

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Ransom for Tracy Council 2016		Date of This Filing 11/4/2016	Date Stamp RECEIVED CITY CLERK'S OFFICE 2016 NOV -4 AM 8:36 CITY OF TRACY TRACY, CA	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (209) 645-2012	I.D. NUMBER (if applicable) 1387763	Report No. 008		
STREET ADDRESS 724 Billy F. Freeman Lane		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Tracy	STATE CA	ZIP CODE 95377	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
11/3/2016	Eggman for Assembly 2016 5429 Madison Avenue Sacramento, CA 95841 ID# 1373777	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/3/2016	United Food & Commercial Workers (UFCW) 8 Small Contributor Committee 2200 Professional Drive Roseville, CA 95661	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

****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

Reason for Amendment: _____

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NAME OF FILER Ransom for Tracy Council 2016		Date of This Filing 10/17/2016	Date Stamp RECEIVED CITY CLERK'S OFF 2016 OCT 17 AM 8:20 CITY OF TRACY TRACY, CA	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (209) 645-2012	I.D. NUMBER (if applicable) 1387763	Report No. 006		
STREET ADDRESS 724 Billy F. Freeman Lane		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Tracy	STATE CA	ZIP CODE 95377	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/14/2016	Democracy for America P.O. Box 1717 Burlington, VT 05402	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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NAME OF FILER Ransom for Tracy Council 2016			Date of This Filing 10/13/2016	Date Stamp RECEIVED CITY CLERK'S OFFICE 2016 OCT 17 AM 8:20 CITY OF TRACY TRACY, CA	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (209) 645-2012	I.D. NUMBER (if applicable) 1387763	Report No. _____			
STREET ADDRESS 724 Billy F. Freeman Lane			<input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below)		
CITY Tracy	STATE CA	ZIP CODE 95377	No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
8/26/2016	Pacific Union Land Company 675 Hartz Ave., Suite 300 Danville, CA 94526	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: originally filed as from individual, corrected to reflect from company

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NAME OF FILER Ransom for Tracy Council 2016		Date of This Filing <u>10/10/2016</u>	Date Stamp RECEIVED CITY CLERK'S OFFICE 2016 OCT 10 AM 8:48 CITY OF TRACY TRACY, CA	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (209) 645-2012	I.D. NUMBER (if applicable) 1387763	Report No. <u>005</u>		
STREET ADDRESS 724 Billy F. Freeman Lane		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Tracy	STATE CA	ZIP CODE 95377	No. of Pages <u>1</u>	

1. Contribution(s) Received

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10/8/2016	Central Labor Council Cope Committee 1200 N. Center Street Stockton, CA 95202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/8/2016	Harry S Truman of Stockton P.O. Box 693246 Stockton, CA 95296	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER Ransom for Tracy Council 2016		Date of This Filing 9/28/2016	RECEIVED CITY CLERK'S OF 2016 SEP 28 PM 2:43 CITY OF TRACY TRACY, CA	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (209) 645-2012	I.D. NUMBER (if applicable) 1387763	Report No. 004		
STREET ADDRESS 724 Billy F. Freeman Lane		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Tracy	STATE CA	ZIP CODE 95377		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
9/27/2016	Karnail S. Sandhu 3972 W. Durham Ferry Road Tracy, CA 95306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed, Farmer	\$2500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/27/2016	R & T Farms 488 Pagosa Way Fremont, CA 94539	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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