through I.D. NUMBER NAME OF FILER 1469597 Eleassia Davis for Mayor 2024 PER ELECTION TO DATE CUMULATIVE TO DATE DESCRIPTION **AMOUNT** NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CALENDAR YEAR (IF REQUIRED) DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) THIS PERIOD TYPE OF PAYMENT (JAN, 1 - DEC, 31) OR COMMITTEE Denise Aguilar Mendez Monetary 150.00 G-2024 Assembly District Contribution State Assembly Person 150.00 150.00 Nonmonetary Contribution 07/31/2024 Independent DISTRICT #: 13 Expenditure X Support Oppose Rosario Patrick Monetary X 100.00 G-2024 Delta College Other Local Contribution Other - Other Local 100.00 100.00 Nonmonetary Contribution 09/05/2024 Independent DISTRICT #: Expenditure X Support Oppose SCHEDULE D SUMMARY 250.00 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) - - - -0.00 2. Unitemized contributions and independent expenditures made this period of under \$100 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) 250.00 250.00 SUBTOTAL \$

Amounts may be rounded to whole dollars.

		SCHEDULE E
Stateme	ent covers period	CALIFORNIA 460
from	07/01/2024	FORM 400
through _	09/21/2024	Page 23 of 45
		I.D. NUMBER 1469597

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID	
Amazon 440 Terry Avenue North Seattle, WA 98109	СМР		60.60	
Amazon 440 Terry Avenue North Seattle, WA 98109	СМР		216.40	
Amazon 440 Terry Avenue North Seattle, WA 98109	СМР		238.14	
Amazon 440 Terry Avenue North Seattle, WA 98109	СМР		162.32	
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.				

Amounts may be rounded to whole dollars.

Stateme	nt covers period	CALIF	ORN	IIA /	18	7
from	07/01/2024	FO	RM			J
through _	09/21/2024	Page .	24	_ of _	45	-
	A A P	I.D. NUMBE		9597		

SCHEDITLE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID	
Amazon 440 Terry Avenue North Seattle, WA 98109	СМР		23.80	
Amazon 440 Terry Avenue North Seattle, WA 98109	CMP		39.99	
Amazon 440 Terry Avenue North Seattle, WA 98109	СМР		406.95	
Amazon 440 Terry Avenue North Seattle, WA 98109	CMP		56.26	
Payments that are contributions or independent expenditures must also be summarized on Schedule D.				

Amounts may be rounded to whole dollars.

Stateme	nt covers period	CALIFORNIA / CO
from	07/01/2024	FORM 400
through _	09/21/2024	Page25of45
		I.D. NUMBER 1469597

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Amazon 440 Terry Avenue North Seattle, WA 98109	СМР		59.50
Mike Bacchetti Tracy, CA 95376	FND	7/12/24 Fundraising meal for 70 including candidate	1,400.00
City of Tracy 333 Civic Center Plaza Tracy, CA 95376	FIL		25.00
City of Tracy 333 Civic Center Plaza Tracy, CA 95376	FIL		1,500.00
* Payments that are contributions or independent expenditures must also be summarized on Schedu	2,984.50		

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

Berkeley, CA 94702	LIT		545.46
Copyworld Inc. 1375 University Avenue			545.48
Copyworld Inc. 1375 University Avenue Berkeley, CA 94702	СМР		896.83
Copyworld Inc. 1375 University Avenue Berkeley, CA 94702	СМР		745.95
Copyworld Inc. 1375 University Avenue Berkeley, CA 94702	СМР		545.48
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID

Amounts may be rounded to whole dollars.

		SCHEDULE E
Statem	ent covers period	CALIFORNIA / CO
from	07/01/2024	FORM 400
through _	09/21/2024	Page27 of45
1		I.D. NUMBER 1469597

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

CMP campaign paraphernalia/misc.

Eleassia Davis for Mayor 2024

CNS campaign consultants

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Costco 3250 West Grant Line Road Tracy, CA 95304	СМР		578.50
Denise Aguilar Mendez for Assembly 2024 Stockton, CA 95207 ID: 1465116	СТВ		150.00
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		11.55
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		87.18
Payments that are contributions or independent expenditures must also be summarized on Schedule D.			827.23

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.

SCHEDULE E CALIFORNIA Statement covers period **FORM** 07/01/2024 from 09/21/2024 45 28 through I.D. NUMBER 1469597

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

NAME AND ADDRESS OF PAYEE (:F COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		158.74
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		11.55
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		17.58
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		17.58
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			205.45

Amounts may be rounded to whole dollars.

Stateme	nt covers period	CALIFORNIA / 60
from	07/01/2024	FORM 400
through _	09/21/2024	Page 29 of 45
		I.D. NUMBER 1469597

SCHEDITE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			56.83
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		15.63
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		17.08
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		18.09
eFundraising Connections 1831 G Street Suite 200 Sacramento, CA 95816	OFC		6.03
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID

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.

Statement covers period	CALIFORNIA 460
from07/01/2024	FORM TOU
through09/21/2024	Page 30 of 45
	I.D. NUMBER 1469597

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		12.70
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		13.20
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		15.33
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		10.93
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * SUBTOTAL \$			52.16

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

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

		SCHEDULE E
Stateme	ent covers period	CALIFORNIA 460
from	07/01/2024	FORM 400
through _	09/21/2024	Page 31 of 45
		I.D. NUMBER 1469597

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

SEE INSTRUCTIONS ON REVERSE

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research
POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		3.75
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		2.45
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		6.35
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		9.78
Payments that are contributions or independent expenditures must also be summarized on Scheo	dule D.	SUBTOTAL \$	22.33
ymens that are community of medicine or me			EDDC Form 460 (lan/2016

Amounts may be rounded to whole dollars.

		JOHE DOEL E
Stateme	nt covers period	CALIFORNIA / CO
from	07/01/2024	FORM 400
through _	09/21/2024	Page 32 of 45
		I.D. NUMBER 1469597

SCHEDITLE

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

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

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

VOT voter registration

Payments that are contributions or independent expenditures must also be summarized on Schedule D.			102.24
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		17.45
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		1.15
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		7.00
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		76.64
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID

Amounts may be rounded to whole dollars.

Stateme	Statement covers period		NIA ,	16	$\overline{f \cap}$
from	07/01/2024	FORM		tU	U
through _	09/21/2024	Page 33	of _	45	_
		I.D. NUMBER	9597		

SCHEDULE F

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

SEE INSTRUCTIONS ON REVERSE

CTB contribution (explain nonmonetary)*

CVC civic donations

NAME OF FILER

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		8.33
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		2.13
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		1.15
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		2.45
Payments that are contributions or independent expenditures must also be summarized on Schedul	e D.	SUBTOTAL \$	14.06

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Amounts may be rounded to whole dollars.

		SCHEDULE E
Statement covers period		CALIFORNIA 460
from	07/01/2024	FORM 400
through _	09/21/2024	Page 34 of 45
 1		I.D. NUMBER 1469597

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

Payments that are contributions or independent expenditures must also be summarized on Schedu	ule D.	SUBTOTAL \$	1,373.20
Facebook 1 Hacker Way Menio Park, CA 94025	WEB		900.00
Facebook 1 Hacker Way Menio Park, CA 94025	WEB		400.20
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		40.00
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		33.00
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E

Eleassia	Davis f	or May	or 202	1
LIEGSSIG	Davisi	UI IVIAV	01 202	•

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook 1 Hacker Way Menio Park, CA 94025	WEB		900.00
Facebook 1 Hacker Way Menio Park, CA 94025	WEB		900.00
Facebook 1 Hacker Way Menlo Park, CA 94025	WEB		73.72
Facebook 1 Hacker Way Menlo Park, CA 94025	WEB		19.36
Payments that are contributions or independent expenditures must also be summarized on Scheduler.	le D.	SUBTOTAL \$	1,893.08

Amounts may be rounded to whole dollars.

		SCHEDULE E
Statem	ent covers period	CALIFORNIA 460
from	07/01/2024	FORM 400
through _	09/21/2024	Page 36 of 45
		I.D. NUMBER 1469597

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

* Payments that are contributions or independent expenditures must also be summarized on Schedu	ule D.	SUBTOTAL \$	3,027.81
Google 1600 Amphitheatre Parkway Mountain View, CA 94043	WEB		71.06
Five Star Print and Sign 2830 Auto Plaza Drive #140 Tracy, CA 95304	CMP		1,106.75
Five Star Print and Sign 2830 Auto Plaza Drive #140 Tracy, CA 95304	СМР		950.00
Facebook 1 Hacker Way Menio Park, CA 94025	WEB		900.00
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID

Amounts may be rounded to whole dollars.

				SC	CHEDULE	E
State	ment covers period	CALIFO	PN	IA /	18	7
from _	07/01/2024	FOF	RM			
through	09/21/2024	Page	37	_ of _	45	•
		I.D. NUMBER	1469	597		

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc. CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

NAME OF FILER

FIL candidate filing/ballot fees

SEE INSTRUCTIONS ON REVERSE

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses PET petition circulating

PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

Payments that are contributions of independent expenditures must also be summarized on control			
* Payments that are contributions or independent expenditures must also be summarized on Schedu	le D.	SUBTOTAL \$	944.49
Hella Pie Pizza 50 West 10th Street Tracy, CA 95376	FND	Food for Fundraising Reception	260.39
Haskell Images	TEL		250.00
Haskell Images	TEL		250.00
Google 1600 Amphitheatre Parkway Mountain View, CA 94043	WEB		184.10
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID

Amounts may be rounded to whole dollars.

		SCHEDUL	EE
Stateme	ent covers period	CALIFORNIA / C	1
from	07/01/2024	FORM 40	٢
through _	09/21/2024	Page38of45	_
		I.D. NUMBER 1469597	

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

VOT voter registration

Payments that are contributions of independent expenditures must also be summarized on schedi	,,, D.		
* Payments that are contributions or independent expenditures must also be summarized on Schedu	ile D	SUBTOTAL \$	471.99
San Joaquin ROV 44 North San Joaquin Street Third Floor, Suite 350 Stockton, CA 95202	CMP		128.56
Rosario Patrick for Delta College Trustees 2024 Tracy, CA 95391 ID: 1474189	СТВ		100.00
Melissa's Flowers 328 North Central Avenue Tracy, CA 95376	СМР		143.43
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		100.00
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID

Amounts may be rounded to whole dollars.

			SCHEDULE E
	Statem	ent covers period	CALIFORNIA 460
	from	07/01/2024	FORM 400
	through _	09/21/2024	Page39 of45
_			I.D. NUMBER

1469597

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

CMP campaign paraphernalia/misc.

Eleassia Davis for Mayor 2024

CNS campaign consultants

SEE INSTRUCTIONS ON REVERSE

CTB contribution (explain nonmonetary)*

CVC civic donations

NAME OF FILER

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

VOT voter registration

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
San Joaquin ROV 44 North San Joaquin Street Third Floor, Suite 350 Stockton, CA 95202	СМР		69.56
San Joaquin ROV 44 North San Joaquin Street Third Floor, Suite 350 Stockton, CA 95202	СМР		69.72
Sanjhi Soch TV and Newspaper 2601 Oakdale Road Modesto, CA 95355		TEL and PRT	1,500.00
Jesse A. Simental	СМР		132.00
* Payments that are contributions or independent expenditures must also be summarized on Schedu	e D.	SUBTOTAL \$	1,771.28

Amounts may be rounded to whole dollars.

				S	CHEDULE	E
Stateme	ent covers period	CALIF	ORN	IA /	16	7
from	07/01/2024	FO	RM			-
through _	09/21/2024	Page .	40	_ of _	45	
•		I.D. NUMBE	1469	597		

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

CMP campaign paraphernalia/misc.

Eleassia Davis for Mayor 2024

CNS campaign consultants

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
The Bling Lady Tracy, CA 95304	СМР		1,003.62
The KAL Group, Inc. 9460 Tegner Road Hilmar, CA 95324	PRO		261.12
The KAL Group, Inc. 9460 Tegner Road Hilmar, CA 95324	PRO		392.47
The Rosales Agency 1005 12th Street Lower Suite 2 Sacramento, CA 95814	LIT		815.63
* Payments that are contributions or independent expenditures must also be summarized on Schedu	le D.	SUBTOTAL \$	2,472.84

Schedule !	E
Payments	Made

Amounts may be rounded to whole dollars.

Eleassia [Davis	for	Mayor	2024
------------	-------	-----	-------	------

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

CMP campaign paraphernalia/misc.
CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

NAME OF FILER

FIL candidate filing/ballot fees

SEE INSTRUCTIONS ON REVERSE

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Tracy Theater Arts Collaboration 307 Glenbriar Circle Tracy, CA 95377	PRT		250.00
Wix.com 500 Terry A Francois Boulevard 6th Floor San Francisco, CA 94158	WEB		144.00
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)			\$20,551.69
2. Unitemized payments made this period of under \$100			\$650.69
3. Total interest paid this period on loans. (Enter amount from Schedule B, F	Part 1, Column (e	e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and o	on the Summary	Page, Column A, Line 6.)	OTAL \$21,202.38
Payments that are contributions or independent expenditures must also be summarized on Schedul	e D.	SUBTOTA	AL \$ 394.00

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may to whole		Statement covers	period CAL	SCHEDULE
		f	rom07/01/	2024	ORM 400
		t	hrough09/21/	/2024 Page	e42 of45
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Eleassia Davis for Mayor 2024		1		I.D. NUM	1469597
CODES: If one of the following codes accurately describes the page compaign 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 communi MTG meetings and app OFC office expenses PET petition circulating PHO phone banks POL polling and survey POS postage, delivery a PRO professional service PRT print ads	cations earances research and messenger services	HAD radio aintr RFD returned of SAL campaign TEL t.v. or cabl TRC candidate TRS staff/spout TSF transfer be VOT voter regis	workers' salaries e airtime and production of travel, lodging, and meals se travel, lodging, and me tween committees of the stration in technology costs (interr	s als same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE A' CLOSE OF THIS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	\$	\$
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference on the Summary Page, Column A, Line 9.)	here and			NET :	0.00
Total accrued expenses paid this period. (Include all Schedule F, Column accrued expenses of \$100 or more, plus total unitemized payments on an account of the second	n (c) subtotals for paymer ccrued expenses under \$	nts on (100.)		PAID TOTALS	\$0.00
Total accrued expenses incurred this period. (Include all Schedule F, Col accrued expenses of \$100 or more, plus total unitemized accrued expenses.)	umn (b) subtotals for ses under \$100.)		1	NCURRED TOTALS	\$0.00
SCHEDULE F SUMMARY				•	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	PAYMENT	BEGINNING OF THIS PERIOD	THIS PERIOD	PERIOD (ALSO REPORT ON E)	CLOSE OF THIS PERIOD

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Staten	nent covers period	CALIF	ORN	IA /	16	\mathbf{T}
from	07/01/2024	FO	RM		10	
through .	09/21/2024	Page _	43	_ of _	45	_
·		I.D. NUMBER	1469	9597		***

Eleassia Davis for Mayor 2024

SEE INSTRUCTIONS ON REVERSE

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

TOTAL * \$

Sched	ule H	
Loans	Made 1	to Others*

Amounts may be rounded

SCHEDULE H to whole dollars. **CALIFORNIA** Statement covers period **FORM** 07/01/2024 from 09/21/2024 44 45 Page of _ through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1469597 Eleassia Davis for Mayor 2024 (f) ORIGINAL (g) CUMULATIVE LOANS TO DATE (e) INTEREST (b) AMOUNT LOANED (c) REPAYMENT OR (d) OUTSTANDING (a) OUTSTANDING IF INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT RECEIVED AMOUNT OF BALANCE AT CLOSE BALANCE THIS PERIOD FÓRGIVENESS THIS OCCUPATION AND EMPLOYER PERIOD * OF THIS PERIOD LOAN BEGINNING THIS (IF SELF- EMPLOYED, ENTER NAME) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD OF BUSINESS) CALENDAR YEAR PAID PER ELECTION** RATE FORGIVEN \$ \$ DATE INCURRED DATE DUE

SUBTOTALS	\$ \$	\$ \$	

Schedule I			
Miscellaneous	Increases	to	Cash

Amounts may be rounded to whole dollars.

				31	OUEDO	-= :
Staten	nent covers period	CALIF	ORN	IA /	16	
from	07/01/2024		RM	_	łO	U
through	09/21/2024	Page	45	of	45	

			from07/01/2024		FORM 400
			through09/2	21/2024	Page45of45
SEE INSTRUCTION NAME OF FILER	NS ON REVERSE				I.D. NUMBER
Eleassia Dav	vis for Mayor 2024				1469597
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESC	RIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
Schedule I	Summary				
1. Itemized inc	creases to cash this period		\$	0.00	<u> </u>
2. Unitemized i	ncreases to cash of under \$100 this period.		\$	0.00	
3. Total of all in	nterest received this period on loans made to others. (Schedule H, Column (e).)		\$	0.00	
4. Total miscell Summary Pa	laneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the age, Line 14.)		TOTAL \$	0.00	

COVER PAGE **Recipient Committee** CALIFORNIA Date Stamp **Campaign Statement FORM Cover Page** Statement covers period Date of election if applicable: (Month, Day, Year) 01/01/2024 from For Official Use Only 06/30/2024 through 2. Type of Statement: 1. Type of Recipient Committee All Committees - Complete Parts 1, 2, 3, and 4 Quarterly Statement X Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement State Candidate Election Committee Special Odd-Year Report X Semi-annual Statement Controlled Recall **Termination Statement** Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) (Also Complete Part 6) General Purpose Committee Amendment (Explain Below) Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER 1469597 Committee Information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Kelly Lawler Eleassia Davis for Mayor 2024 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE CITY Hilmar, CA 95324 STATE CITY ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Tracy, CA 95377 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE CITY Tracy, CA 95377 OPTIONAL: FAX / F-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 07/29/2024 Executed on DATE 07/29/2024 Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor DATE Executed on DATE Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on DATE Signature of Controlling Officeholder, Candidate, State Measure Proponent

5. Officeholder or Candidate Controlled Comm	ittee	6. Primarily Formed	l Ballot Measi	ure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE				
Eleassia Davis						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUM	BEB IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION			SUPPORT
	DETTI AT LIGHTSON					OPPOSE
Mayor Tracy	27.75	Identify the controll	ing officehold	ler, candidate, or	state measure p	roponent, if
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	STATE ZIP	any.	ing officeriore	,or, carrarate, er	•	•
Tracy, C	7.4 93377	NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PRO	PONENT		
Related Committees Not Included in this Statement:	List any committees					
Helated Committees Not included in this statement that are controlled by you or are primar make expenditures on behalf of your candidacy	ily formed to receive contributions or	OFFICE SOUGHT OR HELD			DISTRICT NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Forme	d Candidate/(Officeholder Com	mittee <i>List name</i>	s of
NAME OF TREASURER	YES NO	officeholder(s) or cand	didate(s) for wh	iich this committee i	is primarily forme	u.
COMMITTEE ADDRESS STREET ADDRESS (I	NO P.O. BOX)	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT O	OR HELD	SUPPORT
COMMITTEE ADDRESS OTHER TRANSPORTERS		MANUE OF OUT TO EXTRACT OF				OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE			0.55105.00110115.0	NO LIELD	
CITY		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT O	H HELD	SUPPORT
	I.D. NUMBER					OPPOSE
COMMITTEE NAME	I.D. NOMBER	NAME OF OFFICEHOLDER O	R CANDIDATE	OFFICE SOUGHT C	OR HELD	SUPPORT
						OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER O	D CANDIDATE	OFFICE SOUGHT C	OR HELD	SUPPORT
	10 123 110	NAME OF OFFICEHOLDER O	R CANDIDATE	0111020000111	7	OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					I OFFOSE
CITY STATE	ZIP CODE AREA					

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 01/01/2024 from 06/30/2024 __ of __ 21 through LD. NUMBER 1469597

SEE INSTRUCTIONS ON REVERSE

Eleassia Davis for Mayor 2024

Column B Column A CALENDAR YEAR **Contributions Received** TOTAL THIS PERIOD TOTAL TO DATE (FROM ATTACHED SCHEDULES) General Elections 4,453.00 4.453.00 Schedule A, Line 3 \$ 1. Monetary Contributions 0.00 0.00 2. Loans Received Schedule B, Line 3 4,453.00 20. Contributions 4,453.00 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 \$ Received 0.00 0.00 Schedule C, Line 3 4. Nonmonetary Contributions 21, Expenditures 4,453.00 4.453.00 Made Add Lines 3 + 4 \$ 5. TOTAL CONTRIBUTIONS RECEIVED..... **Expenditures Made** Candidates 352.74 352.74 6. Payments Made Schedule E, Line 4 \$ 0.00 7. Loans Made 0.00 Schedule H. Line 3 352.74 352.74 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 \$ 0.00 0.00 9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3 Date of Election 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 (mm/dd/yy) 352.74 11. TOTAL EXPENDITURES MADE...... Add Lines 8 + 9 + 10 \$ 352.74 **Current Cash Statement** To calculate Column B, add amounts in Column 0.00 A to the corresponding 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ amounts from Column B of your last report. Some 4.453.00 13. Cash Receipts..... Column A. Line 3 above amounts in Column A may be negative figures that 33.00 14. Miscellaneous Increases to Cash Schedule 1. Line 4 should be subtracted from previous period amounts. If 352.74 15. Cash Payments Column A, Line 8 above this is the first report being filed for this calendar year. 4.133.26 Add Lines 12 + 13 + 14, then subtract Line 15 \$ 16. ENDING CASH BALANCE only carry over the amounts from Lines 2, 7, and 9 (if any). If this is a termination statement, Line 16 must be zero. 0.00 reported in Column B. Cash Equivalents and Outstanding Debts 0.00 18. Cash Equivalents See instructions on reverse 0.00

Add Line 2 + Line 9 in Column B above

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

7/1 to Date 1/1 through 6/30 0.00 0.00 0.00 0.00

Expenditures Limit Summary for State

22. Cumulative Expenditures Made*

Total to Date

(If Subject to Voluntary Expenditure Limit)

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

19. Outstanding Debts

^{*}Amounts in this section may be different from amounts

Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers		CALIFORNIA 460	
				through06/30/3	2024	Page _	4 of 21
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							
Eleassia Da	vis for Mayor 2024						1469597
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Jeff Brown	☑ COM	Farmer Land Management Inc	300.00	300	0.00	300.00 G-2024
05/16/2024		OTH					

RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	(IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	THIS PERIOD	(JAN. 1 - DEC. 31)	(IF REQUIRED)
05/16/2024	Jeff Brown	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Farmer Land Management Inc	300.00	300.00	300.00 G-2024
05/09/2024	Shawn Cannon	⊠IND □COM □OTH □PTY SCC	VP Business Development NorthStar Memorial Group	100.00	100.00	100.00 G-2024
05/15/2024	Germaine Clark	IND COM OTH PTY SCC	Retired Retired	250.00	250.00	250.00 G-2024
05/01/2024	Julia Conover	IND COM OTH PTY SCC	Retired Retired	100.00	100.00	100.00 G-2024
05/26/2024	Vannie Dart	IND COM OTH PTY SCC	Retired Retired	100.00	150.00	. 150.00 G-2024

SUBTOTAL \$

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

Schedule A	Amounts may be rounded	SCHI			
Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA 460		
		from01/01/2024	FORM 400		
		through06/30/2024	Page5 of21		

NAME OF FILER 1469597 Eleassia Davis for Mayor 2024 IF INDIVIDUAL, ENTER CUMULATIVE TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF PER ELECTION TO DATE CONTRIBUTOR AMOUNT RECEIVED CALENDAR YEAR DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) THIS PERIOD CODE (JAN. 1 - DEC. 31) RECEIVED BUSINESS) Retired Vannie Dart 85.00 235.00 X IND 235.00 G-2024 COM OTH PTY SCC Retired 06/27/2024 Content Consultant 100.00 100.00 Eleassia Davis X IND 100.00 G-2024 СОМ edMavin Media Solutions □отн 04/02/2024 PTY 100.00 100.00 Elect Edith Villapudua for Assembly 2024 100.00 G-2024 COM 3649 Mission Inn Avenue 2nd Floor 05/27/2024 PTY Riverside, CA 92501 ID: 1464888 Retired IND COM OTH SCC 100.00 Alice English 100.00 100.00 G-2024 Retired 05/23/2024 Project Manager 200.00 200.00 IND COM Dan Evans 200.00 G-2024 Jacobs Потн 06/18/2024 PTY

> SUBTOTAL \$ 585.00

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

·	Contributions Received	Amo	ounts may be rounded to whole dollars.	Statement covers from01/01/2 through06/30/2	2024		SCHEDULE ADRIVATION OF LANGE STATE O
NAME OF FILER	ONS ON REVERSE					I.D. NUMBER	
Eleassia Da	avis for Mayor 2024						1469597
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Tiffany Evans	X IND	Bookkeeper	100.00	100	0.00	
04/29/2024		COM OTH PTY SCC	Boyd Bookkeeping Inc				100.00 G-2024
	Tiffany Evans	ffany Evans Sookkeeper		170.00	270	0.00	270.00 G-2024
06/26/2024		COM OTH PTY SCC	Boyd Bookkeeping Inc				270.00 G-2024
	Veucha Cotoo	TD	Retired	50.00	100	00	

04/29/2024		COM OTH PTY SCC	Boyd Bookkeeping Inc			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
06/26/2024	Tiffany Evans	NIND COM OTH PTY SCC	Bookkeeper Boyd Bookkeeping Inc	170.00	270.00	270.00 G-2024
05/23/2024	Vaughn Gates	MIND COM OTH PTY SCC	Retired Retired	50.00	100.00	100.00 G-2024
06/05/2024	Bonnie Harrington	IND COM OTH PTY SCC	Retired Retired	300.00	300.00	300,00 G-2024
06/24/2024	Jays Gourmet	IND COM TOTH PTY SCC		170.00	170.00	170.00 G-2024

SUBTOTAL \$ 790.00

SEE INSTRUCTION NAME OF FILER	Contributions Received NS ON REVERSE	Amo	ounts may be rounded to whole dollars.	from01/01/2024 through06/30/2024		Page _	7 of 21
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/23/2024	Jills Fruit on Top	IND COM STOTH SCC		100.00	100	0.00	100.00 G-2024
05/16/2024	Shannon Ortiz	Ø IND □ COM □ OTH □ PTY □ SCC	Program Director Coalition of Tracy	100.00	100	0.00	100.00 G-2024
04/29/2024	Don Penning	ND COM OTH PTY SCC	Retired Retired	100.00	100	0.00	100.00 G-2024
06/25/2024	Don Penning	ND COM OTH PTY SCC	. Retired	170.00	270	0.00	. 270.00 G-2024

670.00 SUBTOTAL \$

IND COM OTH SCC

CFO

TCS Insurance

200.00 G-2024

200.00

200.00

05/09/2024

Karina Ramos

Schedule A		Amou	nts may be rounded				SCHEDULE	
Monetary	Contributions Received	to	whole dollars.	Statement covers period		CALIFORNIA / C		
				from01/01/2	2024	FO	RM 400	
				through06/30/2	2024	Page _	8 of <u>21</u>	
SEE INSTRUCTION	NS ON REVERSE					I.D. NUMBER		
	vis for Mayor 2024						1469597	
	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR		IF INDIVIDUAL, ENTER		CUMULATIV	E TO DATE	PER ELECTION TO DATE	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2024	Stephen Ridolfi	IND ☐ COM ☐ OTH	Retired Retired	100.00	100.00	100.00 G-2024
00/30/2027		OTH PTY SCC				
	Robert Rockett	⊠ IND	WPCP Operator	99.00	198.00	198.00 G-2024
06/04/2024		OTH OTH SCC	City of Sunnyvale			
,,,,,,	Shad Roundy	⊠ IND	Financial Advisor	255.00	255.00	255.00 G-2024
06/25/2024		OTH PTY SCC	Merrill Lynch			
	Burnell V. Shull	▼ IND	Retired	100.00	100.00	100.00 G-2024
04/24/2024		OTH PTY SCC	Retired			
	Burnell V. Shull	⊠ IND	Retired	50.00	150.00	150.00 G-2024
05/01/2024		OTH PTY SCC	Retired			

SUBTOTAL \$ 604.00

Schedule A	Amounts may be rounded		SCHEDULE
Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA / C
		from01/01/2024	FORM 400
		through06/30/2024	Page 9 of 21
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			I.D. NUMBER
Eleassia Davis for Mayor 2024			1469597

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
Burnell V. Shull	⊠ IND	Retired	85.00	235.00	235.00 G-2024
nve	I □ OTH	Retired			
	dscc				
Skyview Aviation LLC	DIND		100.00	100.00	100.00 G-2024
Tracy, CA 95377	I IXI OTH				
Resp. Officer Jay Vyas	⊟scc				
Skyview Aviation LLC	□ IND		500.00	600.00	600.00 G-2024
	IXI OTH				
Resp. Officer Jay Vyas	⊟scc				
Skyview Aviation LLC	☐ IND		-500.00	100.00	100.00 G-2024
Resp. Officer Jay Vyas	scc				
	☐ IND				
	I ⊟отн				
	Scc				
	Skyview Aviation LLC 5749 South Tracy Boulevard Tracy, CA 95377 Resp. Officer Jay Vyas Skyview Aviation LLC 5749 South Tracy Boulevard Tracy, CA 95377 Resp. Officer Jay Vyas Skyview Aviation LLC 5749 South Tracy Boulevard Tracy, CA 95377 Resp. Officer Jay Vyas Skyview Aviation LLC 5749 South Tracy Boulevard Tracy, CA 95377	Burnell V. Shull Tive Skyview Aviation LLC S749 South Tracy, CA 95377 SCC	FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Burnell V. Shull Tive COMMITTEE, ALSO ENTER I.D. NUMBER) SIND	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Burnell V. Shull	FULL NAME, STREET ADDRESS AND 2DP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID, NUMBER) Retired 85.00 235.00 300 300 300 300 300 300 300

SUBTOTAL \$ 1

185.00

Schedule Monetary	ule A Amounts may be rounded to whole dollars.		Statement covers from01/01/06/30/	2024	CALIFO FOI		40	0	
				through		Page _) <u> </u>	
NAME OF FILER	NS ON REVERSE					I.D. NUMBER			
Eleassia Da	vis for Mayor 2024						146959	7	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	IVE TO DATE DAR YEAR - DEC. 31)		CTION TO D EQUIRED)	ATE
		□ IND □ COM							
		OTH PTY SCC							
Schedule	A Summary					* Contributor	Codes	********	\Box
1. Amount rec	eived this period - itemized monetary contributions. Schedule A subtotals.)		\$	3,684.00	-	IND - Individu COM - Recipi			
	eived this period - unitemized monetary contributions of less the	nan \$100	\$	769.00	-	OTH - Other PTY - Politica SCC - Small	(e.g., busine al Party	ss entity)	
3. Total mone (add Lines 1	tary contributions received this period. I and 2. Enter here and on the Summary Page, Column A, Line	e 1.)	TOTAL \$	4,453.00	_				

SUBTOTAL \$

0.00

Sched	ule	В-	Part	1
Loans	Re	ceiv	/ed	

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1 **CALIFORNIA** Statement covers period **FORM** 01/01/2024 from 11 21 06/30/2024

				1	hrough		Page	_ 0:	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Eleassia Davis for Mayor 2024									
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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 OF FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
				PAID \$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**	
*□IND □COM □OTH □PTY□SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED		
Schedule B Summary					0.00				
Loans received this period (Total Column (b) plus unitemized let	oans of less than \$100.)			\$	0.00		* Contributor Code	s	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven) (Include loans paid by a third party that are also itemized on Schedule A.)				\$	0.00		OTH - Other (e.g., PTY - Political Par	PTY or SCC) business entity) ty	
Net change this period. (Subtract L Enter the net here and on the Sum	ine 2 from Line 1.) mary Page, Column A, Line			NET \$	0.00 (May be a negative nu	mber)	SCC - Small Contr	ibutor Committee	

SUBTO	OTALS \$	\$ \$	\$

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

(Enter (e) on (Enter (e) on Schedule E, Line 3) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule B - Part 2 Loan Guarantors Amounts m to who			Statement covers period			SCHEDULE B - PART				
				from01/	01/2024	FORM	400			
				through06/	30/2024	Page <u>12</u>	of <u>21</u>			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Eleassia Davis for Mayor 2024						I.D. NUMBER 1469	597			
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		LOAN	AMOUNT GUARANTEED THI PERIOD	S CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE			
				LENDER		CALENDAR DATE				
	☐ IND				-	PER ELECTION (IF REQUIRED)				
	OTH PTY			DATE						
	Scc									

Enter on Summary Page, Line 17 only.

SUBTOTAL \$

Schedule C		Amounts may be rounded to whole dollars.				CALIFORNIA 460		
Nonmonetary Contributions Received					ent covers period			
				from	01/01/2024	FORM	700	
				through _	06/30/2024	_ Page13	_ of <u>21</u>	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUMBER		
Eleassia Davis for Mayor 2024						1469	597	
DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIF GOODS OR		AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
	IND COM OTH PTY SCC							
	IND COM OTH PTY SCC							
	IND COM OTH PTY SCC							
Schedule C Summary						* Contributor Codes		
1. Amount received this period - itemized nonmonetary co (Include all Schedule C subtotals.) 2. Amount received this period - unitemized nonmonetary 3. Total permanetary contributions received this period.	contributions of less that		:	\$	0.00	IND - Individual COM - Recipient Con (other than P' OTH - Other (e.g., bu PTY - Political Party SCC - Small Contribu	TY or SCC) siness entity)	
(add Lines 1 and 2. Enter here and on the Summary Page	ge, Column A, Lines 4 a		_TOTAL	\$	0.00			
				SUBTOTAL	\$	19		

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures, and Committees		Amounts may to whole	Amounts may be rounded to whole dollars. Statement covers per from01/01/202			EORM 4-10)				60
				throu	igh06/30/20	24	Page	14	of	21
NAME OF FILER Eleassia Davi	is for Mayor 2024		·				I.D. NUMBER 1469597			
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)		AMOUNT THIS PERIOD	CALE	TIVE TO DATE NDAR YEAR 1 - DEC. 31)		LECTION IF REQUI	N TO DATE RED)
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure								
	D SUMMARY					•		•	0.00	0
	ntributions and independent expenditures made this per							\$	0.00	
	contributions and independent expenditures made this p							\$		
3. Total contrib	utions and independent expenditures made this period.	. (Add Lines 1 and 2.	Do not enter on the S	summar	y Page.)		TOTAL	\$	0.00	

SUBTOTAL \$

Schedule E Payments Made

Amounts may be rounded to whole dollars.

		SCHEDULE E
Statem	ent covers period	CALIFORNIA 460
from	01/01/2024	FORM TOO
through _	06/30/2024	Page15 of21
		I.D. NUMBER 1469597

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		27.00
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		3.75
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		21.50
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		20.05
* Payments that are contributions or independent expenditures must also be summarized on Scheo	ule D.	SUBTOTAL \$	72.30

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.

		SCHEDULE E
Sta	tement covers period	CALIFORNIA 460
from	01/01/2024	FORM 400
throug	gh06/30/2024	Page16 of21
		I.D. NUMBER 1469597

SEE INSTRUCTIONS ON REVERSE

NAME OF FILES

Eleassia Davis for Mayor 2024

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID	
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		33.00	
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		20.00	
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		11.55	
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	OFC		28.63	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				

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.

MBR member communications

OFC office expenses

PHO phone banks

PRT print ads

PET petition circulating

MTG meetings and appearances

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

CALIFORNIA Statement covers period

fua ma	01/01/2024	FORM	40
from			

06/30/2024 17

1469597

I.D. NUMBER

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

LIT campaign literature and mailings

CTB contribution (explain nonmonetary)*

IND independent expenditure supporting/opposing others (explain)*

CNS campaign consultants

FIL candidate filing/ballot fees

CVC civic donations

LEG legal defense

FND fundraising events

Eleassia Davis for Mayor 2024

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

through

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Schedule E Summary			165.48
Itemized payments made this period. (Include all Schedule E subtotals.) Itemized payments made this period of under \$100.		187.26	
2. Unitemized payments made this period of under \$100 \$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)			
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and	ge, Column A, Line 6.)	\$352.74	
		SUBTOTAL \$	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedu	le D.		<u> </u>

Schedule F	Amounts may be rounded			SCHEDULE				
Accrued Expenses (Unpaid Bills)	to whole	dollars.	Statement covers		ORNIA 460			
			from01/01	/2024 E	DRM 400			
			, 06/30	/2024	18 of21			
			through	Page	0/			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUMB				
Eleassia Davis for Mayor 2024					1469597			
CODES: If one of the following codes accurately describes the pay	ment you may enter th	ne code. Otherwise, de:	scribe the payment.					
CODES: If one of the following codes accurately describes the pay	MBR member communi	cations	RAD radio ainti	me and production costs				
CNS campaign consultants	MTG meetings and app		RFD returned	contributions workers' salaries				
CTB contribution (explain nonmonetary)*	OFC office expenses PET petition circulating			le airtime and production co	sts			
CVC civic donations FIL candidate filing/ballot fees	PHO phone banks		TRC candidate	travel, lodging, and meals				
FND fundraising events	POL polling and survey	research		ise travel, lodging, and meal etween committees of the sa				
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery a PRO professional service		VOT voter reg		anc dandidatoroponios.			
LEG legal defense LIT campaign literature and mailings	PRT print ads	oco (logal, acocaliang)	WEB informati	on technology costs (interne	t, e-mail)			
Lit Campaign meratare and mainings	·							
				·				
NAME AND ADDRESS OF CREDITOR	CODE OR DESCRIPTION OF	(a)	(b)	(c) AMOUNT PAID THIS	(d) OUTSTANDING BALANCE AT			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PERIOD (ALSO REPORT	CLOSE OF THIS PERIOD			
		DEGMANA OF THE PERSON		ON E)				
		i						
SCHEDULE F SUMMARY								
Total accrued expenses incurred this period. (Include all Schedule F, Co	lumn (b) subtotals for							
accrued expenses of \$100 or more, plus total unitemized accrued expen	ses under \$100.)			NCURRED TOTALS	\$			
2. Total accrued expenses paid this period. (Include all Schedule F, Column	n (c) subtotals for payment	is on			• 0.00			
accrued expenses of \$100 or more, plus total unitemized payments on a	ccrued expenses under \$1			PAID TOTALS	\$ 0.00			
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference	here and							
on the Summary Page, Column A, Line 9.)				NET	0.00			
					·			
* Payments that are contributions or independent expenditures must also be	SUBTOTALS	\$	\$	\$	\$			

SUBTOTALS \$

\$

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

Schedule (
Payments	Made by an	Agent or	Independent
Contractor	r (on Behalf	of This C	ommittee)

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Eleassia Davis for Mayor 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses
PET petition circulating

PHO phone banks
POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

TOTAL * \$

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

^{**} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*	Amounts may be rounded to whole dollars.					SCHEDULE		
Loans made to Others		4 			Statement covers period from01/01/2024		FORM 460	
					through06/	30/2024	Page 20	of <u>21</u>
NAME OF FILER Eleassia Davis for Mayor 2024							I.D. NUMBER 1469	597
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT (FORGIVENESS TH PERIOD *	OR (d) OUTSTANDING HIS BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		Alle Alle Alle Alle Alle Alle Alle Alle		PAID \$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR S PER ELECTION**

SUBTOTALS \$ \$ \$ \$ | EPPC Form 460 (Jan/2016

DATE INCURRED

Schedule I Miscellane	l eous Increases to Cash	Amounts may be i to whole dolla	ounded irs.	from01	covers period /01/2024 /30/2024	CALIFORNIA 460 FORM Page 21 of 21
SEE INSTRUCTION NAME OF FILER	IS ON REVERSE					I.D. NUMBER
Eleassia Dav	ris for Mayor 2024					1469597
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESC	CRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
	·					
Schedule I	Summary					
	preases to cash this period			\$ _	0.00	
2. Unitemized i	ncreases to cash of under \$100 this period.			\$	33.00	
	nterest received this period on loans made to others. (Schedule H, Colum	mn (e).)		\$	0.00	
4. Total miscell Summary Pa	laneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here age, Line 14.)	and on the		TOTAL \$	33.00	

_____TOTAL \$ ____