# **Recipient Committee**

Recipient Committee Campaign Statement Cover Page		CIT	Date Stamp RECEIVED CLERM'S OFFI	
	Statement covers period from 10/21/2018	Date of election if applicable (Month, Day, Year)	JAN 25 PM 5: 1	3 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2018	11/6/2018	TY OF TRACY TRACY, 53	
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	1.0	
State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored  Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Scomplete Part 6) rimarily Formed Candidate/ ffficeholder Committee Iso Complete Part 7)	☐ Preelection Statement☐ Semi-annual Statement☐ Improvement☐ ☐ Termination Statement (Also file a Form 410 Termination	t □ sermination)	Quarterly Statement Special Odd-Year Report
5. Committee information	NUMBER 403733	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	<del></del>	
Dement for Tracy City Council 2018		Juana Dement MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	· · · · · ·	CITY		P CODE AREA CODE/PHONE
CITY STATE ZIP COD	DE AREA CODE/PHONE	Tracy  NAME OF ASSISTANT TREASURER		5376
Tracy CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE ZI	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	<del></del>	OPTIONAL: FAX / E-MAIL ADDRES	SS	
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Control of Date  Executed on Date  Executed on Date	California that the foregoi <del>ne is true</del> and controll	nowledge the information contained orrect.  Signature of Frequire of Assistant ing Officeholder, Candidate, State Measure Promature of Controlling Officeholder, Candidate, S	Treasurer oponent or Responsible Officer of S	
Executed on	Bv	nature of Controlling Officeholder, Candidate, S		

	COVER PA	GE - PART 2
CALIF FC	ORNIA ORM	460
Page _	20	f_8

. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Juana Dement							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
Tracy City Council							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	CA 95376		Identify the controlling office	holder, candi	date, or state	measure pro	ponent, if any.
nacy, C	<del>7. 05070</del>		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PR	OPONENT		-
Related Committees Not Included in this Star not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	. IF ANY
COMMITTEE NAME	I.D. NUMBER						<del></del>
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	committee is p	orimarily form	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	<u></u>		Attac	ch continuatio	on sheets if no	ecessary	

### **Campaign Disclosure Statement Summary Page**

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

Amounts may be rounded to whole dollars.

| Statement covers period | 10/21/2018 | CALIFORNIA | 460 | FORM | 12/31/2018 | Page 3 of 8 | I.D. NUMBER | I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER **Dement for Tracy City Council 2018** 1403733 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE **General Elections** 35.954.23 2,700.00 1. Monetary Contributions ...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 2,500.00 1.250.00 2. Loans Received...... Schedule B, Line 3 20. Contributions 3,950.00 38,504.23 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received 972.30 4,972.30 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 4,922.30 43,476.53 **Expenditures Made Expenditure Limit Summary for State** 12.647.69 38.504.23 Candidates 6. Payments Made...... Schedule E, Line 4 \$ 0.00 0.00 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made\* 38,504.23 12,647.69 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ \_ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Total to Date Date of Election 4,972.30 (mm/dd/yy) 972.30 10. Nonmonetary Adjustment...... Schedule C, Line 3 13,619.99 43,476.53 **Current Cash Statement** 8.697.69 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. 3,950.00 add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding \*Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. 12,647.69 of your last report. Some 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 0.00 be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 \$ should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ \_ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 

Schedule Monetary	A Contributions Received		its may be rounded whole dollars.	Statement cover from 10/21/201	18		FORNIA 460
SEE INSTRUCTION NAME OF FILER	ns on reverse for Tracy City Council 2018			through 12/31/2	2018	I.D. NL 1403	JMBER
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)
10/31/18	Grow Elect FPPC #1342160 30101 Town Center Dr, #209 Laguna Niguel, CA 92677	☐IND  ☐COM ☐OTH ☐PTY ☐SCC		1,500.00	1,500	.00	
10/29/18	CREPAC FPPC #890106 525 S. Virgil Ave Los Angeles, CA 90020	☐IND  ☐COM ☐OTH ☐PTY ☐SCC		800.00	800	.00	
10/29/18	Grace Alvarez Tracy, CA 95376	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Realtor Century 21 M&M and Associates	200.00	200	.00	
11/9/2018	American Promo Events PO Box 1318Florence, AL 95630	□IND □COM ØOTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL S	2,500.00			
	A Summary				1	ntributor ( – Individu	

1. Amount received this period – itemized monetary contributions.

3. Total monetary contributions received this period.

(Include all Schedule A subtotals.) .....\$

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

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

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PTY - Political Party

COM - Recipient Committee

(other than PTY or SCC)

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

SCC - Small Contributor Committee

2,700.00

2,700.00

0.00

Schedule B – Part 1 Loans Received	All	to whole dollar			Statement cov from 10/21/20	•	california 460 form		
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Dement for Tracy City Council 201	8				through <u>12/31</u>	/2018	Page 5  I.D. NUMBER  1403733	of_8	
Bollion Tracy City Courton 20	T	(a)	(b)	1	(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 PAIL OR FORGIVE THIS PERIOD	N CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
Dement Real Estate 223 E 10th St Tracy, CA 95376		s300.00	s250.00	PAID  \$0  FORGIVEN  \$550.00			\$DATE INCURRED	\$PER ELECTION**	
IND COM POIN DIY CSCC							3,112,1100,111,23	CALENDAR YEAR	
Dement Real Estate 223 E. 10th St Tracy, CA 95376  Tolerance		ş_1,000.00	s0	□ PAID  \$  FORGIVEN  \$1,000.0	\$ 0	0 % RATE 0	\$DATE INCURRED	\$PER ELECTION**	
				☑ PAID				CALENDAR YEAR	
Orman Dement  Tracy, CA 95376   ↑ ☑ IND □ COM □ OTH □ PTY □ SCC	Retired	s0	\$ 1,000.00	\$ 219.17 \$ FORGIVEN \$ 780.83	\$ 0 12/31/18 DATE DUE	0 % RATE 0	\$DATE INCURRED	\$PER ELECTION**	
MIND COM COM CITY CITY COM		<u> </u>				<u> </u>			
		SUBTOTALS \$	1,250	2550.00	\$ 0	<b>\$</b> 0			
Schedule B Summary	•					(Enter (e) on Schedule E, Line 3)			
Loans received this period  (Total Column (b) plus unitemized loan			•••••••••••••••••••••••••••••••••••••••	\$	1,250.00	<del></del>	Contributor Codes		
<ol> <li>Loans paid or forgiven this period</li> <li>(Total Column (c) plus loans under \$10</li> <li>(Include loans paid by a third party that</li> </ol>	0 paid or forgiven.)			\$	2,550.00	O O	TH – Other (e.g., l	PTY or SCC) business entity)	
3. Net change this period. (Subtract Line Enter the net here and on the Summar					(1,300.00) May be a negative number)		IY – Political Part CC – Small Contri		

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

\*\* If required.

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SCHEDULE B - PART 1

Schedu			Amounts may be rounded to whole dollars.	_		-			SCHEDULE
Nonmo	netary Contributions Received					atement covers   10/21/2018			ORNIA 460
SEE INSTRUC	TIONS ON REVERSE				throu	<sub>lgh</sub> <u>12/31/20</u>	18	Page	6 of 8
NAME OF FILE				<u> </u>				I.D. NUM	<del></del>
Demen	t for Tracy City Council 2018							14037	<b>'</b> 33
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION O GOODS OR SERVIO		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
11/6/18	Grow Elect FPPC #1342160 1022 G St Sacramento, CA 95814	□IND □COM □OTH □PTY □SCC				972.30		972.30	-
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC			10				
Attach add	ditional information on appropriately labeled	continuation :	sheets.	SUBTOT	ΓAL\$	972.30			
1. Amount	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)				\$	972.30	IND -	•	des nt Committee an PTY or SCC)
	received this period – unitemized nonmonet	•	ons of less than \$100		\$		_   PTY	– Òther (e. – Political F	g., business entity)

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

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

972.30

Schedule E Payments Made	Amounts may to whole do				Statement covers period n 10/21/2018	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ough 12/31/2018	Page	7 of 8
Dement for Tracy City Council 2018						140373	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  MBR member communications  MFD meetings and appearances  OFC office expenses  OFC office expenses  SAL campaign workers' salaries  t.v. or cable airtime and production costs  returned contributions  returned contributions  TEL t.v. or cable airtime and production costs  returned contributions  returned contributions  FAD radio airtime and production costs  returned contributions  TEL t.v. or cable airtime and production  candidate filing/ballot fees  PHO polling and survey research  POS postage, delivery and messenger services  TSF transfer between committees of transfe						ction costs meals nd meals of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DI	ESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Scott Winn Stockton, CA 95209		CNS					2,000.00
MSI Communications 2431 Merchantile Dr, #A Rancho Cordova, CA 9572		LIT					4,332.13
3AM Communications 1821 Concord Avenue Stockton, CA 95204		LIT					1,380.00
* Payments that are contributions or independent expenditures must also be summ	marized on Sche	dule D.			SUB	STOTAL \$	7,712.13
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E si	ubtotals.)					\$	12,637.69

2. Unitemized payments made this period of under \$100......\$

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

FPPC Form 460 (Jan/2016)

10.00

0.00

12,647.69

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**Dement for Tracy City Council 2018** 

I.D. NUMBER 1403733

www.fppc.ca.gov

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. CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRC POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events transfer between committees of the same candidate/sponsor TSF independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) LIT campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYM	ENT	AMOUNT PAID
Stockton, CA 95209	CNS			2,197.00
Robert Padaong Tracy, CA 95376	SAL			165.00
Greg Frank Stockton, CA 95209	PRO			375.00
VoterLink 13348 Alpine Cove Alpine, UT 84003	IND	voter info		1,969.39
Juana Dement Tracy, CA 95376	IND	Loan payment		219.17
* Payments that are contributions or independent expenditures must also be summarized	i on Schedule D.		SUBTOTAL \$	4,925.56

Recipient Committee Campaign Statement Cover Page		RECEI	Pate Stamp VED 'S OFFICE	CALIFORNIA 460 FORM
	Statement covers period from 09/23/18	Date of election if applicable: (Month, Day, Year) UT	PM 5: 53	Page 1 of 10  For Official Use Only
EE INSTRUCTIONS ON REVERSE	through 10/20/18	November 6, 2018 CITY OF TRACY	TRACY S C A	
. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5)  ☐ General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☑ Preelection Statement     ☐ Semi-annual Statement     ☐ Termination Statement     (Also file a Form 410 Termination)     ☐ Amendment (Explain below)	_	terly Statement ial Odd-Year Report
	D. NUMBER 1403733	Treasurer(s)		
Dement for Tracy City Council 2018		Juana Dement MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		city	STATE ZIP CO	
CITY STATE ZIP CC Tracy CA 9537		NAME OF ASSISTANT TREASURER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	<del></del>	OPTIONAL: FAX / E-MAIL ADDRESS		
Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on 1012518  Executed on Date	California that the foregoing is true and of By  By  Signature or control	nowledge the information contained herein and correct.  Signature of Assistant Treasurer and Assistant Treasurer ming emcenoliter, Carlogate, State Measure Proponent or Respondence of Controlling Officeholder, Candidate, State Measure Proposed and Controlling Officeholder, Candidate, Controlling Officeholder, Controlling Officeholder, Candidate, Controlling Officeholder, Controlling Off	ponsible Officer of Sponso	·. 
Executed on	Rv	gnature of Controlling Officeholder, Candidate, State Measure F		<u> </u>
Date	519	griature or controlling Officenolder, Candidate, State Measure F	TOPOHERIL	

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#### Recipient Committee Campaign Statement Cover Page — Part 2

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CALII F(	FORNIA DRM	460
Dago	2	of 10

	rolled Committee	6. Primarily Formed Ball	ot weasure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Juana Dement					
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	TION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
Tracy City Council					☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	ID STREET) CITY STATE ZIP  Tracy CA 95376	Identify the controlling office	eholder, candi	idate, or state measure	e proponent, if any.
	Tracy CA 93376	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT	
	ed in this Statement: List any committees ntrolled by you or are primarily formed to receive shalf of your candidacy.	OFFICE SOUGHT OR HELD		DISTRIC	CT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Can officeholder(s) or candidate(s)	s) for which this	ceholder Committes committee is primarily    OFFICE SOUGHT OR	formed.
COMMITTEE ADDRESS STREET ADD	DRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR F	HELD SUPPOR
					OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	☐ OPPOSE
	STATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER	NAME OF OFFICEHOLDER OR		OFFICE SOUGHT OR H	HELD OPPOSE OPPOSE
COMMITTEE NAME  NAME OF TREASURER			CANDIDATE		HELD SUPPORE  SUPPORT OPPOSE  HELD SUPPORT OPPOSE  HELD SUPPORT
COMMITTEE NAME  NAME OF TREASURER	I.D. NUMBER  CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	HELD OPPOSE  HELD SUPPORT OPPOSE  HELD OPPOSE
COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADD	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	HELD SUPPORE OPPOSE HELD SUPPOR OPPOSE HELD SUPPOR OPPOSE OPPOSE

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER **Dement for Tracy City Council 2018** 1403733 **Calendar Year Summary for Candidates** Column B Column A Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 32.404.23 9.451.00 1. Monetary Contributions ...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0.00 1.300.00 20. Contributions 9,451.00 33,704,23 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 4.000.00 2,950.00 4. Nonmonetary Contributions...... Schedule C. Line 3 21. Expenditures 37,704.23 Made 12.401.00 **Expenditures Made Expenditure Limit Summary for State** 25.896.54 7.369.58 **Candidates** 6. Payments Made...... Schedule E, Line 4 0.00 0.00 22. Cumulative Expenditures Made\* 7,369.58 25,896.54 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 0.00 10. Nonmonetary Adjustment......Schedule C, Line 3 7,369.58 25,896.54 **Current Cash Statement** 5,726.27 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. 9,451.00 add amounts in Column A to the corresponding \*Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 7.369.58 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 7,807.69 be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. 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 **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents...... See instructions on reverse \$ \_ 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

#### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 160

Statement covers period

wonetar y	, continuations reconved			from 09/23/18		FORM 40U
REE INISTRI IČTIC	ONS ON REVERSE			through 10/20/	18	Page 4 of 10
NAME OF FILER						i.d. number 1403733
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 I CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
10/15/18	Jack Alvarez	☑IND □COM □OTH □PTY □SCC	Farmer Self	200.00	200.0	0
10/15/18	JP Palmer, Inc. Tracy, CA 95376	☐IND ☐COM ZOTH ☐PTY ☐SCC		500.00	500.0	0
10/09/18	JD Cameron Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.0	0
10/09/18	Stan Morri Tracy, CA 95304	IND   COM   OTH   PTY   SCC	Retired	125.00	125.0	0
10/09/18	ENGEO 2010 Crow Canyon PI, Ste 200 San Ramon, CA 94583	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	250.0	0
			SUBTOTAL \$	1,175.00		
	A Summary					butor Codes
<ol> <li>Amount re (Include a</li> </ol>	eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	8,975.00		- Recipient Committee (other than PTY or SCC)
·	eceived this period – unitemized monetary contribution			276.00		Other (e.g., business entity) Political Party
3. Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			9,251.00		Small Contributor Committee
	, ,	•	•			EDDC Form 460 (lan/201)

### Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Ionetary Contributions Received to whole dollars.		dollars.	Statement covers period from 09/23/18		CALIFORNIA 460	
through <u>10/20/18</u>							5 of 10
NAME OF FILER  Dement f	or Tracy City Council 2018					1.D. NL	JMBER 3733
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
10/9/18	Conservative Republicans of SJ 2952 Admiral Dr Stockton, CA 95209	□IND □COM ☑OTH □PTY □SCC		250.00	250.	00	
10/09/18	Surinder & Balinder Atwal Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Farmer Baba Atwal Farms	2,500.00 2,500.0		00	
10/09/18	Surinder & Balinder Atwal Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Farmer Baba Atwal Farms	2,500.00	5,000.	00	
10/01/18	Annette Ormande Tracy, CA 95304	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.	00	
10/01/18	Tracy Firefighters PO Box 185 Tracy, CA 95378	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.	00	
			SUBTOTAL	6,350.00			

\*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.)

CALIFORNIA

Statement covers period

				from09/23	FO	RM -		
				through10/2	20/2018		6 of	10
NAME OF FILER		•				I.D. NUM		
Dement for	Tracy City Council 2018					140373	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.	EAR	PER ELEC TO DAT (IF REQUIR	Έ
09/26/18	Germain Clark Tracy, CA 95376	IND COM OTH PTY SCC	Retired	200.00	200.0	00		
9/24/18	Summers, Murphey & Partners, Inc. 34197 Coast Hwy Dana Point, CA 92629	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	250.0	00		
9/24/18	Mike Repetto Tracy, CA 95304	IND COM OTH PTY	Self Employed Tracy Disposal	500.00	500.0	00		
09/24/18	A. Michael Souza Tracy, CA 95376	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Owner West Park Exec Suites	500.00	500.0	00		
10/15/18	Eagle Property Management 421 W 11th St. Tracy, CA 95376	☐IND ☐COM ☑OTH ☐PTY ☐SCC		200.00	200.0	00		
			SUBTOTAL	\$ 1,650.00				

\*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

	Απ.	nounts may be rou	undad				SCHE!	DULE B - PART 1
Schedule B – Part 1	All	to whole dollars			Statement cove	-	CALIFORNI	11A 460
Loans Received					from <u>09/23/18</u>	<u>;                                    </u>	FORM <b>400</b>	
					through 10/20/	/18	Page 7	of 10
SEE INSTRUCTIONS ON REVERSE					through 10, 20		I.D. NUMBER	or <u> </u>
NAME OF FILER								
Dement for Tracy City Council 201	8						1403733	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dement Real Estate				☐ PAID				CALENDAR YEAR
223 E 10th St Tracy, CA 95376				\$	_ \$300.00	O_%	\$ 300.00	\$ PER ELECTION**
†□IND □ COM Ø OTH □ PTY □ SCC		\$300.00	\$	s		\$0.00	03/16/18 DATE INCURRED	\$
Dement Real Estate				PAID				CALENDAR YEAR
223 E 10th St		'	!	\$	<u>\$_1,000.00</u>	RATE	\$ <u>1,000.04</u>	\$
Tracy, CA 95376		'	1	FORGIVEN	'	1977		PER ELECTION**
<sup>†</sup> □IND □ COM □ OTH □ PTY □ SCC	· · · · · · · · · · · · · · · · · · ·	\$_1,000.00	\$	\$	12/31/18 DATE DUE	s	4/4/18 DATE INCURRED	\$
		,		PAID		-		CALENDAR YEAR
				\$	.   \$		\$	\$ PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	<b>,</b>	\$	\$ 1,300.00	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		-
Loans received this period  (Total Column (b) plus unitemized loan	 ns of less than \$100.)			\$	0.00_		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_	- INI CC	ND – Individual OM – Recipient Co	Committee PTY or SCC) business entity)

\*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

0.00

(May be a negative number)

SCC - Small Contributor Committee

#### Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

1403733

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**CUMULATIVE TO** IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION DESCRIPTION OF FULL NAME, STREET ADDRESS AND CONTRIBUTOR DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR GOODS OR SERVICES CODE \* RECEIVED CALENDAR YEAR (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) Dement Real Estate Signs □сом 1,900.00 10/12/18 1.800.00 1,900.00 223 E 10th St **☑** OTH Tracy, CA 95376  $\square$  PTY □scc **□IND** Goodie bags **Dement Real Estate** □сом 2.200.00 10/12/18 300.00 2,200.00 223 E 10th St **☑** OTH Tracy, CA 95376 □ PTY □scc **☑** IND T-shirts Pameet Musafar **Business Analyst** □сом 850.00 10/12/18 850.00 850.00 Facebook □отн Tracy, CA 95304 ☐ PTY □ scc □IND □сом □ OTH □ PTY □ scc SUBTOTAL \$ Attach additional information on appropriately labeled continuation sheets. 2.950.00

#### **Schedule C Summary**

Amount received this period – itemized nonmonetary contributions.  (Include all Schedule C subtotals.)	\$ 2,950.00
Amount received this period – unitemized nonmonetary contributions of less than \$100	0.00
2. / anount received and ported annumber received by the state of the	

\*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 E Payments Made	Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period from 09/23/18

CALIFORNIA 460
FORM

Page 9 of 10

I.D. NUMBER

1403733

**Dement for Tracy City Council 2018** 

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

MBR member communications

MTG meetings and appearances

MTG meetings and appearances

OFC office expenses

MBR member communications

MER member communications

RAD radio airtime and production costs

returned contributions

campaign workers' salaries

CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals

FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Scott Winn 2319 Otto Drive Stockton, CA 95204	CNS		1,000.00
MSI 2431 Mercantile Drive, Ste A Rancho Cordova, CA 95742	СМР	Printing	4,448.77
Continuing the Republican Revolution 1300 Briston St North, #100 Newport Beach, CA 92660		Slate	320.00

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

\* SUBTOTAL \$ 5,768.77

#### **Schedule E Summary**

### Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	CONIEDULE E (COM
Statement covers period	CALIFORNIA 160
from09/23/18	FORM 400
through10/20/18	Page 10 of 10
<u> </u>	I.D. NUMBER
	1403733

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Domont for Troop City Council 2019

Dement for Tracy City Council 2018	•			1403733 	
CNS campaign consultants MTG	R member comm meetings and a office expenses petition circulat phone banks polling and sun postage, delive professional se	nunications appearances s ting vey research ery and messe	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produc TRC candidate travel, lodging, and of the staff/spouse travel, lodging, and of the staff/spouse travel travel transfer between committees of the staff spouse travel.	ction costs meals ad meals of the same candid	date/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	R DESCRIPTION OF PAYMENT	AMC	OUNT PAID
COPS Voter Guide 705-2 E Bidwell St, #370 Folsom, CA 95630	-		Slate		1,210.00
South Side Community Organization 126 W 1st St Tracy, CA 95376			Booth		100.00
Tracy Chamber of Commerce 223 E 10th St Tracy, CA 95376			Booth		200.00
			Signs		
			Signs		
* Payments that are contributions or independent expenditures must also be summ	narized on Schedu	ule D.	SUE	BTOTAL \$	1,510.00

FPPC Form 460 (Jan/2016)

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

COVER PAGE

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALIFORNIA 460							
Page _	2	of 11					

Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Balle	ot Measure (	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	<del></del>		NAME OF BALLOT MEASURE				
Juana Dement							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
Tracy City Council				<u> </u>	<del>-</del>	<u>i</u> _	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  Tracy	CITY STATE ZIP		Identify the controlling offic	eholder, candi	date, or state measu	re propor	nent, if any.
, Tracy	OA 90070		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PRO	OPONENT		
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your car	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRI	CT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Offic	eholder Committ committee is primaril	t <b>ee</b> List y formed.	names of
	☐ YES ☐ NO				T		<del>,</del>
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)				<u> </u>		
	CODE AREA CODE/PHONE						
CITY STATE ZIP	CODE AREA CODE/PHONE		Att	ach continuatio	on sheets if necessa	rv	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from <u>07/1/1</u>8 through <u>09/22/18</u> \_ of \_\_11 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER **Dement for Tracy City Council 2018** 1403733

		Column A		Column B	Calendar Year Summary for Candidates
Contributions Received	(FF	TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)		CALENDAR YEAR TOTAL TO DATE	Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	\$	11,135.80	\$	23,803.23	General Elections
2. Loans Received	•	0.00	•	1,300.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ .	11,135.80	\$.	25,103.23	20. Contributions  Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		1,050.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$ -	11,135.80	\$ .	26,153.23	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ -	10,786.85	\$.	18,486.96	Candidates
7. Loans Made Schedule H, Line 3	-	0.00	-	0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ -	10,786.85	\$.	18,486.96	(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
10. Nonmonetary AdjustmentSchedule C, Line 3	-	0.00	-		(mm/dd/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ -	10,786.85	\$ .	18,486.96	/\$
Current Cash Statement					/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ _		To c	alculate Column B,	
13. Cash Receipts Column A, Line 3 above	-	11,135.80		amounts in Column the corresponding	l
14. Miscellaneous Increases to Cash Schedule I, Line 4	-	0.00	amo	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	-	10,786.85		our last report. Some ounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$ _	6,616.27	be r	egative figures that uld be subtracted from	
If this is a termination statement, Line 16 must be zero.			prev	rious period amounts. If is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		filed	for this calendar year, carry over the amounts	
Cash Equivalents and Outstanding Debts		_	from any	Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$ _				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _				FPPC Form 460 (Jan/2 FPPC Advice: advice@fppc.ca.gov (866/275-3 www.fppc.ca

Schedule	A	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

Monetary Contributions Received		to whole dollars.		Statement cov from <u>07/1/18</u>	ers period	california 460	
				through <u>09/22/</u>	18	Page	4 of 11
SEE INSTRUCTION	NS ON REVERSE					1.D. N	JMBER
	for Tracy City Council 2018					1403	3733
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)
07/02/18	Lance Waite Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal Intrigal Communities	970.70	970.	70	
7/13/18	Craig Manchester  Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal Intrigal Communities	970.70	970.	70	
7/16/18	Charles Knapp Newport Beach, CA 92660	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Principal Intrigal Communities	970.70	970.	70	
7/16/18	John Stanek Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal Intrigal Communities	970.70	970.	70	-
8/1/2018	Chrystena Gonzaga-Rockett Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Homemaker	193.90	193.	90	
			SUBTOTAL \$	4,076.70			
Schedule /	A Summary				*Con	ributor (	Codes
	ceived this period – itemized monetary contributions.  I Schedule A subtotals.)		\$	10,185.80			ual ient Committee than PTY or SCC)
•	ceived this period – unitemized monetary contribution			100.00		– Òther	(e.g., business entity)
3. Total mone	etary contributions received this period.  1 and 2. Enter here and on the Summary Page, Colo			10,285.80		- Politica - Small	Contributor Committee

### Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from <u>07/1/18</u>		F	ORM 400		
				through <u>09/22/1</u>	8	Page 5 of 11			
NAME OF FILER  Dement for	or Tracy City Council 2018					1.D. NO	JMBER 3733		
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)		
8/2/2018	Becki Brown Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Homemaker	193.90	193.90		193.90		
8/23/2018	Corral Hollow Dev, LLC Modesto, CA 95355	☐IND ☐COM ØOTH ☐PTY ☐SCC		1,000.00	1,000.00				
8/23/2018	Harmesh Nijjar Patterson, CA 95363	☑IND □COM □OTH □PTY □SCC	Engineer Toshiba	980.00	980.00				
8/23/2018	Harmesh Singh Tracy, CA 95377	IND COM OTH PTY	Attendant Shell Corp	950.00	950.00				
8/23/18	Helm's Ale House 600 W. Central Ave Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		500.00	500.	00			
			SUBTOTAL	\$ 3,623.90					

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

PTY - Political Party

SCC - Small Contributor Committee

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from

07/01/2018

		through09/22/2018		2/2018	Page		
NAME OF FILER  Dement for	Tracy City Council 2018			1403733			
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)
8/29/2018	Don Cose Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	1,000.00	1,000.00		
9/18/2018	Ponderosa Homes 5020 Franklin Dr., Ste 200 Pleasanton, CA 94588	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00		
9/21/18	Knights Pumping & Portable Service, Inc 1550 James Rd Bakersfield, CA 93308	□IND □COM ☑OTH □PTY □SCC		485.20	485.20		
8/3/18	Mercedes Silveira Tracy, CA 95377	ZIND COM OTH PTY SCC	Retired	100.00	100.00		
8/3/18	Kat's Paint Parties 1505 La Scala Wy Manteca, CA 95377	□IND □COM ØOTH □PTY □SCC		750.00	750.	00	
			SUBTOTAL	\$ 3,335.20			

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

PTY - Political Party

SCC - Small Contributor Committee

	Am	nounts may be ro	unded				SCHE	DULE B - PART 1
Schedule B – Part 1	All	to whole dollar			Statement cov	ers period	CALIFORN	<sup>IA</sup> 460
Loans Received					from <u>07/1/18</u>		FORM	··· 400
OFF WATER OF TAXABLE ON DELICION					through <u>09/22/</u>	′18	Page 7	of 11
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	
Dement for Tracy City Council 201	8						1403733	
FÜLL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dement Real Estate 223 E 10th St Tracy, CA 95376				PAID  FORGIVEN	\$ 300.00 12/31/18	0 % RATE	\$ 300.00 03/16/18	\$PER ELECTION**
<sup>†</sup> □IND □ COM ☑ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
Dement Real Estate 223 E 10th St Tracy, CA 95376				\$ FORGIVEN	\$ <u>1,000.00</u>	% RATE	ş 1,000.0 <del>6</del>	\$PER ELECTION**
†□IND □ COM □ OTH □ PTY □ SCC :		\$	\$	\$	12/31/18 DATE DUE	\$	4/4/18 DATE INCURRED	s
†==================================		\$	\$	PAID  FORGIVEN	\$	% RATE	\$	\$ PER ELECTION**
TO IND COM OTH PTY SCC	· · · · · · · · · · · · · · · · · · ·			<u> </u>		<u> </u>	DATE INCORRED	
		SUBTOTALS \$	<del></del>	··········	\$	(Enter (e) on		
Schedule B Summary  1. Loans received this period				\$	0.00_	Schedule E, Line 3)		
(Total Column (b) plus unitemized loan  2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	0 paid or forgiven.)			\$	0.00	IN Co	Contributor Codes ID – Individual OM – Recipient Co (other than F TH – Other (e.g., I IY – Political Part	PTY or SCC) ousiness entity)
<ol><li>Net change this period. (Subtract Line Enter the net here and on the Summar</li></ol>	e 2 from Line 1.)y Page, Column A, Line 2.				O_OO_		CC – Small Contri	

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

\*\* If required.

Schedule C		Amounts may be rounded						SCHEDULE C		
Nonmonetary Contributions Received		to whole dollars.			Statement covers period from 07/1/18			CALIFORNIA 460		
SEE INSTRIK	TIONS ON REVERSE ·				thre	ough <u>09/22/18</u>		Page	8 of 11	
NAME OF FILE			······································		l			I.D. NUMB	ER	
Demen	t for Tracy City Council 2018							14037	33	
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	CUMULA DA' CALENDA (JAN 1 - I	ΓE R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
-	Mariachi Mexicanisimo 1321 Parkside Dr Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		30 min. of mu fro campaign kick-off		500.00		500.00	500.00	
		□IND □COM □OTH □PTY □SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		□IND □COM □OTH □PTY □SCC								
Attach add	ditional information on appropriately labeled	continuation .	sheets.	SUBTO	JATC	\$				
1. Amount (Include	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.) received this period – unitemized nonmone						IND - COM OTH	(other the	at Committee an PTY or SCC) g., business entity)	

3. Total nonmonetary contributions received this period.

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

Amounts may be rounded

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

SCC - Small Contributor Committee

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 07/1/18	california 460
SEE INSTRUCTIONS ON REVERSE		through <u>09/22/18</u>	_ Page 9 of 11
NAME OF FILER			I.D. NUMBER
Dement for Tracy City Council 2018			1403733
CODES: If one of the following codes accurately describ	pes the payment, you may enter the code. Other	herwise, describe the payment.	<del>-</del>
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	n 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 PHO phone banks	TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a	
FIL candidate filing/ballot fees FND fundraising events	POL polling and survey research	TRS staff/spouse travel; lodging, a	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		es of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration	

PRT print ads

campaign literature and mailings

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				1,200.00
GTA Boost 3115 N. Tracy Blvd Tracy, CA 95376		Prepaid phor	ne		345.63
California Voter Guide 22410 Hawthorne Blvd, #5 Torrance, CA 90505		Slate			389.00
* Payments that are contributions or independent expenditures must also be summarized on Sc	nedule D.			SUBTOTAL \$	1,934.63
Schedule E Summary					
1. Itemized payments made this period. (Include all Schedule E subtotals.)				\$	10,379.16
2. Unitemized payments made this period of under \$100					407.69
3. Total interest paid this period on loans. (Enter amount from Schedule B, P.					0.00
	•	. , ,			

WEB information technology costs (internet, e-mail)

10,786.85

#### Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA / CO
from	07/1/18	FORM 400
through_	09/22/18	Page 10 of 11
		I.D. NUMBER
		1403733

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Dement 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 MTG meetings and appearances RFD returned contributions CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses TEL. t.v. or cable airtime and production costs PET petition circulating CVC civic donations candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor VOT voter registration PRO professional services (legal, accounting) LEG legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Budget Watchdog 22410 Hawthorne Blvd, #B Torrance, CA 90505		Slate	1,120.00
Election Digest 22410 Hawthorne Blvd, #5 Torrance, CA 90505		Slate	838.00
Costco 3250 W. Grantline Rd Tracy, CA 95304	FND		148.85
CVP 2232 Stewart St Stockton, CA 95205	PRT	Signs	1,114.14
Campaign Graphics 1821 W. Soft Wind Ln Flagstaff, AZ 86001	PRT	Signs	2,000.00
* Payments that are contributions or independent expenditures must also be summarized on Sche	edule D.	SUBTOTAL	5,220.99

#### Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	SCHEDOLE E (CONT.
Statement covers period	CALIFORNIA 160
from 07/01/2018	FORM 400
through 09/22/2018	Page11 of11
	1.D. NUMBER 1403739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Dement 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
FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals

FILE priorite banks

FIND fundraising events

FIND independent expenditure supporting/opposing others (explain)\*

FIND independent expenditure supporting/opposing others (explain)\*

FIND priorite banks

FIND priorite ba

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Tony Rodriguez Tracy, CA 95304		Marketing	105.00
Tonv <sup>®</sup> Rodriquez Tracy, CA 95304		Marketing	137.00
Campaign Graphics 1821 W. Soft Wind Lane Flagstaff, AZ 86001	PRT	Signs	242.81
Mailing System Inc 2431 Mercantile Dr, Ste A Rancho Cordova, CA 9572	PRT		2,738.73

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 

3,223.54

D : : 10 ***					COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp RECET CITY CLERK	VED .	IFORNIA 460
	Statement covers period from07/1/18	Date of election if applicable: (Month, Day, Year)	2018 SEP 26	PM 1: 32	1 of10  For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 09/22/18	November 6, 2018	CITY OF	TRACY	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	,	· · · ·	
State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored  Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	☐ Quarterly Sta☐ Special Odd-\	
	D. NUMBER 1403733	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1100700	NAME OF TREASURER			
Dement for Tracy City Council 2018		Juana Dement			
		MAILING ADDRESS	1		
STREET ADDRESS (NO P.O. BOX)		спу Tracy	STATE CA	ZIP CODE 95376	AREA CODE/PHONE
CITY STATE ZIP CO Tracy CA 9537		NAME OF ASSISTANT TREASURE	R, IF ANY		_
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS		
l. Verification					
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjuryunder the laws of the State of Executed on O9/26/2018	California that the foregoing is true and	knowledge the information contained correct	herein and to the alta	ched schedules is	s true and complete. i
Executed on	· Bv	rolling Officeholder, Candidate, State Measure Pro		er of Sponsor	
Date	оу ————	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent		
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	<del></del>	

#### Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460								
FC	ORM_		+00					
Page _	2	_ of _	10_					

. Officeholder or Candidate Controlled Commit	ttee	6.	Primarily Formed Ballot	t Measure Com	nmittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Juana Dement	NUMBER IE ARRI (CARLE)		BALLOT NO. OR LETTER	JURISDICTION	· · · · · · · · · · · · · · · · · · ·	Пенровт
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)					SUPPORT OPPOSE
Tracy City Council RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT			Identify the controlling office	holder, candidate,	or state measure pr	oponent, if any.
Tracy CA	A 95376		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPON	IENT	
Related Committees Not Included in this Stat not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candidates.	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER	_	Discribe Formed Cond	idata/Officabal	lder Committee	1:-4
NAME OF TREASURER	CONTROLLED COMMITTEE?	1.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this com	mittee is primarily for	med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC			NAME OF OFFICEHOLDER OR C	ANDIDATE OF	FICE SOUGHT OR HEL	D SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OF	FICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OF	FICE SOUGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C.	ANDIDATE OF	FICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC			Atta	ch continuation sh	heets if necessary	

### **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1403733 Dement for Tracy City Council 2018 **Calendar Year Summary for Candidates** Column B Column A **Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** 22.953.23 1/1 through 6/30 7/1 to Date 1.300.00 0.00 2. Loans Received...... Schedule B, Line 3 20. Contributions 10,285.80 24,253.23 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0.00 1,050.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 10,285.80 25.303.23 **Expenditures Made Expenditure Limit Summary for State** 10.826.85 18,526.96 **Candidates** 6. Payments Made...... Schedule E. Line 4 0.00 0.00 7. Loans Made..... Schedule H. Line 3 22. Cumulative Expenditures Made\* 10,826.85 18,526.96 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ 0.00 0.00 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Total to Date Date of Election (mm/dd/yy) 0.00 10. Nonmonetary Adjustment...... Schedule C, Line 3 10,826.85 18,526.96 11. TOTAL EXPENDITURES MADE...... Add Lines 8 + 9 + 10 \$ \_\_ **Current Cash Statement** 6,267,32 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. 10,285.80 add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding \*Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. 10.826.85 of your last report. Some 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 5.726.27 be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents...... See instructions on reverse \$ \_ 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ \_

SCHEDULE A

schedule	: <b>A</b>		is may be rounded	SOFIEDOLE					
Monetary Contributions Received		to	whole dollars.	Statement cov from 07/1/18	CALIFORNIA 460				
SEE INSTRUCTIO	ONS ON REVERSE			through <u>09/22/</u>	Page4 of1		10		
IAME OF FILER	for Tracy City Council 2018					1.D. NU 1403			
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 ELEC TO DA (IF REQUI	TE	
	Lance Waite	☑ IND	Principal	070.70	970	70	-		

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)	TO DATE (IF REQUIRED)		
07/02/18	Lance Waite Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal Intrigal Communities	970.70	970.70			
7/13/18	Craiq Manchester  Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal Intrigal Communities	970.70	970.70			
7/16/18	Charles Knapp Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal Intrigal Communities	970.70	970.70 970.70			
7/16/18	John Stanek Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal Intrigal Communities	970.70	970.70			
8/1/2018	Chrystena Gonzaga-Rockett Tracy, CA 95377	IND COM OTH PTY	Homemaker	193.90	193.90			
SUBTOTAL \$ 4,076.70								

### **Schedule A Summary**

1. Amount received this period – itemized monetary contributions. 10,185.80 (Include all Schedule A subtotals.) .....\$ -100.00 2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$

3. Total monetary contributions received this period. 10,285.80 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ \_

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC 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 from 07/1/18		CALIFORNIA 460			
				through <u>09/22/1</u>	8	Page 5 of 10	
NAME OF FILER						I.D. NUMBER	
Dement for	or Tracy City Council 2018					1403	733
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)
8/2/2018	Becki Brown Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Homemaker	193.90	193.90		
8/23/2018	Corrai Hollow Dev, LLC Modesto, CA 95355	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00		
8/23/2018	Harmesh Nijjar Patterson, CA 95363	☑IND □COM □OTH □PTY □SCC	Engineer Toshiba	980.00	980.	00	
8/23/2018	Harmesh Singh Tracy, CA 95377	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attendant Shell Corp	950.00	950.	00	
8/23/18	Helm's Ale House 600 W. Central Ave Tracy, CA 95376	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	500.	00	
			SUBTOTAL S	3,623.90		<u>.</u>	

\*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

SCC - Small Contributor Committee

### Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole	dollars.	Statement cov	/2018	california 460		
				through09/22/2018		Page 6 of 10		
NAME OF FILER						I.D. NU	MBER	
Dement for	Tracy City Council 2018		· · · · · · · · · · · · · · · · · · ·		<del></del>			
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)	
8/29/2018	Don Cose Tracy, CA 95376	IND COM OTH PTY	Retired	1,000.00	1,000.00			
9/18/2018	Ponderosa Homes Pleasanton, CA 94588	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00			
9/21/18	Knights Pumping & Portable Service, Inc	□IND □COM ☑OTH □PTY □SCC		485.20	485.20			
		□IND □COM □OTH □PTY □SCC						
***************************************		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 2,485.20				

\*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

	Am			SCHEDULE B - PART 1						
Schedule B – Part 1	Au	Γ	Statement cov	ers period	CALIFORNIA 460					
Loans Received					from <u>07/1/18</u>		FORM TO			
							-			
SEE INSTRUCTIONS ON REVERSE					through <u>09/22/</u>	18	Page	of <u>10</u>		
NAME OF FILER							I.D. NUMBER			
Dement for Tracy City Council 201	8						1403733			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
Down and Dool February				☐ PAID				CALENDAR YEAR		
Dement Real Estate 223 E 10th St				s	s 300.00	_0_%	s 300.00	\$		
Tracy, CA 95376				FORGIVEN		RATE		PER ELECTION**		
T☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		s300.00	\$	s	12/31/18 DATE DUE	s0.00	03/16/18 DATE INCURRED	s		
				☐ PAID				CALENDAR YEAR		
Dement Real Estate				s	s 1,000.00	%	s 1,000.0 <del>4</del>	s		
223 E 10th St Tracy, CA 95376				FORGIVEN		RATE		PER ELECTION**		
riacy, OA 33070		s_1,000.00			12/31/18	_	4/4/18			
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s		
				☐ PAID				CALENDAR YEAR		
				s	s	%	\$	s		
				FORGIVEN		RATE	1	PER ELECTION**		
TO IND COM OTH PTY SCC		3	*	\$	DATE DUE	,	DATE INCURRED	<b>V</b>		
		SUBTOTALS \$		<b>;</b>	\$ 1,300.00	\$	1.0			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)				
Loans received this period				\$	0.00					
(Total Column (b) plus unitemized loan		•••••		.,		_	2			
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	•			_	_	1 16	Contributor Codes ID – Individual			
2. Loans paid or forgiven this period	10 id f! \			\$	0.00_		OM - Recipient C			
(Total Column (c) plus loans under \$10 (Include loans paid by a third party that		adule A )				١	other than l TH - Other (e.g.,	PTY or SCC) husiness entity)		
(include loans paid by a third party tha	t are also itentized on sche	-uuic A.)				P	TY - Political Part	у		
3. Net change this period. (Subtract Line	e 2 from Line 1.)			. NET \$	0_00_	s	CC - Small Contri	butor Committee		
Enter the net here and on the Summar	y Page, Column A, Line 2.			(N	lay be a negative number)	_				

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

\*\* If required.

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 07/1/18	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through <u>09/22/18</u>	Page 8 of 10
NAME OF FILER			I.D. NUMBER
Dement for Tracy City Council 2018			1403733
CODES: If one of the following codes accurately describ	es the payment, you may enter the code. Oth	nerwise, describe the payment	•
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	on costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salarie	
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pro	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, a	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		es of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration	

PRT print ads

campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Tracy 333 Civic Center Plaza Tracy, CA 95376	FIL		1,200.00
GTA Boost 3115 N. Tracy Blvd Tracy, CA 95376		Prepaid phone	345.63
California Voter Guide 22410 Hawthorne Blvd, #5 Torrance, CA 90505		Slate	389.00
* Payments that are contributions or independent expenditures must also be summarized on Sch	edule D.	SUBTOTAL	1,934.63

FPPC Form 460 (Jan/2016)

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

WEB information technology costs (internet, e-mail)

www.fppc.ca.gov

### Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	OUTLEBOLL L (OUTI.)
Statement covers period	CALIFORNIA 160
from07/1/18	FORM 400
through 09/22/18	Page 9 of 10
	I.D. NUMBER
	1403733

Dement for Tracy City Council 2018

CODES: If one of the following codes accurately describ	es 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
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)
	· · · · · · · · · · · · · · · · · · ·	

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Budget Watchdog 22410 Hawthorne Blvd, #B Torrance, CA 90505		Slate	1,120.00
Election Digest 22410 Hawthorne Blvd, #5 Torrance, CA 90505		Slate	838.00
Costco 3250 W. Grantline Rd Tracy, CA 95304	FND		148.85
CVP 2232 Stewart St Stockton, CA 95205	PRT	Signs	1,114.14
Campaign Graphics 1821 W. Soft Wind Ln Flagstaff, AZ 86001	PRT	Signs	2,000.00
* Payments that are contributions or independent expenditures must also be summarized on Scho	edule D.	SUBTOTAL	-\$ 5,220.99

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### Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDULL E (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2018	FORM 400
through09/22/2018	Page 10 of 10
	I.D. NUMBER

Dement 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. RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* IND VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Tony Rodriguez 3966 W. Stoneridge Rd Tracy, CA 95304		Marketing	105.00
Tony Rodriguez 3966 W. Stoneridge Rd Tracy, CA 95304		Marketing	137.00
Campaign Graphics 1821 W. Soft Wind Lane Flagstaff, AZ 86001	PRT	Signs	242.81
Mailing System Inc 2431 Mercantile Dr, Ste A Rancho Cordova, CA 9572	PRT		2,738.73

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 

3.223.54

Recipient Committee Campaign Statement Cover Page			ERK'S OFFI	COVER PAGE ALIFORNIA 460 FORM
	Statement covers period from 01/01/18	Date of election if applicable: 2 JUL (Month, Day, Year)		age 1 of 17 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>06/30/18</u>	11/06/18 TRA	OF TRACY	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored  Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)		Statement dd-Year Report
	D. NUMBER 1403733	Treasurer(s)		
Dement for Tracy City Council 2018		Juana Dement MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	, AREA CODE/PHONE
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
I. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on 1/30/2018  Executed on Date  Executed on Date	California that the foregoing is true and	knowledge the information contained herein and incorrect.  Signature of Treasurer or Assistant Treasurer  rolling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proposed Propo	onsible Officer of Sponsor	es is true and complete. I
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pr	oponent	

### Recipient Committee Campaign Statement Cover Page — Part 2

CALIF		460
Page	_2 o	f_17

Officeholder or Candidate Controlled Com	mittee		6.	Primarily Formed Ballo	t Measure (	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Juana Dement								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF AF	PLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	)N		SUPPORT OPPOSE
Tracy City Council					1			
,	CITY , CA 95376	STATE ZIP		Identify the controlling office	eholder, candi	date, or state r	neasure propo	onent, if any.
iracy	, CA 95376	· · · · · · · · · · · · · · · · · · ·		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	OPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your call	or are primarily f			OFFICE SOUGHT OR HELD			DISTRICT NO. II	FANY
COMMITTEE NAME	I.D. NUMBER					I		
NAME OF TREASURER	☐ YES	COMMITTEE?	7.	Primarily Formed Candofficeholder(s) or candidate(s)	for which this	eholder Concommittee is p	rimarily formed	t names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)			TO THE OF OFFICE HOLDE				SUPPORT OPPOSE
CITY STATE ZIP	CODE A	REA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED	COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	HT OR HELD	☐ SUPPORT
	☐ YES	□ NO						OPPOSE
						I .		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)							
	,	REA CODE/PHONE			ach continuenti	on sheets if ne	oossan.	

# **Campaign Disclosure Statement Summary Page**

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	OOMIND BY 17 TO E
Statement covers period from 01/01/18	CALIFORNIA 460
through 06/30/18	Page 3 of 17
	I.D. NUMBER
	1403733

SHMMARY DAGE

NAME OF FILER Dement for Tracy City Council 2018 **Calendar Year Summary for Candidates** Column B Column A **Contributions Received** CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and TOTAL TO DATE (FROM ATTACHED SCHEDULES) General Elections 12.667.43 12,667.43 1/1 through 6/30 7/1 to Date 1.300.00 1,300.00 2. Loans Received ...... Schedule B. Line 3 20. Contributions 13.967.43 13,967.43 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 1,050.00 1,050.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 15,017.43 Made 15,017.43 **Expenditure Limit Summary for State Expenditures Made** 7,700.11 7,700.11 **Candidates** 6. Payments Made...... Schedule E, Line 4 \$ \_\_\_\_ 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 7,700.11 7,700.11 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 7.700.11 7,700.11 11. TOTAL EXPENDITURES MADE...... Add Lines 8 + 9 + 10 \$ **Current Cash Statement** 0.00 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. 13,967.43 add amounts in Column A to the corresponding \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 7,700.11 amounts in Column A may 6.267.32 be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse \$ FPPC Form 460 (Jan/2016) 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ \_ 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 🔏

Statement covers period

viorietary	Contributions Neceived			from 01/01/18		FOR	40U
	NIO ON DEL (EDOS			through <u>06/30/1</u>	18	Page	4 of <u>17</u>
AME OF FILER	for Tracy City Council 2018					I.D. NUMBE 140373	
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)
3/29/18	Mitra Behnam Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Bookkeeper Behnam Acctg	100.00	100.0	Ю	
3/29/18	Richard Ortenheim Tracy, CA 95377	IND COM OTH PTY	Owner Skyview Aviation	100.00	100.0	Ю	
4/2/18	Fernando Paul Lopez Tracy, CA 95376	IND COM OTH PTY	Realtor Berkshire Hatheway	150.00	1,50.0	00	
4/2/18	Bryan Knittel Tracy, CA 95376	IND COM OTH PTY	Retired	100.00	100.0	00	
4/9/18	Infinite Interiors Tracy, CA 95376	☐IND ☐COM ØOTH ☐PTY ☐SCC		100.00	100.0	00	
			SUBTOTAL \$	550.00			
I. Amount re	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)	,	\$	8,625.00	IND -		es t Committee an PTY or SCC)
-	eceived this period – unitemized monetary contribution			4,042.43	OTH – Other (e.g., business er		j., business entity)
3. Total mon	etary contributions received this period.			12,667.43			ntributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole	dollars.	Statement cov from <u>01/01/18</u>	ers period	CALIFORNIA 460	
				through <u>06/30/1</u>	8	Page _	5 of <u>17</u>
NAME OF FILER						I.D. NU	JMBER
Dement f	or Tracy City Council 2018					1403	733
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)
4/13/18	Tracy Firefighters PO Box 185 Tracy CA 95378	□IND □COM ☑OTH □PTY □SCC		1,500.00	1,500.	.00	
4/13/18	Jill Simonetti Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Homemaker Self	100.00	100.00		
4/13/18	Skyview Aviation 5749 S. Tracy Blvd Tracy, CA 95377	□IND □COM ☑OTH □PTY □SCC		250.00	250.	.00	
4/18/18	Sally Ortega Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Realtor Self	100.00	100.	.00	
4/19/18	Gabriel ibarra Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Branch Manager Wells Fargo	400.00	400.	00	
			SUBTOTAL	\$ 2,350.00	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 may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole	dollars.	Statement covers period from 01/01/18		CALIFORNIA 46	
				through <u>06/30/1</u>	8	Page.	6 of <u>17</u>
NAME OF FILER						I.D. NU	JMBER
Dement f	or Tracy City Council 2018					1403	3733
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)
4/19/18	Skyview Aviation 5749 S. Tracy Blvd Tracy, CA 95377	□IND □COM ☑OTH □PTY □SCC		500.00	750.	.00	
4/23/18	TSTW Primary LLC 547 Park Haven Dr Tracy, CA 95377	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00		
4/23/18	Mary Napoli Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Realtor Klemm Real Estate	100.00	100.	.00	
4/23/18	Hector John Cardoza Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Business Owner Hector John Cosmetics	100.00	100.	.00	
4/23/18	Leroy & Belmida Rickman Tracy, CA 95376	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Retired Retired	100.00	100.	00	
			SUBTOTAL	\$ 900.00			

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

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

Dement for Tracy City Council 2018  DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR	7 of 17
Dement for Tracy City Council 2018  DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR	
DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR	
DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR	3733
RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  CODE *  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  PERIOD (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/23/18  Marina Cabrerra    Com	
4/23/18 Teamsters Local #439 ☐ COM ☐ COM ☐ 400.00 400.00 ☐ Stockton, CA 95205 ☐ PTY ☐ SCC ☐ SCC ☐ A00.00 ☐ COM ☐	
4/23/18	
4/23/18 Bryon Alvarez Tracy, CA 95376 Bryon Alvarez Scc Broker/Realtor Altera RE 250.00 250.00	
4/23/18 Ranjit S Kaler	
SUBTOTAL \$ 2,350.00	

\*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.)

Monetary	Contributions Received	to whole	dollars.	Statement covers period from 01/01/18		CALIF		FORM 460	
				through <u>06/30/1</u>	8	Page 8 of 17			
NAME OF FILER						1	JMBER		
Dement for	or Tracy City Council 2018					1403	3733		
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 Y (JAN. 1 - DEC	<b>EAR</b>	PER ELECTION TO DATE (IF REQUIRED)		
4/23/18	Karen Rickman Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Homemaker Self	100.00	100.00		100.00		
4/23/18	TCS Insurance 894 W 11th St Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00				
4/23/18	Anita McManus Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00			
4/23/18	Walter Gouvia Tracy, CA 95304	☑IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00				
4/26/18	Rosa Martha Lopez Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Admin Asst. Surland Company	150.00	150.	00			
			SUBTOTAL \$	550.00					

\*Contributor Codes

IND - Individual

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OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

# Schedule A (Continuation Sheet)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole	dollars.	Statement covers period from 01/01/18		california 46		
			,	through <u>06/30/1</u>	8	Page.	9 of <u>17</u>	
NAME OF FILER					············		JMBER	
Dement 1	for Tracy City Council 2018			<u>,</u>	<u> </u>	1403	3733	
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)	
5/21/18	Eva Hernandez Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	RN Kaiser	100.00	100	.00		
5/21/18	Vaughn Gates Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	.00		
5/21/18	Vince Nastro Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	.00		
5/21/18	Grace Paget Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Managing Director Premier Production Serv	100.00	100.	.00		
5/21/18	TCS Insurance 894 W 11th St Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		100.00	200.	.00		
			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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole	dollars.	Statement cov from <u>01/01/18</u>	ers period	CALI F	FORNIA 460
				through <u>06/30/1</u>	88	Page.	10 of <u>17</u>
NAME OF FILER						I.D. NU	JMBER
Dement f	or Tracy City Council 2018					1403	3733
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)
5/21/18	Chrsanthy T. Demos Investments 7700 College Town Dr #101 Sacramento, CA 95826	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000.	00	
6/1/18	Amanpreet Kaur Toor Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Teacher Manteca Unified	100.00	100.00		
6/1/18	Mukhiar Singh Toor Tracy, CA 95377	ZIND COM OTH PTY SCC	Trucker AKAL Trucking	225.00	225.	00	
6/1/18	Michel Bazinet Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Retired	100.00	150.	00	
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 1,425.00			

\*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

	Am	ounts may be ro	ınded	_			SCHE	DULE B - PART 1
Schedule B – Part 1	A	to whole dollars		F	Statement cov	ers period	CALIFORN	1460
Loans Received					from 01/01/18	}	FORM	** 40U
					HOIR			
SEE INSTRUCTIONS ON REVERSE					through <u>06/30/</u>	18	Page11	of 17
NAME OF FILER							I.D. NUMBER	
Dement for Tracy City Council 201	8						1403733	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dement Real Estate				☐ PAID				CALENDAR YEAR
223 E 10th St				\$	\$ <u>300.00</u>	_0_%	s 300.00	\$
Tracy, CA 95376				FORGIVEN		RATE		PER ELECTION**
†□IND □ COM ☑ OTH □ PTY □ SCC		s0.00	s300.00	\$	12/31/18 DATE DUE	s0.00	03/16/18 DATE INCURRED	s
		<del></del>		PAID				CALENDAR YEAR
Dement Real Estate				_	s 1,000.00	_0_%	s 1,000.04	s
223 E 10th St Tracy, CA 95376				FORGIVEN		RATE		PER ELECTION**
Hacy, OA 93070		0.00	s 1,000.00		12/31/18		4/4/18	
†□IND □ COM ☑ OTH □ PTY □ SCC		\$	\$_1,000.00	\$	DATE DUE	\$ <del></del>	DATE INCURRED	s
THE COM POINT THE SEC								CALENDAR YEAR
				☐ PAID				
				\$	.   \$	% RATE	\$	PER ELECTION**
				FORGIVEN			}	PERELECTION
†□IND □COM □OTH □PTY □SCC		s	\$	\$	DATE DUE	s	DATE INCURRED	s
		SUBTOTALS \$		<b>,</b>	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				¢	1.300.00_			
(Total Column (b) plus unitemized loan	e of less than \$100.)	• • • • • • • • • • • • • • • • • • • •		Ψ				
(Total Column (b) plus uniternized toan	13 Of 1633 triair \$100.)						Contributor Codes	•
2. Loans paid or forgiven this period				\$	0.00		D – Individual DM – Recipient C	ommittee
(Total Column (c) plus loans under \$10							(other than	PTY or SCC)
(Include loans paid by a third party tha	t are also itemized on Sche	dule A.)					TH – Other (e.g., TY – Political Parl	
3. Net change this period. (Subtract Line	e 2 from Line 1 )			NFT \$	1300.00_			butor Committee
Enter the net here and on the Summar					May be a negative number)			
Litter the flet flete and off the outlintal	j . ago, oolaliii / 1, Ellio 2.							

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

\*\* If required.

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

SCHEDULE B - PART 1

Schedu			Amounts may be rounded to whole dollars.						SCHEDULI
Nonmo	netary Contributions Received					tatement covers p 01/01/18	eriod	CALIFO FO	DRNIA 460
	TIONS ON REVERSE				thro	<sub>ugh</sub> <u>06/30/18</u>		Page	12_ of 17
NAME OF FILE	R							I.D. NUME	BER
Demen	t for Tracy City Council 2018							14037	33
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	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/20/18	Mariachi Mexicanisimo Tracy, CA 95376	☐IND ☐COM ☐OTH ☐PTY ☐SCC		30 min. of mu fro campaign kick-off	ısic	500.00		500.00	500.0
4/20/18	Dement RE 223 E 10th St Tracy, CA 95376	☐IND ☐COM ☑OTH ☐PTY ☐SCC		200 die cut ba	ags	100.00		100.00	100.0
4/20/18	Trine Integrated Serv 241 E 10th St, Ste A Tracy, CA 95376	□IND □COM □OTH □PTY □SCC		2.5 hrs securi for campaign kick-off	ty	100.00		100.00	100.0
4/20/18	All In The Details 444 Magnolia Lane Tracy, CA 95376	□IND □COM □OTH □PTY □SCC		2.5 hrs DJ Service		350.00		350.00	350.0
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	1,050.00			
Schedul	e C Summary						*Cor	ntributor Co	des

1. Amount received this period – itemized nonmonetary contributions.

3. Total nonmonetary contributions received this period.

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

0.00 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ......\$ OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee 1,050.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$\_

1,050.00

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

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

							SCHEDULE
Schedule E	Amounts may b to whole do				Statement covers period	CALIFO	DRNIA 460
Payments Made				fr	om <u>01/01/18</u>	FOF	RM TOO
				ti	nrough <u>06/30/18</u>	_ Page	13 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I		I.D. NUME	BER
Dement for Tracy City Council 2018						14037	33
CODES: If one of the following codes accurately describe	es the payment, yo	ou may e	nter the code.	Otherwise	, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FND fundraising events 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 s POS postage, deliv PRO professional s PRT print ads	d appearances ating urvey resea	ces arch essenger services	RF SA TE TR	L campaign workers' salaries L t.v. or cable airtime and pro C candidate travel, lodging, a S staff/spouse travel, lodging transfer between committe T voter registration	s oduction costs and meals I, and meals es of the same	·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPT	ION OF PAYMENT		AMOUNT PAID
Save Mart 875 S. Tracy Blvd Tracy, CA 95376		FND					277.42
Party Warehouse 505 W. Grant Line Rd. Tracy, CA 95376		FND					109.91
Costco 3250 W. Grant Line Rd. Tracy, CA 95376		FND					262.42
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	dule D.			s	UBTOTAL \$	649.75
Schedule E Summary			<del>-</del>				
Itemized payments made this period. (Include all Schedul	e E subtotals.)					\$	7,194.97
						•	505.14

7,700.11

Schedule	E
(Continuat	tion Sheet)
Payments	Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	001125022 E (00141.)
Statement covers period	CALIFORNIA 460
from 01/01/18	FORM 400
through <u>06/30/18</u>	Page 14 of 17
· · · · · · · · · · · · · · · · · · ·	I.D. NUMBER
	1403733

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

NAME AND ADDRESS OF (IF COMMITTEE, ALSO ENTER I.E.		C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
El Patio Original 1005 E. Pascadero Tracy, CA 95304	FND			169.48
The Upper Room 130 W. 11th St, Suite B Tracy, CA 95376	FND			194.86
Kris Robb Tracy, CA 95377	FND			250.00
Bing Banner 7056 Motz Paramount, CA 90723	FND			128.79
Nirvaana Banquet 1005 E. Pascadero Tracy, CA 95304				1,000.00
* Payments that are contributions or independent expendent	itures must also be summarized on Schedule D.	•	SUBTOTAL \$	1,743.13

#### SCHEDULE E (CONT.) Schedule E Amounts may be rounded Statement covers period CALIFORNIA (Continuation Sheet) to whole dollars. **FORM** 01/01/18 **Payments Made** from 06/30/18 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1403733 Dement 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 CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating PHO phone banks TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services VOT voter registration LEG legal defense PRO professional services (legal, accounting) WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT AMOUNT PAID CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **CVP** 210.11 2232 Stewart St OFC Stockton, CA 95205 Juana Dement FND 350.00 Tracy, CA 95376

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTAL \$	3,640.11
Erica Dement Oakland, CA 94609	WEB		705.00

**FND** 

**CMP** 

**Delores Mendez** 

Fresno, CA 93727

Angelica Hernandez

Manteca, CA 95377

1,995.00

380.00

### Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	, ,
Statement covers period	CALIFORNIA 160
from01/01/18	FORM 400
through 06/30/18	Page 16 of 17
	I.D. NUMBER
	1403733

**Dement 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. MTG meetings and appearances RFD returned contributions CNS campaign consultants OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)\* professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Save Mart 875 S. Tracy Blvd. Tracy, CA 95376	FND		100.0
Tracy African American Association 355 W. Grant Line Rd Tracy, CA 95376	cvc		125.0
Jorges El Tapatio 572 W. 11th St. Tracy, CA 95376	FND		182.6
Print Runner 8000 Haskell Ave Van Nuys, CA 94106	PRT		194.7
Custom Inc PO Box 759439 Baltimore, MD 21275-9439	СМР		399.
* Payments that are contributions or independent expenditures must also be summarized or	n Schedule D.	SU	BTOTAL \$ 1,002.0

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE	Amounts may be rounded to whole dollars.			Stateme from	01/01/18 06/30/18	SCHEDULE E (CON CALIFORNIA FORM FORM 17	
NAME OF FILER  Dement for Tracy City Council 2018				<del>-</del>		1.D. NUM 1403733	
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 commoffice expensions and petrion circuphone banks polynome personal petrion professional professional print ads	nmunications d appearances ses lating urvey researd very and mes	n senger services	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transi VOT voter	airtime and production ned contributions aign workers' salaries cable airtime and prod date travel, lodging, ar spouse travel, lodging, fer between committee	duction costs nd meals and meals s of the sam	e candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR DE	SCRIPTION OF P	AYMENT		AMOUNT PAID
Amazon PO Box 81226 Seattle, WA 98106		FND					159.9
	·						

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

159.98

SUBTOTAL \$