Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Statement covers period from09/22/2024	Date of election if applicable: (Month, Day, Year)	Date Stamp RECEIVED OCT 2 4 2024 CITY CLERK TRACY CA	Page1 of11
SEE INSTRUCTIONS ON REVERSE	through10/19/2024		100	197
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rmplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter Amendment (Explain be		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3 Committee Information	D. NUMBER 1472330	Treasurer(s) NAME OF TREASURER Beckett Kelly MAILING ADDRESS CITY	STATE	ZIP CODE AREA CODE/PHONE
Stockton CA 9520 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	2	Stockton NAME OF ASSISTANT TREASURI MAILING ADDRESS	CA ER, IF ANY	95202
CITY STATE ZIP CO		CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS	
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	g this statement and to the best of my kn a that the foregoing is true and correct	owledge the information contained here	ein and in the attached s	schedules is true and complete. I certify
Executed on	Ву		surer	
Executed on	BySignature of Co	ontrolling Officeholder, Candidate, State Measure Prop	onent or Responsible Officer of S	Sponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	FPPC Form 460 (Jan/2016

Officeholder or Candidate Controlled	Committee	6	. Primarily Formed Ba	llot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		***	NAME OF BALLOT MEASURE			
Cliff Hudson						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICA	BLE)	BALLOT NO. OR LETTER	JURISDICTIO	DN	SUPPORT OPPOSE
Tracy City Councilmember						OFFOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE			Identify the controlling	officeholder, car	ndidate, or state measu	ire proponent, if an
· · · · · · · · · · · · · · · · · · ·	Tracy CA	95377	NAME OF OFFICEHOLDER, O	CANDIDATE, OR PR	OPONENT	
Related Committees Not Included in the not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMI	7	. Primarily Formed Ca	andidate/Offic	eholder Committee	List names of
NAME OF TREASURER	☐ YES ☐ N		officeholder(s) or candidate	e(s) for which this		
COMMITTEE ADDRESS STREET ADDRESS (N	10 P.O. BOX)		NAME OF OFFICEHOLDER C	R CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CO	DDE/PHONE	NAME OF OFFICEHOLDER C	R CANDIDATE	OFFICE SOUGHT OR HE	U SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER C	R CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMI		NAME OF OFFICEHOLDER C	R CANDIDATE	OFFICE SOUGHT OR HE	U SUPPORT
						☐ OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	tion of the second					OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	10 P.O. BOX)	DDE/PHONE	***************************************		on sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** 09/22/2024 from _ Page ____3 ___ of ____11___ 10/19/2024 through _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1472330 Cliff Hudson for City Council 2024 Calendar Year Summary for Candidates Column B

Contributions Received	(F	COlumn A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Running in Both the State Primary and General Elections
Monetary Contributions Schedule A, Line 3	\$	9,047.00	\$	12,147.00	1/1 through 6/30 7/1 to Date
2 Loans Received Schedule B, Line 3		0.00		2,000.00	20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	9,047.00	\$	14,147.00	Received \$\$
4. Nonmonetary Contributions		0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	9,047.00	\$	14,147.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	2,717.41	\$	7,023.16	Candidates
7 Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	2,717.41	\$	7,023.16	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		0.00	Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mmada/yy)
11. TOTAL EXPENDITURES MADE	\$	2,717.41	\$	7,023.16	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	794.25	To	calculate Column B, add	
13. Cash Receipts		9,047.00	ar	nounts in Column A to the presponding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash		0.00	fro	om Column B of your last	reported in Column B.
15. Cash Payments		2,717.41	re	port. Some amounts in olumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	7,123.84	fig	gures that should be	
If this is a termination statement, Line 16 must be zero.			p	ubtracted from previous eriod amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	or this calendar year, only arry over the amounts	
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and 9 (if ny).	
18. Cash Equivalents See instructions on reverse	• \$	0.00	Name of the last		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above			200		FPPC Form 460 (Jan/201
15. 02.2			ı		FPPC Advice: advice@fppc.ca.gov (866/275-377
					union forces

772) www.fppc.ca.gov

SCHEDULE /

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cove	024	CALIFORNIA 460		
SEE INSTRUCTIO	NS ON REVERSE			through	024	Page4 of11		
NAME OF FILER					1	.D. NUMBER		
Cliff Hudson	n for City Council 2024					1472330		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31	TO DATE (IF REQUIRED)		
09/23/2024	Operating Engineers 3 Dist. #30 PAC (ID# 891397) 3000 Clayton Road Concord, CA 94519	□IND ☑COM □OTH □PTY □SCC		1,000.00				
09/24/2024	Robin Cole	⊠IND □COM □OTH □PTY □SCC	Project Manager MIPRO Consulting	250.00 Received through inter ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	mediary:	0.00		
09/25/2024	Paige Connard Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Retired Retired	200.00	200	0.00		
09/25/2024	Alvce Eversole Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Retired Retired	200.00		0.00		
09/26/2024	We Vote - Nosotros Votamos PPAMM Committee (ID# C00527226) 428 J Street, Suite 412 Sacramento, CA 95814	☐IND IND IND IND IND IND IND IND		250.00	25	0.00		
			SUBTOTAL	.\$ 1,900.00				
Amount re (Include a) Amount re Total mone	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.) eceived this period – unitemized monetary contribution etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	s of less than	\$100\$ _	250.00	IND-Ir COM- OTH- PTY-F	outor Codes adividual Recipient Committee (other than PTY or SCC) Other (e.g., business entity) Political Party Small Contributor Committee		

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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CALIFORNIA FORM

Statement covers period

from.

09/22/2024

			through10/19/	2024	Page		of1	1
NAME OF FILER					I.D. NUME	BER		
Cliff Hudson for City Council 2024					1472330	0		
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR . 31)	Т	ELECTIO O DATE EQUIRE	
09/27/2024 Frederic Jones Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Retired Retired	750.00		750.00			
09/27/2024 Plumbers & Steamfitters Local 442 (ID# 871625) 4842 Nutcracker In Modesto, CA 95356	□IND □COM □OTH □PTY □SCC		250.00		250.00			
09/27/2024 Barbara Sasso Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Research Development Strategist San Jose State University	100.00 Received through interaction California 366 SUMMER STREET SOMERVILLE, MA 02144		500.00			
09/28/2024 Lisa Roth Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Not employed Not employed	100.00 Received through interactions california 366 SUMMER STREET SOMERVILLE, MA 02144	mediary:	100.00			
09/30/2024 Barbara Sasso	⊠IND □COM □OTH □PTY □SCC	Research Development Strategist San Jose State University	Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		500.00			
		SUBTOTAL	\$ 1,600.00					

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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CALIFORNIA FORM

Statement covers period

09/22/2024

			1			848 - Res (1994)	222 a m 10 a a 1 a 2 a 1 a 2 a 1 a 1 a 1 a 1 a 1 a
				through 10/19/	2024		6 of <u>11</u>
NAME OF FILER						I.D. NUM	BER
	1 11 0004					147233	0
Cliff Hudson	for City Council 2024			AMOUNT	CUMULATIVE TO	DATE	PER ELECTION
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR Y (JAN. 1 - DEC	EAR . 31)	TO DATE (IF REQUIRED)
10/01/2024	Christopher Knorr Los Gatos, CA 95033	⊠IND □COM □OTH □PTY □SCC	Manager of Process Integration Linear Technology	500.00		00.00	
10/03/2024	International Brotherhood of Electrical Workers Local 595 PAC (ID# 1273532) 555 Capitol Mall, Suite 400 Sacramento, CA 95814	□IND ☑COM □OTH □PTY □SCC		500.00		500.00	
10/04/2024	Ann Langley Tracy, CA 95378	☑IND □COM □OTH □PTY □SCC	Not Employed Not Employed	Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	rmediary:	100.00	
10/05/2024	Roger Hevl TRACY, CA 95376-9737	⊠IND □COM □OTH □PTY □SCC	Contractor Avalon Savoy, Inc.	100.00 Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		100.00	
10/08/2024	Andy Kotecha Tracy, CA 95377	□ SCC	Hotel Home2 Suites	1,000.00 Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		000.00	
			SUBTOTAL	\$ 2,200.00			

*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

CALIFORNIA FORM

Statement covers period

from

09/22/2024

			through10/19/2024					
NAME OF FILER						I.D. NUMBER		
Cliff Hudson	for City Council 2024					147233)	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR . 31)	PER ELECTION TO DATE (IF REQUIRED)	
10/10/2024	Sheet Metal Workers Local Union 104 Political Committee (ID# 850381) 3232 Constitution Drive Livermore, CA 94551	□IND ☑COM □OTH □PTY □SCC		250.00		50.00		
10/13/2024	Anna Chase Tracy, CA 95304	□IND □COM ☑OTH □PTY □SCC		500.00		00.00		
10/13/2024	Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired Retired	500.00	5	00.00		
10/13/2024	Linda Kiffin Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Retired Retired	500.00	5	00.00		
10/13/2024	Matthew Shrout Tracy, CA 95377	□ IND □ COM □ OTH □ PTY □ SCC	Teacher TRACY JOINT UNIFIED SCHOOL DISTRICT	500.00		500.00		
			SUBTOTAL	\$ 2,250.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

SCC - Small Contributor Committee

SCHEDULE A (CONT.)

847.00

SUBTOTAL\$

Monetary Contributions Received		Amounts may to whole o		Statement cove	ers period 2024	CALIFORNIA 460		
				through 10/19/	2024		_8 of11	
NAME OF FILER						I.D. NUM	BER	
Cliff Hudson	for City Council 2024			4		147233	0 [
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I,D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR . 31)	PER ELECTION TO DATE (IF REQUIRED)	
10/15/2024	Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	self-emplyed Leo Zhu	248.00 Received through interactbuse California 366 SUMMER STREET SOMERVILLE, MA 02144	mediary:	48.00		
10/16/2024	Heirloom Carbon Technologies 125 Valley Dr Brisbane, CA 94005	□IND □COM ☑OTH □PTY □SCC		249.00	2	49.00		
10/17/2024	Chervl Hays Tracy, CA 953//	☑IND □COM □OTH □PTY □SCC	Retired Retired	100.00	1	00.00		
10/17/2024	Curtis Repetto Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Self Tracy Delta Disposal	250.00 Received through inte ACTBLUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144		50.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.					2/2024	california 460 form		
SEE INSTRUCTIONS ON REVERSE					through10/1	9/2024	Page9	of	
NAME OF FILER							I.D. NUMBER		
							1472330		
Cliff Hudson for City Council 2024	IF AN INDURENCE CAPTER	(a) OUTSTANDING	(b)	(c)	OUTSTANDING	(e)	(f)	(g)	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS	AMOUNT PAI OR FORGIVE THIS PERIO	BALANCE AT CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
Hudson PS LLC				☐ PAID				CALENDAR YEAR	
392 W Larch Rd #5 Tracy, CA 95304				s0.0	0 \$ 2,000.00	0.00%	\$ 2,000.00	s 2,000.00	
				FORGIVEN		RATE		PER ELECTION**	
		2 000 00	0.00	-	n	8 0.00	07/31/2024	,	
†□IND □COM ☑OTH □PTY □SCC		\$ 2,000.00	\$	\$0.0	DATE DUE	3-0.00	DATE INCURRED	-	
. I HAD I COM MOLE IN I SEC				PAID				CALENDAR YEAR	
						%	s	s	
İ	1			FORGIVEN		RATE		PER ELECTION **	
I									
to we down to the to the total		\$	\$	\$	DATE DUE	\$	DATE INCURRED	,	
†□ IND □ COM □ OTH □ PTY □ SCC				☐ PAID				CALENDAR YEAR	
!							e		
		i.		\$FORGIVEN	_ \$	RATE	•	PER ELECTION**	
				L. SKGIVEN					
+		\$	s	s	DATE DUE	\$	DATE INCURRED	\$	
TO IND COM OTH PTY SCC		1			<u> </u>	<u> </u>			
		SUBTOTALS S	\$ 0.00	\$ 0.	00\$ 2,000.00		0		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
· · · · · · · · · · · · · · · · · · ·				\$	0.00)			
Loans received this period (Total Column (b) plus unitemized loans	3 of less than \$100 \			Ψ —			Contributor Codes	······································	
•						in	ND - Individual		
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100) paid or forgiven.)			\$ _	0.00	- '	(PTY or SCC)	
(Include loans paid by a third party that	are also itemized on Sche	dule A.)				P	PTY – Other (e.g., PTY – Political Part SCC – Small Contri		
3. Net change this period. (Subtract Line Enter the net here and on the Summary	e 2 from Line 1.)y Page, Column A, Line 2.			NET \$ _	0 . 0 ((May be a negative number)	2	SCC - Small Contri	ibutor Committee	
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A						FPPC F	Form 460 (Jan/20	

Schedule E Payments Made	Amounts may b		Statement covers period from09/22/2024	california 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Cliff Hudson for City Council 2024			through10/19/2024	Page10 of11 I.D. NUMBER
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearances ises lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	luction costs d meals and meals s of the same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paris Printing 392 W Larch Rd # 2 Tracy, CA 95304		CMP		194.

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paris Printing 392 W Larch Rd # 2 Tracy, CA 95304	CMP		194.85
PDI 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806	WEB		500.00
PDI 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806	WEB		436.08
t a that are contributions or independent expanditures must al	so be summarized on Schedule D.	SUB	TOTAL\$ 1,130.93

Schedule E Summary 2. Unitemized payments made this period of under \$100\$ 103.71 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 0.00

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

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

Schedule E (Continuation Sheet)

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 1 CO
from 09/22/2024	FORM 460
through10/19/2024	Page11 of11
	I.D. NUMBER
	1.50000

Payments wade		110111	
		through 10/19/2024	Page11 of11
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Cliff Hudson for City Council 2024			I.D. NUMBER 1472330
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member 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 RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	duction costs id meals and meals as of the same candidate/sponsor s (internet, e-mail)
NAME AND ADDRESS OF DAVIE	0000 00	COURTION OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	0	R DESCRIPTION OF PAYMENT	AMOUNT PAID
PDI 3780 Kilroy Airport Way, Suite 200 PMB #992 Long Beach, CA 90806	WEB			92.14
California Campaign Signs 5200 Hogan Dam Road Valley Springs, CA 95252	CMP			1,390.63

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

SUBTOTAL \$

1,482.77

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Statement covers period from07/01/2024	Date of election if applicable: (Month, Day, Year) RECEIV	FORM 400 Page 1 of 7 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through09/21/2024	CA	
 ◯ State Candidate Election Committee ◯ Recall (Also Complete Part 5) ☐ General Purpose Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495
3. Committee Information	.D. NUMBER 1472330	Treasurer(s)	
	CODE AREA CODE/BHONE	NAME OF TREASURER Beckett Kelly MAILING ADDRESS CITY STA Stockton CA NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	
CITY STATE ZIP (CODE AREA CODE/PHONE	CITY STA	TE ZIP CODE AREA CODE/PHONE
ODTIONAL FAX / F MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	- The state of the
4. Verification I have used all reasonable diligence in preparing and reviewi under penalty of perjury under the laws of the State of Californ Executed on 09/25/2024 Date Executed on 09/25/2024 Date	ng this statement and to the best of my kn nia that the foregoing is true and correct. By		iched schedules is true and complete. I certify
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC Form 460 (Jan/2016)

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

COVER PAGE - PART 2					
CALIF FO	ORNIA ORM	4	60		
Page _	2	of _	7		

Officeholder or Candidate Controlle	d Committee		6	. Primarily Formed Ballo	ot weasure C		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Cliff Hudson					JURISDICTIO	N	F7 avenue
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBE	R IF APPLICABL	_E)	BALLOT NO. OR LETTER	JURISDICTIO	N .	SUPPORT OPPOSE
Tracy City Councilmember							
PESIDENTIAL/RUSINESS ADDRESS (NO. AND STI	REET) CITY	STATE	ZIP	Identify the controlling off	iceholder, can	didate, or state measu	re proponent, if a
	Tracy	CA	95377	NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	PONENT	
not included in this statement that are controll contributions or make expenditures on behalf	of your candidacy.		to receive	OFFICE SOUGHT OR HELD		DISTRICT N	
COMMITTEE NAME	I.D. NUI	MBER					
				7. Primarily Formed Can	didate/Offic	eholder Committee	List names of
IAME OF TREASURER	CONTR	OLLED COMMIT	TEE?	officeholder(s) or candidate(s	s) for which this	committee is primarily for	ormed.
	□ Y	ES NO	<u> </u>	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)			NAME OF OFFICEROLDER SIX	OANDID! (I E		SUPPOI
CITY STATE	ZIP CODE	AREA CO	DE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	
							.D SUPPOR
			Name and Administration of the Administratio				∐ SUPPOF
COMMITTEE NAME	I.D. NU	MBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	☐ SUPPOSE
COMMITTEE NAME	I.D. NU	MBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPO
		MBER	TEE?	NAME OF OFFICEHOLDER OR		OFFICE SOUGHT OR HEL	D SUPPOR
COMMITTEE NAME NAME OF TREASURER		OLLED COMMIT					D SUPPOR
	CONTR	OLLED COMMIT					D SUPPOR
NAME OF TREASURER	CONTR	OLLED COMMIT		NAME OF OFFICEHOLDER OR	CANDIDATE		D SUPPO

Campaign Disclosure Statement Summary Page

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

18. Cash Equivalents See instructions on reverse \$

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

Cash Equivalents and Outstanding Debts

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA

Statement covers period

Julilliary Lage		<u> </u>		fro	m	07/01/2024	FORM
SEE INSTRUCTIONS ON REVERSE				thr	rough _	09/21/2024	Page3 of ⁷
NAME OF FILER							I.D. NUMBER
Cliff Hudson for City Council 2024							1472330
Contributions Received	(F	COLUMN A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE		Calendar Year Sum Running in Both th General Elections	nmary for Candidates se State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	3,100.00	\$	3,100	.00	-	hrough 6/30 7/1 to Date
2. Loans Received		2,000.00		2,000	.00		mough 6/30
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	5,100.00	\$	5,100	.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions		0.00		0	.00	21 Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	5,100.00	\$	5,100	.00	Made \$	\$
Expenditures Made							Summary for State
6. Payments Made Schedule E, Line 4	\$	4,305.75	\$	4,305		Candidates	
7. Loans Made Schedule H, Line 3		0.00			.00	22. Cumulativ	ve Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$		\$	4,305		(If Subject to	o Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00			.00	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		40.7	0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE			\$	4,305	5.75		\$
Current Cash Statement							\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$			calculate Column B			
13. Cash Receipts Column A, Line 3 above		5,100.00		nounts in Column A prresponding amour		*Amounts in this section i	may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	om Column B of you port. Some amount	ır last	reported in Column B.	•
15. Cash Payments Column A, Line 8 above		4,305.75	Cd	olumn A may be neg	gative		
16. ENDING CASH BALANCE	\$	794.25		jures that should be obtracted from previous			
If this is a termination statement, Line 16 must be zero.			ре	eriod amounts. If thi	is is		

0.00

0.00

2,000.00

the first report being filed for this calendar year, only

carry over the amounts from Lines 2, 7, and 9 (if

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

	SCHEDULE A
CALIFORNIA	460

Statement covers period

wonetary Contributions Received		το	Whole dollars.	from07/01/20)24	FORM 400		
SEE INSTRUCTIO	INS ON REVERSE			through	024	Page4 of7		
NAME OF FILER	NO ON TEVERSE					.D. NUMBER		
Cliff Hudsor	n for City Council 2024					1472330		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE * IF AN INDIVIDUAL, E OCCUPATION AND EMIT (IF SELF-EMPLOYED, ENTE OF BUSINESS)		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEA (JAN, 1 - DEC. 3	R TO DATE (IF REQUIRED)		
09/06/2024	Art Amirkhas	□IND □COM □OTH □PTY □SCC	Self Self	750.00 Received through inter ACTELUE CALIFORNIA 366 SUMMER STREET SCMERVILLE, MA 02144	mediary:	0.00		
09/08/2024	Pat Howell	□IND □COM □OTH □PTY □SCC	Not Employed Not Employed	100.00 Received through inter ACTELUE CALIFORNIA 366 SUMMER STREET SOMERVILLE, MA 02144	mediary:	0.00		
09/09/2024	North Valley Labor Federation (ID# 1328933) 312 Clay Street, Suite 300 Oakland, CA 94607	□IND □COM □OTH □PTY □SCC		500.00		0.00		
09/16/2024	Harry S Truman of San Joaquin County (ID# 1269373) 3247 W March Ln Ste 120 Stockton, CA 95219	☐IND ☑COM ☐OTH ☐PTY ☐SCC		750.00	75	0.00		
09/18/2024	Democratic Club of Greater Tracy (ID# 1299762) PO Box 1146 Tracy, CA 95378	□IND □COM □OTH □PTY □SCC		500.00	50	0.00		
			SUBTOTAL	\$ 2,600.00				
Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)				IND – Ir COM – OTH –	butor Codes Individual Recipient Committee (other than PTY or SCC) Other (e.g., business entity)		
	eceived this period – unitemized monetary contribution	is of less triall	φ100 Ψ			Political Party Small Contributor Committee		
3. Total mone (Add Line	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.) TOTAL \$_	3,100.00				

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA 460			
from	07/01/2024	FORM 400			
through_	09/21/2024	Page5 of7			

MAK	FC	FF	11.	ER

Cliff Hudson for City Council 2024

1472330

I.D. NUMBER

SCHEDULE A (CONT.)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/19/2024	San Joaquin County Building & Construction Trades Council (ID# 890345) 3984 Cherokee Rd Stockton, CA 95215	□IND ☑ COM □ OTH □ PTY □ SCC		500.00	500.00	
10.000		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC		·		
		□IND □COM □OTH □PTY □SCC				
	1		SUBTOTAL	500.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY – Political Party

SCC - Small Contributor Committee

CUMULATIVE
CONTRIBUTIONS
TO DATE

CALENDAR YEAR
\$ 2,000.00
PER ELECTION**

CALENDAR YEAR

PER ELECTION **

CALENDAR YEAR

PER ELECTION **

							SCHE
Schedule B – Part 1	Amounts may be rounded to whole dollars.				Statement cov	CALIFORN	
Loans Received					from07/01/2024		FORM
ass matricals an psysper					through09/2	1/2024	Page6
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Andrew Control of the	W			AND THE PERSON NAMED IN COLUMN 1		I.D. NUMBER
Cliff Hudson for City Council 2024							1472330
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOI	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN
Hudson PS LLC 392 W Larch Rd #5 Tracy, CA 95304				□ PAID \$0.00	0 \$ 2,000.00	0.00% RATE	\$ 2,000.00
[†] □ IND □ COM ☑ OTH □ PTY □ SCC		\$0.00	\$_2,000.00	\$0.0	0 DATE DUE	\$0.00	07/31/2024 DATE INCURRED
				PAID S FORGIVEN		% RATE	\$
†□IND □COM □OTH □PTY □SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED
				PAID \$ FORGIVEN	s	% RATE	\$
[†] □ IND □ COM □ OTH □ PTY □ SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED
		SUBTOTALS S	2,000.00	\$ 0.	00\$ 2,000.00	0.00	

Schedule B Summary

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

4	Loans received this period	\$	2,000.00
1.	(Total Column (b) plus unitemized loans of less than \$100.)		
2.	Loans paid or forgiven this period	. \$.	0.00
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$.	2,000.00 (May be a negative number)

†Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

Schedule	Ε
Payments	Made

Amounts may be rounded to whole dollars.

		SCHEDULE E
Stater	nent covers period	CALIFORNIA 160
from	07/01/2024	FORM TOO
through	09/21/2024	Page of
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1472330 Cliff Hudson for City Council 2024

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	IBR member com meetings and office expen petition circul HO phone banks OL polling and s OS postage, deli	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)			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		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
City of Tracy 333 Civic Center Plaza Tracy, CA 95376		FIL					1,500.00
Creative Vision Printing 2232 Stewart St Stockton, CA 95205		CMP					118.53
Pacific Printing 1445 Monterey Hwy San Jose, CA 95110		LIT					2,595.31
* Payments that are contributions or independent expenditures mus	t also be summ	arized or	Schedule D.			SUBTOTAL\$	4,213.84
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E s	subtotals.)					\$	4,213.84
2. Unitemized payments made this period of under \$100						\$	91.91
							0 00

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

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

0.00

4,305.75