Recipient Committee				COVER PAGE
Campaign Statement Cover Page			Date Stamp	The same a graph of the same and the same an
	Statement covers period from01/01/2019	Date of election if applicable:		Page 1 of 10 2: 23 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2019	11/06/2018	CITY OF YEAR	01/
1. Type of Recipient Committee: All Committees - Coi	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To	t 🔲 🤅	Quarterly Statement Special Odd-Year Report
	NUMBER 409106	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1100100	NAME OF TREASURER		
Dan Arriola for Tracy City Council 2018		Linda Perry		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY		P CODE AREA CODE/PHONE
	100000000000000000000000000000000000000	San Leandro		4578
CITY STATE ZIP COL Tracy CA 95376		NAME OF ASSISTANT TREASURE	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	_	MAILING ADDRESS		
CITY STATE ZIP COE	DE AREA CODE/PHONE	CITY	STATE ZII	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	s	
Novi i i anti an			<u></u>	
 Verification I have used all reasonable diligence in preparing and reviewing 	o 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 0				·
Executed on	Ву	Signature of Freasurer or Assistance	/neasure	
Executed on	BySignature of Cools	rolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Sp	ponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALII FO	ORNIA ORM	460					
Page_	o	f10					

Officeholder or Candidate Contro	olled Committee		6.	Primarily Formed Balle	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Dan Arriola							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	ON AND DISTRICT NUMBE	R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
City Councilmember, City of Tracy							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY	STATE ZIP		Identify the controlling offic	eholder candi	date or state measure n	ononent, if any
	Tracy	CA 95376			·		
				NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT	
Related Committees Not Included not included in this statement that are contributions or make expenditures on behaviors.	rolled by you or are prim			OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NU	MBER					
NAME OF TREASURER	CONTR	ROLLED COMMITTEE?	7.	Primarily Formed Can	didate/Offic	eholder Committee	List names of
VAINE OF TREASURER				omicerioloer(s) or candidate(s) for winch this	commutee is primarily for	<u></u>
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
CITY S'	TATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NU	MBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
NAME OF TREASURER	CONTR	COLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)						
CITY S'	TATE ZIP CODE	AREA CODE/PHONE				on sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM 01/01/2019 from _ 06/30/2019 Page_ through_

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Dan Arriola for Tracy City Council 2018 1409106

Contributions Received	(1	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	\$	3800.00	\$	3800.00	General Elections
2. Loans Received Schedule B. Line 3	•	-1300.00	•	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$	2500.00	\$	3800.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions	•	0.00	•	0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	2500.00	\$	3800.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made	\$		\$	3098.00	Candidates
7. Loans Made		0.00_		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$		\$	3098.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	3098.00	\$	3098.00	/\$
Current Cash Statement		- · · · · · · · · · · · · · · · · · · ·	İ		/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		То	calculate Column B.	
13. Cash Receipts Column A, Line 3 above		3800.00		I amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4		358.23		o the corresponding ounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		3098.00		our last report. Some ounts in Column A may	·
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	2646.07	be	negative figures that	
If this is a termination statement, Line 16 must be zero.			pre	ould be subtracted from vious period amounts. If is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file	d for this calendar year, y carry over the amounts	
Cash Equivalents and Outstanding Debts			fror any	n Lines 2, 7, and 9 (if	·
18. Cash Equivalents See instructions on reverse	\$	0	any	<i>)</i> ·	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above		0.00			FPPC Form 460 (Jan/2016
					FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 460

Statement covers period

from_

01/01/2019

SEE INSTRUCTION	ONS ON REVERSE			through06/	30/2019	Page	4 of10
NAME OF FILER						1.D. NU 14091	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
6/24/19	Lance Waite Newport Beach, CA 92660	IND COM OTH PTY	Principal Integral Communities	660.00	660.00		
6/24/19	John Stanek Newport Beach, CA 92660	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Principal Integral Communities	660.00	660.00		
6/24/19	Jaime Chahine Newport Beach, CA 92660	☐IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CFO Integral Communities	660.00	.00 660.00		
6/24/19	C. Evan Knapp Newport Beach, CA 92660	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Principal Integral Communities	660.00	660.00		
6/24/19	Craig Manchester Newport Beach, CA 92660	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Managing Partner Integral Communities	660.00	60.00 660.00		
			SUBTOTAL \$	3300.00			
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)	\$	3800.00	*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Comm		nt Committee	
3. Total mone	eceived this period – unitemized monetary contribution etary contributions received this period.		3800.00			Party	
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Colu	umn A, Line 1	.) TOTAL \$	3300.00		FPPC	C Form 460 (Jan/2016)

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole	dollars.	Statement covers period from01/01/2019		TORM		460
				through <u>06/3</u>	0/2019	Page_		10
NAME OF FILER						I.D. NU	MBER	
Dan Arriola	for Tracy City Council 2018					14091	06	
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	CEIVED THIS CALENDAR YEAR		TO	ECTION DATE DUIRED)
4/24/19	Teamsters DRIVE Committee 25 Louisiana Avenue NW Washington, DC 20001	□IND □COM □OTH □PTY ☑SCC	FEC ID#C00032979	500.00	500.	00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			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

Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement cov	vers period 1/2019	SCHEDULE B - PART CALIFORNIA 460 FORM	
SEE INSTRUCTIONS ON REVERSE					through 06/	30/2019	Page 6	of 10
NAME OF FILER							I.D. NUMBER	
Dan Arriola for Tracy City Council 2018							1409106	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOL	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Dan Arriola Tracy, CA 95376	Attorney San Joaquin County District Attorney Office			Z PAID \$ 100.00	\$\$	%	\$ <u>100.00</u>	\$ 1300.00
Tracy, CA 95576	District Attorney Office	s100.00	\$	\$0	01/01/19 DATE DUE	s0	7/19/18 DATE INCURRED	\$
Dan Arriola Tracy, CA 95376	Attorney San Joaquin County District Attorney Office			 ✓ PAID \$ 300.00 FORGIVEN 	\$0.00	O %	\$ 300.00	\$ 1300.00
† IND COM OTH PTY SCC	District Attorney Office	\$300.00	\$0.00	s0	01/01/19 DATE DUE	s0		\$
Dan Arriola Tracy, CA 95376	Attorney San Joaquin County District Attorney Office			Z PAID \$ 400.00 □ FORGIVEN	\$8	O %	\$ <u>400.00</u>	s 1300.00 PER ELECTION
†☑IND □ COM □ OTH □ PTY □ SCC		ş <u>400.00</u>	\$0.00	s0	01/01/19 DATE DUE	\$0	8/09/18 DATE INCURRED	s
		SUBTOTALS \$	0.00	800.00	\$ 0.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loan				\$	0.00	(+0	Contributor Codos	

(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) -1300.00 Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

2. Loans paid or forgiven this period.....\$

IND - Individual

1300.00

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 B – Part 1	A	mounts may be re		Г	Statement cov	tore period		DULE B - PART
Loans Received		to whole dolla	rs.		01/0	O1/2019 CALIFORNIA FORM		
					from01/0		TORW	
SEE INSTRUCTIONS ON REVERSE					through06/	30/2019	Page7	of 10
NAME OF FILER	-						I.D. NUMBER	
Dan Arriola for Tracy City Council 2018							1409106	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N. I CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dan Arriola	Attorney			☑ PAID				CALENDAR YEAR
Tracy, CA 95376	San Joaquin County District Attorney Office			\$500.00	\$ 0.00	O%	\$ <u>500.00</u>	\$ 1300.00 PER ELECTION**
[†] ☑IND □ COM □ OTH □ PTY □ SCC		s500.00	s	\$0.00	1/01/19 DATE DUE	\$0.00	9/25/18 DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$FORGIVEN	\$	RATE	\$	\$PER ELECTION**
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID	_ s	%	\$ <u></u>	\$
		•	•	☐ FORGIVEN		\$		PER ELECTION**
† IND COM OTH PTY SCC			J	,	DATE DUE		DATE INCURRED	Control States
		SUBTOTALS	\$ 0.00	\$ 500.00	0.00			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)	
Loans received this period				\$		•		
(Total Column (b) plus unitemized loar	ns of less than \$100.)		•			(†	Contributor Codes	;
Loans paid or forgiven this period (Total Column (c) plus loans under \$1)	00 paid or forgiven.)			\$. c	ND – Individual COM – Recipient C (other than DTH – Other (e.g.,	PTY or SCC)
(Include loans paid by a third party that] F	TY - Political Part	ty
Net change this period. (Subtract Lin Enter the net here and on the Summa	e 2 from Line 1.)			.NET \$	May be a negative number)	. (5	CC – Small Contr	ibutor Committee
Enter the net here and on the Summa	ry Fage, Columna, Line 2	•			•			
*Amounts forgiven or paid by another party also n	nust be reported on Schedule A.						FPPC For	m 460 (Jan/2016)

** If required.

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

SCHEDULE B - PART 1

Schedule E Payments Made Amounts may be rounded to whole dollars.				State	onent covers period	CALIF FO	ORNIA 460
SEE INSTRUCTIONS ON REVERSE				through	06/30/2019	Page _	8 of 10
NAME OF FILER			·= · ·			I.D. NUM	BER
Dan Arriola for Tracy City Council 2018						140910	
CODES: If one of the following codes accurately described 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 commettings and office expensions petition circumphone banks polling and spossage, deliprofessional print ads	nmunications d appearance ses lating urvey researd ivery and mes	s h senger services	RAD rad RFD retr SAL car TEL t.v. TRC car TRS sta TSF trai	cribe the payment. lio airtime and production urned contributions mpaign workers' salaries or cable airtime and productate travel, lodging, an ff/spouse travel, lodging, nesfer between committee er registration ormation technology costs	duction costs nd meals and meals s of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR (DESCRIPTION OF	PAYMENT		AMOUNT PAID
Nationbuilder 520 South Grand Avenue, 2nd Floor Los Angeles, CA 90071		WEB					1194.00
Simon Losch Tracy, CA 95376		CNS					1500.00
US Bank 2175 W. Grant Line Road Tracy, CA 95377			Bank Fees				144.00
* Payments that are contributions or independent expenditures must also	be summarized on Sche	edule D.			SU	BTOTAL \$	2838.00
Schedule E Summary							
Itemized payments made this period. (Include all Schedu	ıle E subtotals.)					\$	3098.00
Unitemized payments made this period of under \$100							0.00
2. Officernized payments made this period of under \$100	······	• • • • • • • • • • • • • • • • • • • •					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 Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

0.00

3098.00

SCHEDULE E

Schedule E (Continuation Sheet) Payments Made Statement covers period to whole dollars. Statement covers period to whole dollars. O1/01/2019 through 06/30/2019 Dan Arriola for Tracy City Council 2018					9 of 10		
CODES: If one of the following codes accurately described ampaign 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 con MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearance ses lating urvey researd very and mes	s	RAD radi RFD retu SAL cam TEL t.v. c TRC cam TRS stafi TSF tran VOT vote	cribe the paymer or airtime and productions or contributions upaign workers' salarior cable airtime and product travel, lodging f/spouse travel, lodging of the petween commiter registration registration technology or called the payment of the pay	tion costs ies oroduction costs , and meals ng, and meals tees of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (OR DES	SCRIPTION OF	PAYMENT	 -	AMOUNT PAID
Linda Perry San Leandro, CA 94578		PRO					260.00

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

260.00

SUBTOTAL \$

chedule I	Amounts may be rounded			SCHEDULE	
Miscellan	eous Increases to Cash	to whole dollars.		overs period	CALIFORNIA 460
			from01/	01/2019	FORIVI
SEE INISTRUCTIO	NNS ON DEVEDSE		through06	5/30/2019	Page 10 of 10
NAME OF FILER	INS ON REVERSE		<u> </u>		I.D. NUMBER
Dan Arriola 1	for Tracy City Council 2018				1409106
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	С	DESCRIPTION OF RECE	PT	AMOUNT OF INCREASE TO CASH
2/21/19	City of Tracy 333 Civic Center Plaza Tracy, CA 95376	Candidate Sta	tement Refund		358.23
			······		
Attach addi	itional information on appropriately labeled continuation sheets.			SUBTOTAL \$	358.23
Schedule I	l Summary				
	ncreases to cash this period			358.23	
	d increases to cash of under \$100 this period			0.00	
3. Total of all	interest received this period on loans made to others. (Sch	nedule H, Column (e).)	\$	0.00	
l. Total misce Summary I	ellaneous increases to cash this period. (Add Lines 1, 2, ar Page, Line 14.)	nd 3. Enter here and on the	TOTAL \$_	358.23	

Recipient Committee	•			COVER PAGE
Campaign Statement Cover Page			Date Stamp CA	ALIFORNIA 460
Cover rage	Statement covers period	Date of election if applicable:	CITY CLERK'S DE	
	from10/21/2018	(Month, Day, Year)	2019 JAN 31 PM 3:	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2018	11/06/2018	CITY OF TRACY	
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	INSULTA	
✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te ☐ Amendment (Explain be	emination)	statement d-Year Report
3. Committee Information	I.D. NUMBER 1409106	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Dan Arriola for Tracy City Council 2018		Linda Perry		
		MAILING ADDRESS	-	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
		San Leandro	CA 94578	71.2100521110112
	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	I, IF ANY	
Tracy CA 953	76			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		<u> </u>
4. Verification	· ·			
I have used all reasonable diligence in preparing and review			nerein and in the attached schedules	is true and complete. !
certify under penalty of perjury under the laws of the State of	of California that the foregoing is true and	confect.		
Executed on OI 30 2019	Ву	Signatural of Telaguras or Assistable T	receiver	
Executed on $\frac{01/30/2019}{Date}$	BySignature of Contr	rolling Officeholder, Candidate, State Measure Prop	onent or Responsible Officer of Sponsor	
Executed onDate	Bys	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	
Executed onDate	Ву	signature of Controlling Officeholder, Candidate, Sta	the Manager Propagation	
Date	8	ngnature of Controlling Officendider, Candidate, Sta	ne measure Proponem	

Recipient Committee Campaign Statement Cover Page — Part 2

CALII FO	ORN ORM	IIA Z	160
Page _	2	of	10

. Officeholder or Candidate Controlled Co	mmittee		6.	Primarily Formed Ballo	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Dan Arriola							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF AF	PPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT OPPOSE
City Councilmember, City of Tracy					<u> </u>		L OFFOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP		Identify the controlling office	holder, candi	date, or state measur	e proponent, if any.
Tra	icy	CA 95376		NAME OF OFFICEHOLDER, CANI	DIDATE, OR PR	OPONENT	
Related Committees Not Included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primarily fo			OFFICE SOUGHT OR HELD		DISTRIC	CT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER	 				l	
NAME OF TREASURER	CONTROLLED	COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	committee is primarily	formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P				NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE
		REA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR I	HELD SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO F	☐ YES	COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR I	HELD SUPPORT OPPOSE
	·	REA CODE/PHONE		Attac	ch continuatio	on sheets if necessary	y

Campaign Disclosure Statement Summary Page

Cash Equivalents and Outstanding Debts

18. Cash Equivalents...... See instructions on reverse \$

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA

Statement covers period

Juliniary Lugo					from	10/21/2018	FORM 40U	
SEE INSTRUCTIONS ON REVERSE					through .	12/31/2018	Page3 of10	
NAME OF FILER Dan Arriola for Tracy City Council 2018							i.d. NUMBER 1409106	
Contributions Received	(I	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column CALENDAR Y TOTAL TO DA	'EAR	Running in Both th	nmary for Candidates e State Primary and	
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3	\$ \$	0.00	\$ \$	13 180 5 185 165	746.00 800.00 946.00 613.29 659.29 672.33 0.00 672.33 0.00 13.29	20. Contributions Received \$ 21. Expenditures Made \$ Expenditure Limit \$ Candidates 22. Cumulativ	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
11. TOTAL EXPENDITURES MADE	\$	8798.54	\$	170	85.62		\$	
urrent Cash Statement Beginning Cash Balance Previous Summary Page, Line 16 Cash Receipts Column A, Line 3 above Miscellaneous Increases to Cash Schedule I, Line 4 Cash Payments Column A, Line 8 above ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.		3912.21 6472.00 0.17 8798.54 1585.84.	add A to am of y am be sho pre	calculate Column I amounts in Co the correspond counts from Columour last report. counts in Column negative figures uld be subtracte vious period arm is the first repo	olumn ding umn B Some n A may s that ed from nounts. If	*Amounts in this section may be different from amount reported in Column B.		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file only	for this calend carry over the	lar year, amounts			
Cach Equivalents and Outstanding Debts			fror	n Lines 2, 7, and	d 9 (if			

any).

1300.00

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	to	whole dollars.	Statement cov	vers period 1/2018		orm 460
NAME OF FILER	INS ON REVERSE			through12/	31/2018		JMBER
Dan Arriola	a for Tracy City Council 2018					1409	106
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 YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
10/21/18	Terri New Marina del Rey, CA 90292	Z IND COM OTH PTY SCC	Fundraising Consultant Capital Strategies	100.00	100.0	00	
1022/2018	Matt Moen Torrance, CA 90505	☑IND □COM □OTH □PTY □SCC	Attorney Haines Law Group LLP	100.00	100.0	00	
10/23/2018	Eggman for Assembly 2018 2200 B Douglas Blvd,, Suite 140 Roseville, CA 95661	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	FPPC ID#1393824	2500.00	2500.0	00	
10/23/18	Lindsay Rachelefsky Los Angeles, CA 90049	☑IND □COM □OTH □PTY □SCC	Consultant Sky Advisory Group	100.00	100.0	00	
11/3/18	Alejandro Carrillo Merced, CA 95348	☑ IND □ COM □ OTH □ PTY □ SCC	Consultant Romo Consulting Group	250.00	250.0	00	
			SUBTOTAL \$	3050.00			
. Amount red (include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)			6150.00 322.00	IND - COM - OTH -	(other	al ent Committee than PTY or SCC) e.g., business entity)
. Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	umn A, Line 1	.) TOTAL \$	6472.00	scc-		C Form 460 (Jan/2016)

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole	dollars.	Statement covers period from10/21/2018		california 460		
				through12/3	1/2018	Page	5 of 10	
NAME OF FILER			,			İ	ÜMBER	
Dan Arriola	for Tracy City Council 2018					1409	106	
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	ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
11/5/18	Nima Heydari San Diego, CA 92101	☑IND □COM □OTH □PTY □SCC	Attorney Sadr Law Firm	100.00	100.	.00		
11/6/18	Sandra Hernandez Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired Retired	2500.00	2500.	00		
11/19/18	California Association of Realtors- CA Real Estate Political Action Committee 525 S. Virgil Ave Los Angeles, CA 90020	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	FPPC ID#890106	500.00	500.	00		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
,			SUBTOTAL \$	3100.00				

*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

	Δr	nounts may be ro	unded				SCHE	DULE B - PART
Schedule B – Part 1 Loans Received	7	to whole dollar			Statement co	vers period 1/2018	CALIFORN FORM	460
SEE INSTRUCTIONS ON REVERSE					through12/	31/2018	Page6	of10_
NAME OF FILER		<u>-</u>					I.D. NUMBER	
Dan Arriola for Tracy City Council 2018							1409106	
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	(¢) AMOUNT PAII OR FORGIVE THIS PERIOD	N I CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Dan Arriola Tracy, CA 95376	Attorney San Joaquin County District Attorney Office			PAID \$ FORGIVEN	s 100.00	%	\$ 100.00	s 1300.00
†☑IND □ COM □ OTH □ PTY □ SCC		\$0.00	\$100.00	s0	01/01/19 DATE DUE	s0	7/19/18 DATE INCURRED	\$
Dan Arriola Tracy, CA 95376	Attorney San Joaquin County District Attorney Office			PAID \$ 0 FORGIVEN	s <u>300.00</u>	O %	ş <u>300.00</u>	s 1300.00 PER ELECTION
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$300.00	s0	01/01/19 DATE DUE	s0	7/30/18 DATE INCURRED	\$
Dan Arriola Tracy, CA 95376	Attorney San Joaquin County District Attorney Office	. 0.00	400.00	PAID \$ 0 FORGIVEN	s 400.00 01/01/19	O %	s 400.00 8/09/18	\$ 1300.00 PER ELECTION*
DIND COM OTH PTY SCC		\$	\$	\$ <u>_</u>	DATE DUE	\$	DATE INCURRED	\$
	;	SUBTOTALS \$	800.00 \$	0.00	\$ 800.00	\$ 0.00		
Schedule B Summary					-	(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loan	us of less than \$100 \			\$	0.00	_		
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	00 paid or forgiven.)			\$	0.00_	INE	ontributor Codes D – Individual M – Recipient Co (other than F H – Other (e.g., b	PTY or SCC)

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

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

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov

PTY - Political Party

(May be a negative number)

SCC - Small Contributor Committee

SCH	ו וח=	IFR	- PΔ	RT	1

Ar					•	CALIFORN FORM	11A 460
				through12/	31/2018	Page7	of 10
**************************************						I.D. NUMBER	
						1409106	
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	OR FORGIVE	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Attorney San Joaquin County District Attorney Office			FORGIVEN	_	O %	ş 500.00	s 1300.00 PER ELECTION*
	\$	\$500.00	\$0.00	1/01/19 DATE DUE	\$	9/25/18 DATE INCURRED	\$
	\$	\$	PAID FORGIVEN	\$	% RATE	\$	\$PER ELECTION*
			☐ PAID	\$	%	\$	CALENDAR YEAR
	s	\$	FORGIVEN	DATE DUE	\$	DATE INCURRED	PER ELECTION*
	SUBTOTALS \$	500.00 \$	0.00	\$ 500.00			
			\$		(Enter (e) on Schedule E, Line 3)		
) paid or forgiven.) are also itemized on Sche	edule A.)		NET \$	May be a negative number)	INI CC OT PT	D – Individual DM – Recipient Co (other than F TH – Other (e.g., b Y – Political Party	PTY or SCC) ousiness entity)
	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Attorney San Joaquin County District Attorney Office of less than \$100.) paid or forgiven.) are also itemized on Schell	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Attorney San Joaquin County District Attorney Office \$ SUBTOTALS \$ of less than \$100.) paid or forgiven.) are also itemized on Schedule A.) 2 from Line 1.)	CCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Attorney San Joaquin County District Attorney Office \$	to whole dollars. IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SELF-EMPLOYED, ENTER NAME OF BUSINESS) DUTSTANDING BALLANCE BEGINNING THIS PERIOD PAID FORGIVEN PORGIVEN Statement cor 10/2 12/2 10/2 10/2 11/2	Statement covers period from 10/21/2018 10/21/2018 10/	Statement covers period from	

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

** If required.

Schedule E	Amounts may be	e rounded	i	Staten	Statement covers period CALLE		
Payments Made	to whole do	liars.		from	10/21/2018	CALIFORI FORM	NIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through_	12/31/2018	Page 8	of10
Dan Arriola for Tracy City Council 2018						1409106	
CODES: If one of the following codes accurately of CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain legal defense campaign literature and mailings	MBR member comm MTG meetings and OFC office expense PET petition circula PHO phone banks POL polling and sui in)* POS postage, delive	nunicatior appearan es ting rvey resea ery and m	ns ces arch	RAD radio RFD retun SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	ribe the payment. airtime and production coned contributions being workers' salaries cable airtime and production and income travel, lodging, and income travel, lodging, and income travel committees of registration control technology costs (income and income and	ction costs meals d meals of the same car	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF P.	AYMENT		AMOUNT PAID
Nationbuilder 520 South Grand Avenue, 2nd Floor Los Angeles, CA 90071		WEB					598.00
Elite T-Shirt Printing 1852 W. 11th Street #576 Tracy, CA 95376		СМР				·	205.68
Tracy Press 95 W. 11th St Suite 101 Tracy,CA 95376			Newspaper Ad				1311.00
* Payments that are contributions or independent expenditures mu	st also be summarized on Sched	ule D.			SUB	TOTAL \$	2114.68

Schedule E Summary

FPPC Form 460 (Jan/2016)

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

SCHEDULE	E (CONT.)
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Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

LEG

legal defense

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from10/21/2018	FORM 400
through 12/31/2018	Page 9 of 10
	I.D. NUMBER
	1409106

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME OF FILER

campaign literature and mailings

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

Dan Arriola for Tracy City Council 2018

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

PRO professional services (legal, accounting)

PRT print ads

NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) iHeart Media 2121 Lancey Dr RAD 1248.00 Modesto, CA 95355 Cumulus **RAD** 3127 Transworld Dr. Suite 270 3900.00 Stockton, CA 95206 Facebook Ads 799.46 1 Hacker Way Menlo Park, CA 94205 **Automated Call Services** Political Marketing International Inc 208.60 4415 C Constitution Lane #166 Marianna, FL 32447 BevMo Campaign Watch Party Supplies 188.32 2860 West Grant Line Rd Tracy, CA 95304

SUBTOTAL \$

6344.38

Schedule I		Amounts may be rounded			SCHEDULE		
Miscellaneous I	ncreases to Cash	to whole dollars.	Statement co	-	CALIFORNIA 460		
			from10/21	1/2018	FORM TOO		
CEE INCTRUCTIONS ON BEN	VED OF		through 12/3	31/2018	Page 10 of 10		
SEE INSTRUCTIONS ON REV NAME OF FILER	ERSE		<u> </u>		I.D. NUMBER		
Dan Arriola for Tracy	City Council 2018		-		1409106		
DATE RECEIVED	FULL NAME AND ADDRESS OF SI (IF COMMITTEE, ALSO ENTER I.D. NUM		DESCRIPTION OF RECEIP	Γ	AMOUNT OF INCREASE TO CASH		
-							
				•			
							
Attach additional info	rmation on appropriately labeled continuation	n sheets.		SUBTOTAL \$	0.00		
Schedule I Summ	arv			: 			
	to cash this period		\$	0.00			
	es to cash of under \$100 this period			0.17			
	eceived this period on loans made to otl			0.00			
	increases to cash this period. (Add Line			0.17			
Summary Page 1 in	e 14.)			0.17			

4. Verification

Executed on Executed on. Date Executed on ...

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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Recipient Committee Campaign Statement Cover Page — Part 2

CALIF	COVE FORN DRM			
Page _	2	_ of.	1:	2_

Officeholder or Candidate Controlled Comm	nittee	6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE						
Dan Arriola				T				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ON	SUPPORT OPPOSE		
City Councilmember, City of Tracy								
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling office	eholder, cand	lidate, or state measure	proponent, if any.		
Tracy	CA 95376		NAME OF OFFICEHOLDER, CA					
Related Committees Not Included in this Stanot included in this statement that are controlled by you o contributions or make expenditures on behalf of your cane	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY		
COMMITTEE NAME	I.D. NUMBER							
	CONTROLLED COMMITTEE?	7.	Primarily Formed Can	didate/Office	ceholder Committee	E List names of cormed.		
NAME OF TREASURER			Officeriolder(s) or candidate(s	sy tot u tinoit an				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	∐ SUPPORT		
						☐ OPPOSE		
CITY STATE ZIP C	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE		
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	∐ SUPPORT		
	YES NO					☐ OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	BOX)							
CITY STATE ZIP C	CODE AREA CODE/PHONE		Att	tach continuat	tion sheets if necessary			
57/12								

Campaign Disclosure Statement Summary Page

SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$

14. Miscellaneous Increases to Cash Schedule I, Line 4

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA** 00/22/2019

20. Contributions

Received

21. Expenditures

ounnary range				from _	09/23/2010	FORI	
SEE INSTRUCTIONS ON REVERSE				throug	10/20/2018	Page3	of12
NAME OF FILER Dan Arriola for Tracy City Council 2018		,	1.D. NUMBER 1409106				
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year S Running in Bot	h the State Pri	andidates mary and
1. Monotary Continuation	Schedule A, Line 3 Schedule B, Line 3	\$ <u>5120.00</u> 500.00	\$	10274.00 1300.00		ns 1/1 through 6/30	7/1 to Date
2. Loans Received	Scriedule B, Lilie S		-	44574.00	20 Contributions		

5620.00

0.00

4. Nonmonetary Contributions	\$ _	5620.00	\$ 12087.29	21. Expenditures Made \$	\$
Expenditures Made 6. Payments Made	_	4395.02 0.00 4395.02	\$ 7773.79 0.00 7773.79	Expenditure Limit Sun Candidates 22. Cumulative E	xpenditures Made* ntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	\$ _	0.00 0.00 4395.02	\$ 0.00 513.29 8287.08	Date of Election (mm/dd/yy)	Total to Date \$

2575.23

5620.00

112.00

4395.02

3912.21 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ **Cash Equivalents and Outstanding Debts** 18. Cash Equivalents See instructions on reverse 1300.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above

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

11574.00

513.29

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

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM

Statement covers period

from.

09/23/2018

				through10/	20/2018	Page4 of	12
NAME OF FILER	ns on reverse a for Tracy City Council 2018					I.D. NUMBER 1409106	
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 YE (JAN. 1 - DEC.	EAR TO DATE	
9/24/18	Patricia Howell Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Retired Retired	100.00	100.0	00	
9/24/18	Mitra Behnam Tracy, CA 95376	ZIND COM OTH PTY	President Behnam Accounting Solutions Inc	100.00	100.0	00	
9/23/18	Merlyn Pittman Manteca, CA 95336	☑IND □COM □OTH □PTY □SCC	Executive Director Chest of Hope	100.00	100.1	00	
9/25/18	The Truman Club of San Joaquin County 5635 Stratford Cir Stockton, CA 95207	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	FPPC ID#1269373	750.00	750.0	00	,
9/26/18	Better California PAC PO Box 612286 San Jose, CA 95112	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	FPPC ID#1405649	350.00	350.0	00	
	<u> </u>		SUBTOTAL \$	1400.00			
Schedule /	A Summary					tributor Codes - Individual	
1. Amount red	ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	4850.00		 Recipient Committee (other than PTY or SC 	;c)
	ceived this period – unitemized monetary contribution			270.00		– Other (e.g., business ∈ – Political Party	
2 Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			5120.00	scc	- Small Contributor Com FPPC Form 460 (Ja	

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

09/23/2018

				110111			
		•		through10/2	0/2018	_	5 of 12
NAME OF FILER						1.D. NUI	
Dan Arriola	for Tracy City Council 2018				· · · · · · · · · · · · · · · · · · ·	14091	J6
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 YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/23/18	Sheet Metal Workers' Local Union No. 104 2610 row Canyon Rd. Ste. 300 San Ramon, CA 94583	□IND ☑COM □OTH □PTY □SCC	FPPC ID#850381	250.00	250.0	00	
10/07/18	Bob Eversole Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired Retired	100.00	100.0	00	
10/07/18	Rajdeep Singh Tracy,CA 95304	☑IND □COM □OTH □PTY □SCC	Project Manager Kaiser Permanente	300.00	300.0	00	
9/25/18	Central Labor Council of San Joaquin & Calaveras County FPPC#1260729 3984 Cherokee Rd Stockton,CA 95215	□ IND □ COM □ OTH □ PTY □ SCC		500.00	500.00		
10/17/18	Vima Hudson Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Owner Fresh Coat Painters	500.00 50000		00	
	,		SUBTOTAL	\$ 1650.00			

*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	
Monetary Contributions	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

Statement covers period

Monetary	netary Contributions Received to whole dollars. State				vers period 3/2018	CALII FO	FORNIA 460
				through10/	20/2018	Page	6 of 12
EE INSTRUCTION	ONS ON REVERSE					I.D. NU	MBER
	a for Tracy City Council 2018					14091	06
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/23/18	Matthew Gertler Santa Monica, CA 90403	☑ IND □ COM □ OTH □ PTY □ SCC	Attorney Unemployed	100.00	100.00		
10/03/18	Robin Gertler Tarzana, CA 91356	ZIND COM OTH PTY	Retired Retired	500.00	500.1	00	
10/11/18	Manuel DeLaCruz Tracy,CA 95376	☑IND □COM □OTH □PTY □SCC	Physician Eaton Pediatrics	200.00	200.	00	
10/14/18	Moses Zapien Stockton, CA 95210	Z IND COM OTH PTY SCC	CEO Community Foundation of San Joaquin	250.00	250.	00	
10/17/18	Jonathan Sauer Los Angeles, CA 90036	IND COM OTH PTY SCC	Attorney Sloane Officer	100.00	100.	00	
			SUBTOTAL \$	1150.00			
. Amount re (Include al	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contribution etary contributions received this period.	ns of less that	n \$100\$		IND - COM OTH PTY -	other: Other (- Political-	al ent Committee than PTY or SCC) e.g., business entity)
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	I.)TOTAL \$		PPC Advice: advice:	FPP e@fppc.	C Form 460 (Jan/2016) ca.gov (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

Worldary Communications recovers	from09/23/2018					FORM			
	through 10/20/2018								
NAME OF FILER					I.D. NUM				
Dan Arriola for Tracy City Council 2018	_			,	140910)6 			
DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER EL TO E (IF REC	DATE		
Jeffrey Spiro Fullerton, CA 92835	☑ IND □ COM □ OTH □ PTY □ SCC	Physician US Navy	100.00	100.0	00				
10/17/18 Joshua Loeb West Hollywood, CA 90046	☑ IND □ COM □ OTH □ PTY □ SCC	Attorney Ervin Cohen & Jessup	100.00	100.0	00				
John Sugden Oceanside, CA 92054	☑ IND □ COM □ OTH □ PTY □ SCC	Project Manager Wakeland Housing	100.00	100.0	00				
James Cahalan Davis, CA 95618	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney PRO Unlimited Inc	250.00	250.0	00				
Joseph Bebich San Pedro, CA 90731	☑ IND □ COM □ OTH □ PTY □ SCC	Management TraPac	100.00	100.0	00	The second			
		SUBTOTAL	\$ 650.00						

*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

	A	nounts may be ro	unded				SCHE	DULE B - PART
Schedule B – Part 1	All	to whole dollar		ſ.	Statement cov	ers period	CALIFORN	IA 460
Loans Received					from09/2:	3/2018	FORM	700
WATER VALUE ON DEL /EDOF					through10/2	20/2018	Page8	of12
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	
							1409106	
Dan Arriola for Tracy City Council 2018					(d)	(e)	(f)	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	OUTSTANDING	(b) AMOUNT	(c) AMOUNT PAIL	CUTCTANDING	INTEREST	ORIGINAL	CUMULATIVE CONTRIBUTIONS
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS	RECEIVED THIS PERIOD	OR FORGIVEN	CLOSE OF THIS	PAID THIS PERIOD	AMOUNT OF LOAN	TO DATE
(,, 00	NAME OF BOSINESS/	PERIOD		PAID	PERIOD			CALENDAR YEAR
Dan Arriola	Attorney			0	s 100.00	_0_%	s 100.00	s 1300.00
	San Joaquin County District Attorney Office			S	. •	RATE	, ————————————————————————————————————	PER ELECTION**
Tracy, CA 95376	District Attorney Office	0.00	100.00	o o norven	01/01/19_	. 0	7/19/18	
+		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
To IND □ COM □ OTH □ PTY □ SCC			<u> </u>	PAID				CALENDAR YEAR
Dan Arriola	Attorney			0	s 300.00	_0_%	s 300.00	s 1300.00
	San Joaquin County			S	. •	RATE	\	PER ELECTION**
Tracy, CA 95376	District Attorney Office	0.00	300.00	0	01/01/19	. 0	7/30/18_	
_		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PTY SCC								CALENDAR YEAR
Dan Arriola	Attorney			PAID 0	s 400.00	_0_%	s 400.00	, 1300. <u>00</u>
	San Joaquin County			\$. \$	RATE	,	PER ELECTION**
Tracy, CA 95376	District Attorney Office	0.00	400.00	-	04/04/40	0	8/09/18	
		\$	\$_400.00	s0	01/01/19 DATE DUE	\$	DATE INCURRED	\$
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		<u> </u>		<u> </u>		l		
		SUBTOTALS \$	800.00	\$ 0.00	\$ 800.00	\$ 0.00		
						(Enter (e) on Schedule E, Line 3)		
Schedule B Summary				¢	500.00		•	
1. Loans received this period								

١.	(Total Column (b) plus unitemized loans of less than \$100.)		
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_
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$	

†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 B – Part 1 Loans Received	An	nounts may be ro to whole dollar			Statement co	vers period 3/2018	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE					through10/	20/2018	Page 9	of12
NAME OF FILER							I.D. NUMBER	
Dan Arriola for Tracy City Council 2018					,		1409106	
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 PA OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dan Arriola	Attorney San Joaquin County District Attorney Office			PAID \$ 0.00	- '	O %	s 500.00	\$ 1300.00 PER ELECTION**
Tracy, CA 95376	District Attorney Office	\$0.00	\$500.00	s 0.00		\$0.00	9/25/18 DATE INCURRED	\$
† ☑ IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID S FORGIVEN S	\$	% RATE	\$	S—————————————————————————————————————
†□IND □ COM □ OTH □ PTY □ SCC		\$	s	PAID S FORGIVEN S	_ \$	%	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC				<u> </u>		<u> </u>	DATE INCOMINED	
Schedule B Summary		SUBTOTALS			0 \$ 500.00	(Enter (e) on Schedule E, Line 3)		
 Loans received this period	ns of less than \$100.) 00 paid or forgiven.)					- IN	Contributor Codes ID – Individual OM – Recipient C (other than TH – Other (e.g., TY – Political Part	ommittee PTY or SCC) business entity)
3. Net change this period. (Subtract Lin	e 2 from Line 1.)			NET \$ _	(May be a negative number)		CC – Small Contri	

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

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

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

(May be a negative number)

SC				

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from09/23/2018	california 46
SEE INSTRUCTIONS ON REVERSE		through 10/20/2018	Page 10 of 12
NAME OF FILER Dan Arriola for Tracy City Council 2018			1.D. NUMBER 1409106

CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications d appearances ses lating	RAD fadio all fill e and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cost TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals transfer between committees of the san	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Home Denot		Campaig	n Signs	270.95	

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DESCRIPTION OF PAYMENT		
Home Depot 2461 Naglee Road Tracy, CA 95304		Campaign Signs	270.95	
Delivery Signs 40 W Crystal Lake St #100 Orlando, FL 32806		Campaign Signs	3050.00	
Tracy Press 95 W. 11th St Suite 101 Tracy,CA 95376		Newspaper Ad	144.00	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 3464.95

Schedule E Summary

	. Itemized payments made this period. (Include all Schedule E subtotals.)	,	128.85
	. 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).)	;	
	Table and a trade this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	;	

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov

Schedule	E
(Continua	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

	SCHEDOLL L (CONT.)
Statement covers period	CALIFORNIA 460
from09/23/2018	FORM 400
through 10/20/2018	Page11 of12
	I.D. NUMBER
	1409106

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Dan Arriola for Tracy City Council 2018

CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications d appearances es lating urvey researc very and mes	RAD radio airline and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airline and product TRC candidate travel, lodging, and not senger services TSF transfer between committees of	ion costs leals meals the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Marketing International Inc 4415 C Constitution Lane #166 Marianna, FL 32447			Automated Call Service	208.60
Creative Vision Printing 2232 Stewart Street Stockton, CA 95205		LİT	Campaign Literature	592.62
* Demonstration or independent expenditures must also be	summarized on Sche	dule D	SUB	OTAL \$ 801.22

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

Schedule I		Amounts may be rounded			SCHEDULE I		
	eous Increases to Cash	to whole dollars.	Statement covers perio	od CALIFO FOR	RNIA 460		
			from09/23/2018		IVI		
	*		through 10/20/2018	Page1	2 of12		
SEE INSTRUCTION	NS ON REVERSE			I.D. NUMBE	R		
Dan Arriola f	or Tracy City Council 2018			1409106			
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DESCRIPTION OF RECEIPT		AMOUNT OF EASE TO CASH		
City of Tracy 9/23/18 333 Civic Center Plaza Tracy,CA 95176		Security Depo Launch	sit Refund from Campaign		112.00		
			OLID	TOTAL \$	112.00		
Attach addi	itional information on appropriately labeled continuation sheets.		30B	- TOTAL 9			
Schedule I	Summary		Φ.	112.00			
I. Itemized in	creases to cash this period			0.00			
2. Unitemized	d increases to cash of under \$100 this period		\$	0.00			
3. Total of all	interest received this period on loans made to others. (Sche	dule H, Column (e).)	\$	<u> </u>			
1 Total micos	ellaneous increases to cash this period. (Add Lines 1, 2, and Page, Line 14.)	3. Enter here and on the		112.00	(10045)		

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on.

Executed on .

	COVER PAGE - PART 2					
CALII FO	FORNI. DRM	A	4	60		
Page	2	of		10		

i. Officeholder or Candidate Controlled Cor	nmittee	6.	Primarily Formed Ballo	ot Measure	Committee	•	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Dan Arriola							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	FRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	NC		SUPPORT OPPOSE
City Councilmember, City of Tracy							-
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) Trac	CITY STATE ZIP		Identify the controlling office			measure pro	ponent, if any.
Related Committees Not Included in this Statement: List any committees							
not included in this statement that are controlled by yo contributions or make expenditures on behalf of your of	u or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
WALE OF TREADURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano	didate/Offic	eholder Co	mmittee L	ist names of
NAME OF TREASURER			officenoider(s) or candidate(s) tor which uns	commutee is	primarny torin	eu.
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE Z	IP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.							
CITY STATE 2	IP CODE AREA CODE/PHONE		Atta	ach continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

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SEE INSTRUCTIONS ON REVERSE					thro	ugh _	9/22/2018	_ Page				
NAME OF FILER Dan Arriola for Tracy City Council 2018								1.D. NU 1409	JMBER 106			
Contributions Received	(Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column CALENDAR Y TOTAL TO D	YEAR		Calendar Year So Running in Both General Election	the Stat				
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	5954.00 513.29	\$	55	154.0 800.0 954.0 513.2 467.2	0 0 9	20. Contributions Received \$_	/1 through 6/	7/1 to Date \$\$			
Expenditures Made 6. Payments Made	\$	3378.77 0.00 3378.77 0.00 513.29 3892.06	* *	33	378.7 0.0 378.7 0.0 513.2 892.0	0 7 0 9		ative Expe	enditures Made* (Expenditure Limit) Total to Date			
Current Cash Statement 12. Beginning Cash Balance	\$	5954.00 0.00 3378.77 2575.23.	ac A ar of ar be sh pr th fill	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if		add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. It is is the first report being filed for this calendar year, only carry over the amount from Lines 2, 7, and 9 (if		add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. It this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if		*Amounts in this section reported in Column B.	on may be o	\$different from amounts
18. Cash Equivalents		000.00	aı	ny).			EDDC Advisor		PPC Form 460 (Jan/201			

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received					/2018	FORM 460		
		through9/2	2/2018	18 Page 4				
SEE INSTRUCTIO	DNS ON REVERSE				-	I.D. NUME	BER	
	a for Tracy City Council 2018					1409106	3	
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 YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
8/7/18	Michael Maciel Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired Retired	999.00	999.00			
8/8/18	Lisa Aquilera Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Owner/Real Estate 200.00 Broker Aspire Hometown Realty		200.00			
8/14/18	Dr. Rodrigo De La Cruz Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Physician 200.00 Eaton Pediatrics		200.0	00		
9/08/18	San Joaquin, Calaveras, Alpine & Amador Counties Building Trades Council PO Box 8014 Stockton, CA 95208	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	FPPC ID#890345	250.00 2		00		
9/09/18	Democratic Club of Greater Tracy PO Box 1146 Tracy, CA 95378	□IND ☑COM □OTH □PTY □SCC	FPPC ID#1299762	1000.00	1000.00			
			SUBTOTAL \$	2649.00				
Schedule /	A Summary					ributor Cod	es	7
1. Amount re (Include al	ceived this period – itemized monetary contributions. I Schedule A subtotals.)	\$	4849.00		IND – Individual COM – Recipient Committee (other than PTY or SCC)			
	ceived this period – unitemized monetary contribution		005.00			j., business entity)		
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)								eJ
(Aug Filles	(Add Lines 1 and 2. Enter nere and on the Summary Page, Column A, Line 1.)							

FPPC Form 460 (Jan/2016)

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

			from07/01	/2018	FORM 400		
		through 9/22	2/2018	Page5 of10			
NAME OF FILER						I.D. NL	JMBER
Dan Arriola	for Tracy City Council 2018		<u></u>			14091	106
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)	PLOYER RECEIVED THIS CALENDAR YEAR		/EAR	PER ELECTION TO DATE (IF REQUIRED)
09/09/18	Alyce Eversole Tracy, CA 95376	IND COM OTH PTY	Retired Retired	1 100.00		.00	
09/11/18	Ramzi Dudum San Francisco, CA 94122	IND COM OTH PTY	Physician John Hopkins Hospital			.00	
09/12/18	EPE Development LLC 59 Bontany Court Emerald Hills, CA 94062	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	250.	.00	
9/12/18	Elios Family Restaurant Inc 260 Floresta Blvd San Leandro, CA 94578	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.	00	
09/12/18	Cherrywood Shopping Center LLC 59 Botany Court Emerald Hills, CA 94062	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	250.	00	
			SUBTOTAL	\$ 950.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received			dollars.	Statement cov	ers period /2018	CALIFORNIA 460		
			through 9/22	2/2018	Page6 of10			
NAME OF FILER						I.D. NL		
Dan Arriola	a for Tracy City Council 2018					14091	106	
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 T CALENDAR \ (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
9/12/18	Elios Properties LLC 260 Floresta Blvd San Leandro, CA 94578	□IND □COM ☑OTH □PTY □SCC		250.00	250	.00		
9/21/18	Russell Kagehiro Stockton, CA 95204	☑IND □COM □OTH □PTY □SCC		1000.00	1000	.00		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 1250.00				

*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 B – Part 1 Loans Received	to whole dollars. Statement covers period from07/01/2018				california 460			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through 9/2	22/2018	Page	of10
Dan Arriola for Tracy City Council 2018					(4)	(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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
Dan Arriola	Attorney San Joaquin County District Attorney Office	0.00	100.00	PAID \$ FORGIVEN	_	O %	\$ 100.00	\$ 800.00 PER ELECTION*
† ☑ IND □ COM □ OTH □ PTY □ SCC		\$8	s <u>100.00</u>	s	01/01/19 DATE DUE	s0	7/19/18 DATE INCURRED	\$
Dan Arriola Tracy, CA 95376	Attorney San Joaquin County District Attorney Office			PAID \$ FORGIVEN	<u>s 300.00</u>	O %	s <u>300.00</u>	\$ 800.00 PER ELECTION*
† IND		\$	\$300.00	sC	01/01/19 DATE DUE	s0	7/30/18 DATE INCURRED	s
Dan Arriola Tracy, CA 95376	Attorney San Joaquin County District Attorney Office			PAID \$ FORGIVEN	<u>\$ 400.00</u>	0 %	s 400.00	\$ 800.00 PER ELECTION*
†☑IND □ COM □ OTH □ PTY □ SCC		\$0.00	s <u>400.00</u>	sC	01/01/19 DATE DUE	\$0	8/09/18 DATE INCURRED	s
		SUBTOTALS \$	800.00	\$ 0.0	0 \$ 800.00			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loar	ns of less than \$100.)			\$	800.00		Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	 00 paid or forgiven.)			\$	0.00	. IN	ND – Individual OM – Recipient C	ommittee PTY or SCC) business entity)
Net change this period. (Subtract Lin Enter the net here and on the Summa	e 2 from Line 1.)rv Page, Column A. Line 2.	•••••		NET \$	800.00 (May be a negative number)		CC – Small Contri	

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

** If required.

Schedu Nonmoi	le C netary Contributions Received			S	tatement covers p 07/01/20		CALIFORNIA 460		
SEE INSTRUC	TIONS ON REVERSE				thro	ادادداه)18	Page	8 of 10
NAME OF FILE								I.D. NUME	BER
Dan Arric	ola for Tracy City Council 2018							140910	6
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/06/18	Dan Arriola Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Attorney San Joaquin County District Attorney Office	Wix.com Onli Platform	ne	168.00		168.00	
8/20/18	Dan Arriola Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Attorney San Joaquin County District Attorney Office	Nationbuilder Platform	-	279.00	,	279.00	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	STAL \$	447.00			
Schedul	e C Summary received this period – itemized nonmonetal					447.00	IND	ntributor Co	

(Include all Schedule C subtotals.)....\$___

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

3. Total nonmonetary contributions received this period.

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

PTY - Political Party

COM - Recipient Committee

(other than PTY or SCC)

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

SCC - Small Contributor Committee

447.00

66.29

513.29

POS postage, delivery and messenger services

PHO

candidate filing/ballot fees

independent expenditure supporting/opposing others (explain)*

fundraising events

FND

phone banks

POL polling and survey research

LEG legal defense PRO profession print ads	onal services (leg		OT voter registration EB information technol	ogy costs (internet, e-	mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIP	TION OF PAYMENT		AMOUNT PAID
City of Tracy 333 Civic Center Plaza Tracy, CA 95376	FIL	Filing Fees/Candidate	e Statement		1476.00
US Bank 15399 E. 14th St San Leandro, CA 94578		Bank Fees			108.00
Nationbuilder 520 South Grand Ave 2nd Floor Los Angeles, CA 90071	WEB				279.00
* Payments that are contributions or independent expenditures must also be summarized on S	Schedule D.			SUBTOTAL \$	1863.00
Schedule E Summary					
Itemized payments made this period. (Include all Schedule E subtotals.)				\$	3328.77 50.00
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 on the Summary Page, Column A, Line 6.)					

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

TRS

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from07/01/2018	FORM 400
through 9/22/2018	Page 10 of 10
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

1409106 Dan Arriola for Tracy City Council 2018 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor TSF postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* IND voter registration professional services (legal, accounting) legal defense LEG WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings LIT NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **Event Insurance** The Event Helper Inc 104.20 **FND** 1020 McCourtney Rd Suite B Grass Valley, CA 95949 Food and Beverage for Kick-off Event Chipolte 378.88 2512 Naglee Road Tracy, CA 95304 Campaign Literature Creative Vision Printing 982.69 LIT 2232 Stewart Street Stockton, CA 95205

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

SUBTOTAL \$

1465.77