SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Primally Formed Salid Measure Primally Formed Salid Measure Primally Formed Salid Measure Primally Formed Salid Measure Primally Formed Salid Measure Proposed Primally Formed Sa	Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVE CITY CLERK'S	D F	FORNIA 460 ORM of 5				
1. Type of Recipient Committee: All Committees: Automatitees—Complete Parts 1, 2, 3, and 4. Office/holder, Candidate Controlled Committee Committ					, ago					
Precision Controlled Committee Primarily Formed Ballot Measure State Candidate Election Committee Committe	SEE INSTRUCTIONS ON REVERSE	through 12/31/2022		CITY OF TR	ACY					
State Candidate Exclain Committee Committee Controlled Sponsored Controlled Small Contributor Committee Committee Controlled Small Contributor Committee Controlled Controlled	1. Type of Recipient Committee: All Committees - Committees	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	11110	<i>c 1</i> 2					
3. Committee Information I 3371086 COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTEE) Veronica Vargas for Tracy City Council 2018 STREET ADDRESS (NO R.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Tracy CA 95377 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR RO. BOX CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true Executed on Date Executed on Date Date Date To Committee Information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true Executed on Date To Camdidate. State Measure Proponent To Camdidate. State Measure Proponent To Camdidate. State Measure Proponent	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	Semi-annual Statement Termination Statement (Also file a Form 410 T	nt t (ermination)	Quarterly State Special Odd-Y	ement 'ear Report				
Veronica Vargas for Tracy City Council 2018 Mary Souza Mitracos	3 Committee Information		Treasurer(s)							
STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE Tracy CA 95377 MAILING ADDRESS Tracy CA 95377 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. 1 Executed on Date Executed on Date Executed on Date Tracy CA 95376 NAME OF ASSISTANT TREASURER, IF ANY NAMILING ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS **Candidate. State Measure Proponent** Executed on Date	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)			The state of the s					
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OPTIONAL: FAX/E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true Executed on Date	Tracy CA 953	77								
OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjuty under the laws of the State of California that the foregoing is true Executed on	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	X	MAILING ADDRESS							
4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. 1 certify under penalty of perjuty under the laws of the State of California that the foregoing is true Executed on Date Date	CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE				
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true Executed on	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS						
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true Executed on										
Executed on	I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of	ring this statement and to the best of my of California that the foregoing is true	knowledge the information contained	d herein and in the attac	hed schedules is	true and complete. 1				
Executed as	Executed on		AMESTON PERSONNEL		of Sponsor					
	Date	Эу								

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FORM	
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Page 2	of <u>5</u>

Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballot	t Measure Com	mittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Veronica Vargas						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPLIC	CABLE)	BALLOT NO. OR LETTER	JURISDICTION	1.	SUPPORT
Tracy City Council						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE Tracy CA	2IP 95377	ldentify the controlling office	holder, candidate,	or state measure pro	ponent, if any.
	Tracy Cri	70077	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PROPO	DNENT	
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 ca	ı or are primarily formed to	ommittees o receive	OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMM	MITTEE? 7.	 Primarily Formed Cand officeholder(s) or candidate(s) 	lidate/Officehol for which this comm	der Committee L nittee is primarily form	ist names of ed.
	YES N	0	NAME OF OFFICEHOLDER OR	CANDIDATE OF	ICE SOUGHT OR HEL	
COMMITTEE ADDRESS STREET ADDRESS (NO P.	.O. BOX)					SUPPORT OPPOSE
CITY STATE ZI	P CODE AREA CO	ODE/PHONÉ	NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HEL	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMM	MITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HEL	D SUPPORT
	YES N	10				☐ OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P	(O. BOX)					
CITY STATE Z	IP CODE AREA CO	ODE/PHONE	Atta	ach continuation sh	eets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE
Statement covers period CALIFORNIA & CO

Summary Page		froi	m <u>07/01/2022</u>	FORM 400		
SEE INSTRUCTIONS ON REVERSE		thre	ough 12/31/2022	Page 3 of 5		
NAME OF FILER Veronica Vargas for Tracy City Council 2018				1371086		
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		mmary for Candidates he State Primary and		
1. Monetary Contributions	\$		20. Contributions Received \$	through 6/30 7/1 to Date \$\$		
Expenditures Made 6. Payments Made	\$ 1368.07	\$ \frac{1514.07}{\$}\$ \$ \frac{1514.07}{\$}\$	Candidates 22. Cumula	tive Expenditures Made* to Voluntary Expenditure Limit) Total to Date		
Current Cash Statement 12. Beginning Cash Balance	1368.07 \$ 0.00 \$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column of your last report. Sor amounts in Column A robe negative figures tha should be subtracted from this is the first report be filed for this calendar younly carry over the amount of the column this is the first report be filed for this calendar younly carry over the amount of the column this is the first report be filed for this calendar younly carry over the amount of the column this is the first report be filed for this calendar young carry over the amount of the column this is the first report be filed for this calendar young carry over the amount of the column this is the first report be filed for this calendar young carry over the amount of the column this is the column this in the column this in the column this is the column this in the column this in the column this in the column this is the first report be filed for this calendar young this in the column this in the column this is the first report be filed for this calendar young this in the column this is the first report be filed for this calendar young this in the column this is the first report be filed for this calendar young this is the first report be filed for this calendar young this is the first report be filed for this calendar young this is the first report be filed for this calendar young this is the first report be filed for this calendar young this is the first report be filed for this calendar young this is the filed	*Amounts in this section reported in Column B. to may to mosts. If being ear, bounts	may be different from amounts FPPC Form 460 (Jan/2016)		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	3	Distribution	FPPC Advice: a	dvice@fppc.ca.gov (866/275-3772 www.fppc.ca.go		

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be rounded to whole dollars.		Statement covers period from 07/01/2022		CALIFO FOR	
CEE INCEDUCE	IONS ON REVERSE			through 12/31/202	22	Page4	of
NAME OF FILER		A				I.D. NUME	
Veronica Va	rgas for Tracy City Council 2018					1371086	5
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - E	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/10/2022	Veronica Vargas for California State Assembly	Monetary Contribution		1300.00	1300.00		
	2022	Nonmonetary Contribution					
	✓ Support □ Oppose	Independent Expenditure		·			
		Monetary Contribution					
		☐ Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTA	L \$ 1300.00			

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....\$

2. Unitemized contributions and independent expenditures made this period of under \$100......\$

Schedule D Summary

Schedule E Payments Made		e rounded ollars.		Statement covers period from 07/01/2022	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through <u>12/31/2022</u>	Page _	
NAME OF FILER					I.D. NUN	
Veronica Vargas for Tracy City Council 2022					137108	36
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 com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	munications d appearances ses lating urvey research very and mess	n senger services	erwise, describe the payment. RAD radio airtime and production RFD returned contributions campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	duction costs nd meals and meals es of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DE	SCRIPTION OF PAYMENT		AMOUNT PAID
Veronica Vargas for California State Assembly 2022		TRF	Transfer to anot	her committee		1300.00
* Payments that are contributions or independent expenditures must also	oe summarized on Sche	dule D.		SI	JBTOTAL \$	5 1300.00
Schedule E Summary						200.00
1. Itemized payments made this period. (Include all Schedu	ile E subtotals.)				\$	1300.00
2. Unitemized payments made this period of under \$100						68.07

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

oover rage		□	Alic 1	1ठा	1
	Statement covers period from 01/01/2022	Date of election if applicable (Month, Day, Year)	AUG 1 - 2022 CITY CLERK TRACY CA	Page	1 of 4 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>06/30/2022</u>		S BEZLW	A CAN	
1. Type of Recipient Committee: All Committees - Cor	nplete 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	rimarily Formed Ballot Measure committee Controlled Sponsored Sconplete Part 6) rimarily Formed Candidate/ fficeholder Committee Sco Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termina ☐ Amendment (Explain below)		Quarterly Stat Special Odd-Y	
3 I Ommittee Information	.NUMBER 371086	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	5/1086	NAME OF TREASURER			
		Mary Souza Mitracos			
Veronica Vargas for Tracy City Council 2018		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)	= N	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Tracy	CA	95376	
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	ANY		
Tracy CA 9537					
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			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			
Verification I have used all reasonable diligence in preparing and reviewir	a this statement and to the house w	knowledge theirformation contained herei	in and in the attac	shad cahadulas is	true and complete 1
certify under penalty of perjury under the laws of the State of		knowledge the information contained herei	IT and IT the attac	neu schedules is	true and complete. 1
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Executed on Days	₹ y —				
Executed on 7-29-2022	By				
Date	3, =	roponent	t or Responsible Office	r of Sponsor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Me	easure Proponent		
CHAPMAN COVERNAN					
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Me	easure Proponent	5000	

FPPC Form 460 (Jan/2016))

COVER PAGE

CALIFORNIA 460

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

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Page_	2	of_	4

5.	Officeholder or Candidate Controlled Committee				6. Primarily Formed Ballot Measure Committee				
	NAME OF OFFICEHOLDER OR CANDIDATE	ME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	Veronica Vargas								
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	NC		SUPPORT
	Tracy City Council								OPPOSE
	//2010/21/11/12/2011/2011/2011/2011/201	Tracy CA 95377 Identify the controlling officeholder, candidate				date, or state measure proponent, if any.			
					NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT		
	Related Committees Not Included in this Stanot included in this statement that are controlled by you ocontributions or make expenditures on behalf of your cand	r are primarily fo	t any committees ormed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
	COMMITTEE NAME	I.D. NUMBER							
	NAME OF TREASURER	CONTROLLE	D COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Offic	eholder Cor committee is p	mmittee l	List names of ned.
		☐ YES	□ NO				OFFICE SOU		
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)			NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	GH! OK HEL	SUPPORT OPPOSE
	CITY STATE ZIP (AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	GHT OR HEL	D SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	GHT OR HEL	D SUPPORT OPPOSE
	NAME OF TREASURER	☐ YES	D COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	GHT OR HEL	D SUPPORT OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP OF STATE ZIP		AREA CODE/PHONE		Att	ach continuati	on sheets if ne	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{01/01/2022}{\text{through}}$ $\frac{06/30/2022}{\text{california}}$ $\frac{\text{CALIFORNIA}}{\text{FORM}}$ $\frac{460}{\text{FORM}}$ $\frac{3}{\text{california}}$ of $\frac{4}{\text{california}}$

NAME OF FILER Veronica Vargas for Tracy City Council 2018			1371086
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4			1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$146.00 \$146.00 \$\$	\$ \(\frac{146.00}{\} \) \$ \(\frac{146.00}{\} \) \$ \(\frac{146.00}{\} \)	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts	\$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. 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

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E CALIFORNIA FORM Statement covers period from ______01/01/2022

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Veronica Vargas for Tracy City Council 2018	and the second s	through <u>06/30/2022</u>	Page 4 of 4
CODES: If one of the following codes accurately describes the payment, your 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)* MBR member cor meetings an office expension of the petition circuits of the policy phone banks polling and supporting opposing others (explain)* POS postage, delighted the payment, your contribution circuits of the petition ci	nmunications d appearances ses ulating s	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a	costs iction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
			And the Annual Control of the Annual Control
* Payments that are contributions or independent expenditures must also be summarized on Sch	edule D.	SUE	BTOTAL \$
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100			and the state of t
 Total interest paid this period on loans. (Enter amount from Schedule B, Pa Total payments made this period. (Add Lines 1, 2, and 3. Enter here and or 	rt 1, Column (e).)	A, Line 6.)TO	\$

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

Executed on

Executed on -

FPPC Form 460 (Jan/2016))

Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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CALIFORNIA 460
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Page 2 of 4
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Officehold	ler or Candidate Controlled	Committee	6.	. Primarily Formed Ballo	t Measure	Committee		
NAME OF OFF	FICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Veronica V	argas argas							
OFFICE SOUC	GHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	-	SUPPORT
Tracy City								OPPOSE
, ,	/BUSINESS ADDRESS (NO. AND ST	REET) CITY STATE ZIP Tracy CA 95376		Identify the controlling office	eholder, candi	date, or state measu	ire propoi	ent, if any.
		Tracy CA 93370		NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
not included	ommittees Not Included In t in this statement that are controlled s or make expenditures on behalf of y	this Statement: List any committees by you or are primarily formed to receive your candidacy.		OFFICE SOUGHT OR HELD		DISTR	RICT NO. IF	ANY
COMMITTEE	NAME	I.D. NUMBER						
NAME OF TRE	EASURER	CONTROLLED COMMITTEE?	7	Primarily Formed Can officeholder(s) or candidate(s)) for which this	committee is primari	ly formed.	names of
COMMITTEE	ADDRESS STREET ADDRESS			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	K HELD	SUPPORT OPPOSE
CITY	STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	R HELD	SUPPORT OPPOSE
COMMITTEE	NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	R HELD	SUPPORT OPPOSE
NAME OF TRE		CONTROLLED COMMITTEE? ☐ YES ☐ NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	R HELD	SUPPORT OPPOSE
CITY	ADDRESS STREET ADDRESS STATE			Att	ach continuati	ion sheets if necess	ary	☐ OPPOS

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA FORM Statement covers period from $\frac{07/01/2021}{}$ 12/31/2021

SEE INSTRUCTIONS ON REVERSE		through_	12/31/2021	· ago
NAME OF FILER				I.D. NUMBER
Veronica Vargas for Tracy City Council 2018				1371086
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both the General Elections	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	\$ \(\frac{2000.00}{2000.00} \) \$ \(\frac{2000.00}{2000.00} \)	20. Contributions Received \$	\$
Expenditures Made 6. Payments Made	\$ 1010.00	\$ \frac{1106.00}{\$}\$ \$ \frac{1106.00}{\$}\$		Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	1010.00 \$ 1514.07	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	*Amounts in this section reported in Column B.	\$may be different from amounts
18. Cash Equivalents		any).	FPPC Advice: ad	FPPC Form 460 (Jan/2016 vice@fppc.ca.gov (866/275-377

6)) 72) www.fppc.ca.gov

SC				

Schedule	Ε
Payments	Made

Amounts may be rounded

CALIFORNIA ACO Statement covers period

Payments Made	to whole do	ollars.		from 07/01/2021	FO	FORM 400		
				through 12/31/2021	Page_	4 of		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				1	I.D. NUN			
Veronica Vargas for Tracy City Council 2018					13710	86		
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com meetings and offic expens petition circul PHO phone banks POL polling and suppostage, deliver professional suppostage print ads	munications d appearances es ating urvey research very and messel	nger services	RAD radio airtime and production returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and protuction TRC candidate travel, lodging, staff/spouse travel, lodging, TSF transfer between committed voter registration WEB information technology contracts.	on costs s oduction costs and meals g, and meals ees of the san	ne candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	CRIPTION OF PAYMENT		AMOUNT PAID		
Cedric Cheng Design		WEB				914.00		
C					11.0.1			
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.			SUBTOTAL	\$ 914.00		
Schedule E Summary						014.00		
1. Itemized payments made this period. (Include all Schedul	le E subtotals.)	•••••			\$	914.00		
2. Unitemized payments made this period of under \$100					\$ _	70.00		
3 Total interest paid this period on loans. (Enter amount fro	m Schedule B, Par	rt 1, Column i	(e).)		P —	411		
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summar	y Page, Column	A, Line 6.)	TOTAL \$ _	1010.00		

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

CALIFORNIA 460

Date Stamp

oover ruge			ON HOLEMA'S OF	FIEL 5
	Statement covers period from 01/01/2021	Date of election if applicable: (Month, Day, Year)	2021 JUL 27 PM 2	
SEE INSTRUCTIONS ON REVERSE	through <u>06/30/021</u>		GITY OF TRAC	¥
1. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored No Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain b	it	erly Statement al Odd-Year Report
Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee			
4 I Ommittag Information	371086	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Veronica Vargas for Tracy City Council 2018		Mary Souza Mitracos MAILING ADDRESS		
STREET ADDRESS (NO. P.O. BOX)		CITY	STATE ZIP COD	DE AREA CODE/PHONE
		Tracy	CA 95376	án l
Tracy STATE ZIP CO	Plante Waterland Swamphalescoperateur.	NAME OF ASSISTANT TREASUR	RER, 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 COD	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS	
1. Verification				
I have used all reasonable diligence in preparing and reviewing			herein and in the attached sche	dules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and	correct.		
Executed on	Ву	er or Assistant	yrreasurer	
Executed on	BySignature of Contr	rolling Officeholder, Candidate, State Measure Pro	roponent or Responsible Officer of Sponsor	_
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	_
Executed on	Ву			_
Date		Signature of Controlling Officeholder, Candidate, 8	State Measure Proponent	FPPC Form 460 (Jan/2016))

FORM	NIA 460
Page 2	of <u>5</u>

5.	Officeholder or Candidate Controlled Commi	ttee		6.	Primarily Formed Ballot	Measure C	Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
	Veronica Vargas								
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLIC	CABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
	Tracy City Council								OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	ty state Γracy CA	95377		Identify the controlling office	holder, candid	late, or state	measure pr	oponent, if any.
					NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT		
	Related Committees Not Included in this Statement that are controlled by you or contributions or make expenditures on behalf of your candit	are primarily formed to	ommittees o receive		OFFICE SOUGHT OR HELD			DISTRICT N	IO. IF ANY
	COMMITTEE NAME	I.D. NUMBER							
	NAME OF TREASURER	CONTROLLED COMM		7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office for which this	eholder Co committee is	mmittee primarily for	List names of med.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	YES N	0		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HE	LD SUPPORT
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	50%)							OPPOSE
	CITY STATE ZIP C	ODE AREACO	ODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HE	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HE	LD SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMM			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HE	SUPPORT OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	-	ODE/PHONE		***		n sheets if -	200000000000000000000000000000000000000	
	CITY STATE ZIP C	ODE AREACC	ODE/PHONE		Atta	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA FORM Statement covers period from $\frac{01/01/2021}{1}$

SEE INSTRUCTIONS ON REVERSE					through_	06/30/2021	Page 3 of 5
NAME OF FILER							I.D. NUMBER 1371086
Veronica Vargas for Tracy City Council 2018		Column A		Column	1 B	Calendar Year Sum	mary for Candidates
Contributions Received	(F	TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		CALENDAR TOTAL TO D	YEAR		e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	2000.00	\$	2000.00			nrough 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		2000.00		2000.00		20. Contributions	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	2000.00	\$	2000.00			\$
4. Nonmonetary Contributions		2000.00		2000.00		21. Expenditures Made \$	\$
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	2000.00	\$	2000.00			
Expenditures Made		00.00		06.00		Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$	96.00	\$	96.00		Candidates	
7. Loans Made Schedule H, Line 3		96.00		96.00		22. Cumulati	ve Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	90.00	\$	30.00		(If Subject to	Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)						Date of Election (mm/dd/yy)	Total to Date
10. Nonmonetary Adjustment		00.00		96.00		(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	96.00	\$	30.00			_ \$
Current Cash Statement							_ \$
12. Beginning Cash Balance	\$	620.07	To	calculate Colu	mn B,		
13. Cash Receipts Column A, Line 3 above		2000.00		ld amounts in C to the correspo		+A	may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4			ar	nounts from Co	lumn B	reported in Column B.	nay be unlerent nom amounts
15. Cash Payments		96.00		your last repor nounts in Colur			
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	2524.07		e negative figure rould be subtra			
If this is a termination statement, Line 16 must be zero.			pr	evious period a is is the first rep	mounts. If		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		fil or	ed for this caler aly carry over th	ndar year, ne amounts		
Cash Equivalents and Outstanding Debts				om Lines 2, 7, a ny).	and 9 (if		
18. Cash Equivalents See instructions on reverse	\$						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	4400				FPPC Advice: adv	FPPC Form 460 (Jan/2016 ice@fppc.ca.gov (866/275-377)

www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	-		from 01/01/2021	vers period	CALIF FC	ORNIA 460
eee injetoueti	ONS ON REVERSE			through <u>06/30/20</u>	21	Page .	4of5
NAME OF FILER			A STATE OF THE STA			1.D. NU 137108	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
4/2/2021	Don & Darlene Cose Tracy, CA 95304	IND COM OTH PTY	Retired	1000.00	1000.00		
4/2/2021	The Tracy Inn, Inc. Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00	1000.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		OTH SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$ 2000.00			
Amount re (Include a	A Summary eceived this period – itemized monetary contributio all Schedule A subtotals.) eceived this period – unitemized monetary contribu			0.00	IND CO OTI PT'	other) d – Other : d – Politica	ient Committee than PTY or SCC) (e.g., business entity)
3. Total mon (Add Line	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, (Column A, Line	1.) TO TAL \$ ²⁰	00.00	EDDC Advisor adv		C Form 460 (Jan/2016)

			E	

0/2021 Page 5 of 5
1371086
e

Veronica Vargas for Tracy City Council 2018						13710	86
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CMS 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 PET petition circulating PHO phone banks TRC candidate travel, lodging, at staff/spouse travel, lodging, at					production costs ions s' salaries e and production costodging, and meals l, lodging, and meals committees of the sar	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
the second secon	oummarized on Scho	adula D				SUBTOTAL	\$
Payments that are contributions of independent experiences most does so communities that are contributions of independent experiences are so communities and the contributions of independent experiences are so communities.							
1. Itemized payments made this period. (Include all Schedule E subtotals.)						\$ _	90.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)							96.00

Recipient Committee CALIFORNIA Campaign Statement **FORM Cover Page** Page 1 Statement covers period Date of election if applicable (Month, Day, Year) For Official Use Only U//U1/ZUZU from 12/31/2020 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Quarterly Statement
Special Odd-Year Report ✓ Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Semi-annual Statement State Candidate Election Committee Committee Termination Statement O Recall Controlled (Also file a Form 410 Termination) O Sponsored (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee O Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1371086 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Veronica Vargas for Tracy City Council 2018 Mary Souza Mitracos MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE Tracy CA 95376 ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY CITY STATE Tracy CA 95377 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS ZIP CODE AREA CODE/PHONE AREA CODE/PHONE CITY STATE STATE ZIP CODE CITY OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. certify under penalty of perjury under the laws of the State of California that the foregoing is true Executed on Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on.

Executed on -

Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016))

COVER PAGE

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

COVER PAGE - PART 2				
CALIFORNIA 460				
FORM	78.5	.		
Page 2	of 4			

Officeholo	der or Candidate Controlled	Committee			6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OF	FICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Veronica V	/argas									
OFFICE SOU	IGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT N	UMBER IF AF	PPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	1.5	SUPPORT
Tracy City									[[OPPOSE
5 0	L/BUSINESS ADDRESS (NO. AND ST	REET) CITY Tracy	_	TATE ZIP		Identify the controlling offic	eholder, candi	date, or state	measure pro	ponent, if any.
		Tracy			,	NAME OF OFFICEHOLDER, CA	ANDIDATE, OR F	PROPONENT		
not included	Committees Not Included in t in this statement that are controlled is or make expenditures on behalf of	by you or are p	rimarily form	y committees ed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO). IF ANY
COMMITTEE	NAME	I.D.	NUMBER		•					
					7.	Primarily Formed Can	didate/Offic	eholder Ço	mmittee L	ist names of
NAME OF TR	REASURER	-		OMMITTEE?		officeholder(s) or candidate(s	s) for which this	committee is	primarily form	iea.
			YES [NO		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELI	SUPPORT
COMMITTEE	ADDRESS STREET ADDRESS	(NO 5.0. BOX)								OPPOSE
CITY	STATE	ZIP CODE	ARE	A CODE/PHONE	: :	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	UGHT OR HELI	SUPPORT OPPOSE
COMMITTEE	NAME	I.D.	NUMBER			NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SO	UGHT OR HELI	SUPPORT OPPOSE
NAME OF TR				OMMITTEE?		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SO	UGHT OR HEL	SUPPORT OPPOSE
CITY	ADDRESS STREET ADDRESS STATE	ZIP CODE	ARE	EA CODE/PHONE	Ī	Att	tach continuat	ion sheets if r	necessary	

Campaign Disclosure Statement Si

Amounts may be rounded

SUMMARY PAGE

Summary Page	to whole dollars.		atement covers period 07/01/2020	california 460
SEE INSTRUCTIONS ON REVERSE		throug	h <u>12/31/2020</u>	Page <u>3</u> of <u>4</u>
NAME OF FILER				I.D. NUMBER
Veronica Vargas for Tracy City Council 2018				1371086
	Calumn	Column B	Calandar Voor Su	mmany for Candidates

veronica vargas for fracy City Council 2016			
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	\$	1/1 through 6/30 7/1 to Date 20. Contributions
Expenditures Made 6. Payments Made		\$ <u>1802.00</u> \$ <u>1802.00</u> \$ <u>1802.00</u>	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$\$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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I.D. NUMBER

Schedule E Amounts may be rounded CALIFORNIA FORM Statement covers period to whole dollars. from <u>07/01/2020</u> **Payments Made** through <u>12/31/2020</u> Page 4 SEE INSTRUCTIONS ON REVERSE NAME OF FILER Varanica Vargas for Tracy City Council 2018

Veronica Vargas for Tracy City Council 2018		1371086				
	nmunications d appearances ses slating TEL t.v. or cable airtime and prod campaign workers' sa TRC camdidate travel, lodg survey research TRS radio airtime and prod campaign workers' sa TRC candidate travel, lodg	duction costs s alaries nd production costs ing, and meals dging, and meals mittees of the same candidate/sponsor				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * SUBTOTAL						
Schedule E Summary						
Itemized payments made this period. (Include all Schedule E subtotals.) Unitemized payments made this period of under \$100						
3. Total interest paid this period on loans. (Enter amount from Schedule B, Pa4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and or	rt 1, Column (e).)the Summary Page, Column A, Line 6.)	TOTAL \$				

Recipient Committee Campaign Statement Cover Page		ja	Date Stamp	california 460 form
	Statement covers period from01/01/2020	Date of election if applicable.	TTY CLEPK'S OFF 020 JUL 23 PM 5:	
SEE INSTRUCTIONS ON REVERSE	through06/30/2020		CITY OF TRACY	·
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Parl 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To ☐ Amendment (Explain b	ot Sp ermination)	uarterly Statement pecial Odd-Year Report
	NUMBER 371086	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Veronica Vargas for Tracy City Council 2018	,	Mary Souza Mitracos MAILING ADDRESS	_	* ***
STREET ADDRESS (NO P.O. BOX)		Tracy		CODE AREA CODE/PHONE 376
CITY STATE ZIP COD	E AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		370
Tracy CA 95377	•			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	 	MAILING ADDRESS		
CITY STATE ZIP COD	E 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 periulry under the laws of the State of C			d herein and in the attached s	schedules is true and complete.
7/22/2020				
Executed on The Page	Ву	Assistan	t Treasurer	
Executed on	By Signature of Contr	rolling Officeholder, Carldigate, State Measure Pr	roponent or Responsible Officer of Spa	cnsor
Executed on	Ву	Vignature of Controlling Officeholder Controlling	State Vegeure Present	
) Jate	_	Signature of Controlling Officeholder, Candidate,	State Measure Proporters	
Executed on	3y	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

COVER PAGE

CALI		460
Page	2	of 6

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE	<u> </u>		NAME OF BALLOT MEASURE	-			·
Veronica Vargas							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	DN	1 —	SUPPORT OPPOSE
Tracy City Councilmember				<u></u>			
TEODERT INCOME OF THE PROPERTY	CA 95377		Identify the controlling office			easure propo	nent, if any.
Tracy,	-		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
Related Committees Not Included in this Stanot included in this statement that are controlled by you ocontributions or make expenditures on behalf of your cand	r are primarily formed to receive		OFFICE SOUGHT OR HELD	. ,	С	DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	didate/Offic	eholder Con committee is pr	nmittee List imarily formed	names of
	YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGI	HT OR HELD	Τ
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	OOX)		NAME OF OFFICEROLDER ON C	ANDIDATE	0,,102,000	,,, •	SUPPORT OPPOSE
CITY STATE ZIP C	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGI	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	BOX)						
CITY STATE ZIP C	CODE AREA CODE/PHONE		Δ#:	ach continuat	ion sheets if ned	cessary	
SINCE ZIII	··· ·		A	20 00			

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
State:	ment covers period 01/01/2020	CALIFORNIA 460
06/30/2020	Page 3 of 6	
		I.D. NUMBER

NAME OF FILER Veronica Vargas for Tracy City Council 2018			1371086
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3			1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3			20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2			Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3			21. Expenditures Made \$ \$
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	\$	made V
Expenditures Made		4040.00	Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$1646.00	\$1646.00	Candidates
7. Loans Made Schedule H, Line 3	4040.00	4040.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$1646.00	\$1646.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3			Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3		1010.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$1646.00	\$1646.00	\$
Current Cash Statement			\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$2422.07	To calculate Column B,	
13. Cash Receipts Column A, Line 3 above		add amounts in Column A to the corresponding	de la companya de la
14. Miscellaneous Increases to Cash Schedule I, Line 4		amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	1646.00	of your last report. Some amounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$776.07	be negative figures that	
If this is a termination statement, Line 16 must be zero.		should be subtracted from previous period amounts. If this is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if 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) www.fppc.ca.go

	Amounto may be rounded				SCHEDULE B - PART				
Schedule B – Part 1	Amounts may be rounded to whole dollars.				Statement cov	ers period	CALIFORNIA 460		
Loans Received					from01/0	1/2020	FORM	400	
					through 06/	30/2020	Page4	of 6	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		····			- Imough		I.D. NUMBER		
•	2040						1371086		
Veronica Vargas for Tracy City Council 2	2018							(-)	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
Veronica Vargas	Agora Land Consulting			☐ PAID				CALENDAR YEAR	
1080 Kaden Ln.				s	<u>\$ 3500.00</u>	%	\$ <u>1000.00</u>	\$	
Tracy, CA 95377				FORGIVEN		RATE		PER ELECTION	
		s 3500.00	\$	\$	12/31/2020	s	5/5/2014	s	
To IND □ COM □ OTH □ PTY □ SCC				ļ	DATE DUE		DATE INCURRED		
				☐ PAID				CALENDAR YEAF	
				\$	_	% RATE	\$	\$PER ELECTION	
				FORGIVEN				PER ELECTION	
†□IND □ COM □ OTH □ PTY □ SCC		s	\$	s	DATE DUE	\$	DATE INCURRED	S	
				☐ PAID				CALENDAR YEAR	
				\$	_ s	%	\$	s	
				FORGIVEN		RATE		PER ELECTION	
† IND COM OTH PTY SCC		\$	\$	s	DATE DUE	s	DATE INCURRED	\$	
		SUBTOTALS :	\$	\$	\$	\$			
Schedule B Summary			······································			(Enter (e) on Schedule E, Line	3)		
Loans received this period				\$					
(Total Column (b) plus unitemized loa				Ψ —		- -	†Contributor Codes		
, , , , , ,	. ,			•		1	IND – Individual	•	
2 Loans paid or forgiven this period		-		\$		_ 1	0014 5 : :	N	

*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.

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

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

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

(May be a negative number)

SCC - Small Contributor Committee

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www.fppc.ca.gov

Supportin	D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be ro to whole dollar	rs.	Statement covers period from01/01/2020		california 460		
NAME OF FILER	ons on reverse Vargas for Tracy City Council 2018			through06/30/	I.D. N	5 of6 UMBER 1086		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)			
02/04/2020	Veronica Vargas for San Joaquin County Supervisor 2019	Monetary Contribution Nonmonetary Contribution Independent		1500.00	1500.00	0		
	Support Dppose	Expenditure						
		Monetary Contribution Nonmonetary Contribution Independent						
	☐ Support ☐ Oppose	Expenditure Monetary Contribution						
	Support Doppose	Nonmonetary Contribution Independent Expenditure						
	Зирроп Оррозе		SUBTOTAL \$	1500.00				
	D Summary contributions and independent expenditures made	le this period. (Include	all Schedule D subtotals.).			\$ 1500.00		
2. Unitemize	ed contributions and independent expenditures n	nade this period of unde	er \$100			\$		
3. Total cont	tributions and independent expenditures made th	nis period. (Add Lines 1	and 2. Do not enter on th	e Summary Page.	.) TOTAL	\$1500.00		

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

Statement covers period		CAL	.IFORNIA	1	160
from	01/01/2020		FORM		
	06/30/2020		6		6

SCHEDULE E

							1			
					through_	06/30/2020	Page	6	_ of	6
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. N	JMBER		
Veronica Vargas for Tracy City Council 2018							1371	086		
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circui PHO phone banks POL polling and s POS postage, deli	munication d appearances lating urvey reseavery and m	s ces ırch	es	RAD radio RFD return SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	airtime and produ- ned contributions beign workers' salar cable airtime and idate travel, lodgir spouse travel, lod fer between comma registration nation technology	action costs aries d production cong, and meals ging, and meal nittees of the sa	s ame can		/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	CRIPTION OF P	AYMENT		,	AMOUN	NT PAID
Veronica Vargas for San Joaquin County Supervison 2019		СТВ								1500.00
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.					SUBTOTA	L \$		1500.00
Schedule E Summary								-		00.00
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)						\$			00.00
2. Unitemized payments made this period of under \$100										46.00
3. Total interest paid this period on loans. (Enter amount from										
4. Total payments made this period. (Add Lines 1, 2, and 3. I									164	46.00

Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from 07/01/2019	Date of election if applicable: (Month, Day, Year)	DITY CLERN'S UTI 2020 JAN 22 AM 7:	Page 1 of 5 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2019		city of TPAC	
I. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:	· · · · · · · · · · · · · · · · · · ·	
State Candidate Election Committee Recall (Also Complete Parl 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored cocomplete Part 6) rimarily Formed Candidate/ fficeholder Committee cocomplete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te ☐ Amendment (Explain b	t Specermination)	terly Statement ial Odd-Year Report
	NUMBER 371086	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Veronica Vargas for Tracy City Council 2018		NAME OF TREASURER Mary Souza Mitracos		
versifical vargas for Tracy City Council 2010		MAILING ADDRESS		
STREET ADDRESS (NO P.C. BOX)		спу Tracy	STATE ZIP CO	
CITY STATE ZIP COD Tracy CA 95377		NAME OF ASSISTANT TREASURE	R, IF ANY	-
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	58	
Executed on Executed on Executed on Executed on Date Date	By Signature of Control	knowledge the information contained correct. Assistant rolling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, Signatu	oponent or Responsible Officer of Sponso	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Veasure Proponent	

COVER PAGE

0012.	.02
CALIFORNIA FORM	460

Page ___ 2 of ___ 5

Officeholder or Candidate Controlled Con	nmittee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Veronica Vargas							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE
Tracy City Councilmember							J OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling office	eholder, candi	date, or state m	neasure prop	onent, if any.
Irac	cy, CA 95377		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in this not included in this statement that are controlled by you contributions or make expenditures on behalf of your contributions.	u or are primarily formed to receive		OFFICE SOUGHT OR HELD		[DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Offic s) for which this	eholder Con committee is pr	nmittee Lis	st names of d.
COMMITTEE ADDRESS STREET ADDRESS (NO P			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
CITY STATE 2	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P	O. BOX) ZIP CODE AREA CODE/PHONE		At	tach continuati	ion sheets if ne	cessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAG	Έ
Stater from	nent covers period 07/01/2019	california 460 form	1
through _	12/31/2019	Page3 of5	
		I.D. NUMBER	Π

SEE INSTRUCTIONS ON REVERSE		anough	I.D. NUMBER
NAME OF FILER Veronica Vargas for Tracy City Council 2018			1371086
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
 Monetary Contributions Loans Received Schedule A, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 	\$ 2500.00	\$ 600.00 2500.00 \$ 3100.00 \$ 3100.00	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$150.57	\$ 1656.42	Expenditure Limit Summary for State Candidates
7. Loans Made			22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10		\$ 1656.42	Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$72.64	To calculate Column B,	\$
13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above	150.57	add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may	*Amounts in this section may be different from amounts reported in Column B.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.		be negative figures that should be subtracted from previous period amounts. If this is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$2500.00	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	
Cash Equivalents and Outstanding Debts	0	any).	
18. Cash Equivalents			FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

Schedule B – Part 2 Loan Guarantors SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Amounts may be rounded to whole dollars.		Stater from through _	07/01/2019 12/31/2019	CALIFOR FORM Page 4	of5
Veronica Vargas for Tracy City Council 2018						1371086	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
Veronica Vargas Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Agora Land Consulting	Veronica Va DATE 07/15/20		2500.00	\$ 2500.00 PER ELECTION (IF REQUIRED)	3500.00
	□ IND □ COM □ OTH		LENDER			\$ PER ELECTION (IF REQUIRED)	
	□PTY □scc					\$	
	□ IND		LENDER			S	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	□IND		LENDER			CALENDAR YEAR	

DATE

SUBTOTAL \$

СОМ

□отн

□PTY □SCC PER ELECTION (IF REQUIRED)

Enter on Summary Page, Line 17 only.

2500.00

COL	HEDI	11 1	
JUL	コニレベ	J 1	

Schedule E Payments Made	Amounts may be rounded to whole dollars.			Statement covers period CALIFORNIA FORM		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			· · · · · · · · · · · · · · · · · · ·		I.D. NUMBER	
Veronica Vargas for Tracy City Council 2018					1371086	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating urvey researd very and mes	s h	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and protract candidate travel, lodging, a TRS staff/spouse travel, lodging	on costs s oduction costs and meals g, and meals ees of the same candidate/sponso	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR D	DESCRIPTION OF PAYMENT	AMOUNT PAID	
						

Schedule E Summary

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

1. Itemized payments made this period. (Include all Schedule E subtotals.) 150.57 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).)......\$ —— 150.57

SUBTOTAL \$

Recipient Committee Campaign Statement Cover Page			e.	Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		Statement covers period 01/01/2019 from06/30/2019	Date of election if applicable: (Month, Day, Year)	²⁰¹⁹ JUL 23 PM 12 CITY OF TRACE	For Official Use Only
1. Type of Recipient Committee:	All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	I THAUY 303	
 ✓ Officeholder, Candidate Controlled C ○ State Candidate Election Commi ○ Recall (Also Complete Part 5) ☐ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee 	ommittee tee		Preelection Statement Semi-annual Statement Termination Statemen (Also file a Form 410	nt	Quarterly Statement Special Odd-Year Report
3. Committee Information		I.D. NUMBER 1371086	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME I	NO COMMITTEE)		NAME OF TREASURER		
Veronica Vargas for Tracy City	Council 2018		Mary Souza Mitracos		
					- A - A - A - A - A - A - A - A - A - A
STREET ADDRESS (NO P.O. BOX)			CITY Tracy		ŽIP CODE AREA CODE/PHONE 95376
сіту Тгасу		CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		
MAILING ADDRESS (IF DIFFERENT) NO. AND S	TREET OR P.O. BOX	<u> </u>	MAILING ADDRESS		
CITY	STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRE	SS	
certify under penalty of perjury under the Executed on Dete	eparing and revie laws of the State	ewing this statement and to the best of my of California that the foregoing is true and By	d correct.	Oponent or Responsible Officer of	
Date Executed on		Ву	Signature of Controlling Officeholder, Candidate,		
Date		2,	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

COVER PAGE - PART 2					
CALIFORNIA FORM			460		
Page	2	of	5		

Officeholder or Candidate Contr	olled Committee		6.	Primarily Formed Ballo	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Veronica Vargas							<u> </u>
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ION AND DISTRICT NUMBER	IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT OPPOSE
Tracy City Councilmember					<u> </u>		I
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) CITY Tracy, CA 9537	STATE ZIP		Identify the controlling office	eholder, candi	date, or state measure p	roponent, if any.
	Tracy, Ort 3001	<u></u>		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT	
Related Committees Not Include not included in this statement that are concontributions or make expenditures on be	trolled by you or are prima	List any committees arily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUM	BER					
		<u> </u>	7.	Primarily Formed Cand	didate/Offic	eholder Committee	List names of
NAME OF TREASURER		DLLED COMMITTEE?		officeholder(s) or candidate(s,) for which this	committee is primarily fo	rmed.
	☐ YE	s 🗌 NO		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HE	LD _
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)						SUPPORT OPPOSE
CITY	STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUN	BER .		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT
NAME OF TREASURER	CONTRO	DLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)					1	
	710.0005	ADEA CODE/DUONE					
CITY	STATE ZIP CODE	AREA CODE/PHONE		Atta	ach continuat	ion sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Stater	nent covers period 01/01/2019	california 460 form
through _	06/30/2019	Page3 of5
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE			
NAME OF FILER			I.D. NUMBER
Veronica Vargas for Tracy City Council 2018			1371086
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions Schedule A, Line 3	\$	\$	1/1 through 6/30 7/1 to Date
 Loans Received	\$600.00	\$ 600.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions	\$ 600.00	\$ 600.00	21. Expenditures Made \$\$
Expenditures Made 6. Payments Made	\$1505.85	\$1505.85	Expenditure Limit Summary for State Candidates
7. Loans Made	\$ 1505.85	\$1505.85	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)			Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$1505.85	\$1505.85	\$
Current Cash Statement 12. Beginning Cash Balance	\$\$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts	\$		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

Monetary Contributions Received			from01/01	1/01/2019		FORM 460		
				through06/3	30/2019	Page _	4 of 5	
SEE INSTRUCTION	ONS ON REVERSE					I.D. NUMI		_
	Vargas for Tracy City Council 2018					137108	6	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
1/2/2019	Thom Gamble Consulting Services 2371 Bettona St. Livermore, CA 94550	☑IND □COM □OTH □PTY □SCC	Consultant Thom Gamble Consulting Services	100.00	100.	00		
1/2/2019	Andy Zarakani Tracy, CA 95378-1036	☑IND □COM □OTH □PTY □SCC	Gas Station Owner D.I.K. Enterprises	500.00	500.	00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL \$	600.00				
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Ill Schedule A subtotals.)			600.00	IND	(other th		
2. Amount re	eceived this period – unitemized monetary contribution	ns of less tha	n \$100\$.00	PTY	- Political	Party	
3. Total mon- (Add Line:	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	lumn A, Line 1	1.) TOTAL \$	600.00	SCC		ontributor Committee	J

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

www.fppc.ca.gov

Schedule E	Amounts may be to whole do
Payments Made	to whole do

rounded llars.

	SCHEDULE I
Statement covers period	CALIFORNIA 460
from01/01/2019	FORM TOO
through06/30/2019	Page5 of5
	I.D. NUMBER
	1271000

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Veronica Vargas for Tracy City Council 2018 1371086

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 MTG meetings and appearances campaign consultants SAL campaign workers' salaries office expenses contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) 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
Sutton Law Firm 150 Post St., Suite 405 San Francisco, CA 94108	LEG	1284.00
Bank of America 111 W. 10th St. Tracy, CA 95376	OFC	106.85

SUBTOTAL\$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D. 1390.85

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	
2. Unitemized payments made this period of under \$100\$	115.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	1505.85
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	1505.05

1390.85

Recipient Committee Campaign Statement Cover Page		C1	PECEIVED TY CLERK'S OFFICE	CALIFORNIA 460 FORM E Page 1 of 19
	Statement covers period from Oct 21, 2018	Date of election if applicable: (Month, Day, Year)	119 JAN 29 PM 4: 37	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through Dec 31, 2018	11/6/2018	CITY OF TRACY	
1. Type of Recipient Committee: All Committees - Con	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 1	nt	arterly Statement ecial Odd-Year Report
2 Committee Intermetien	D. NUMBER 1371086	Treasurer(s)	_ 	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	107 1000	NAME OF TREASURER		
Veronica Vargas for Tracy City Council 2018		Mary Souza Mitracos		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	CODE AREA CODE/PHONE
		Tracy	CA 953	76
CITY STATE ZIP COI		NAME OF ASSISTANT TREASURE	ER, IF ANY	
Tracy CA 9537	7			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIP C	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ss	
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of	ng this statement and to the best of my l California that the foregoing is true and	knowledge the information contained correct.	d herein and in the attached so	chedules is true and complete. I
Executed on	Ву	Signature of Treasurer or Assistan	nt Treasurer	
Executed on	BySignature of Confir	olling Officeholder, Candillate, State Measure P	roponent or Responsible Officer of Spor	nsor
Executed on	Ву	ignature of Controlling Officeholder, Candidate,	State Measure Proponent	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ____

Recipient Committee Campaign Statement Cover Page — Part 2

CALIF			460	
Page _	2	_ of _	19	

ee	Committee	liot Measure C	Primarily Formed Balle		te Controlled Committee	Officeholder or Candidate C
			NAME OF BALLOT MEASURE		NDIDATE	NAME OF OFFICEHOLDER OR CANDID
						Veronica Vargas
☐ SUPPORT☐ OPPOSE		JURISDICTION	BALLOT NO. OR LETTER	R IF APPLICABLE)	UDE LOCATION AND DISTRICT NUMBER	
						City council, City of Tracy
ate measure proponent, if any.	·			STATE ZIP	ss (NO. AND STREET) CITY Tracy, CA 9537	RESIDENTIAL/BUSINESS ADDRESS (M
	ROPONENT	ANDIDATE, OR PROF	NAME OF OFFICEHOLDER, CAI	<u> </u>	Tracy, C/(300)	
DISTRICT NO. IF ANY	DISTRICT NO.		OFFICE SOUGHT OR HELD	: List any committees arily formed to receive	t Included in this Statement: hat are controlled by you or are prima ures on behalf of your candidacy.	Related Committees Not Inc not included in this statement that a contributions or make expenditures
		-		MBER	1.D. NUM	COMMITTEE NAME
is primarily formed.	s committee is primarily forme	e(s) for which this c	Primarily Formed Can officeholder(s) or candidate(s	OLLED COMMITTEE?	CONTRO	NAME OF TREASURER
SOUGHT OR HELD SUPPORT	OFFICE SOUGHT OR HELD	R CANDIDATE	NAME OF OFFICEHOLDER OR		TREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS STREE
OUGHT OR HELD SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	R CANDIDATE	NAME OF OFFICEHOLDER OR	AREA CODE/PHONE	STATE ZIP CODE	CITY
OUGHT OR HELD SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	R CANDIDATE	NAME OF OFFICEHOLDER OR	MBER	I.D. NUM	COMMITTEE NAME
SOUGHT OR HELD SUPPORT	OFFICE SOUGHT OR HELD	R CANDIDATE	NAME OF OFFICEHOLDER OR	OLLED COMMITTEE?	CONTRO	NAME OF TREASURER
	OFFICE SOUGHT OF					

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period Oct 21, 2018

Through Dec 31, 2018

CALIFORNIA FORM

FORM

Page 3 of 19

I.D. NUMBER

1371086

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Mary Souza Mitracos

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 59.035.00 10.500.00 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received...... Schedule B, Line 3 59,035.00 20. Contributions 10,500.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 5.185.20 4. Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures 64.220.00 Made 10.500.00 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made** Expenditure Limit Summary for State 69,150.26 30,182.56 6. Payments Made...... Schedule E, Line 4 \$ Candidates 0.00 0.00 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made* 30,182.56 69,150.26 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 -750.00 Total to Date Date of Election 5,185.20 (mm/dd/yy) 0.00 74,335.26 29,432,56 **Current Cash Statement** 20,661.05 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ___ To calculate Column B, 10,500.00 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. of your last report. Some 30,182.56 15. Cash Payments Column A, Line 8 above amounts in Column A may 978.49 be negative figures that 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 0.00 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 0.00 18. Cash Equivalents...... See instructions on reverse \$

0.00

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

www.fppc.ca.gov

Schedule	Α	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

~/	\sim 1	16	\neg	11	F	^

Monetary Contributions Received		to whole dollars.		Statement covers period Oct 21, 2018		california 460 FORM	
SEE INSTRUCTION	NS ON REVERSE			throughDec	31, 2018		4 of19
NAME OF FILER	10 ON NEVEROE					I.D. NU	
Mary Souza	a Mitracos					13710	086
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)
10/22/2018	Grace Alvarez Tracy, CA 95376	ZIND COM OTH PTY SCC	Realtor Century 21	200.00	200.	00	
10/27/2018	Construction & General Laborers Local Union 304 PAC – FPPC #902565 555 Capitol Mall #400, Sacramento, CA 95814	☐IND ☑COM ☐OTH ☐PTY ☐SCC		1,000.00	1,000.	00	
10/29/2018	California Real Estate PAC FPPC #890106 525 S. Virgil Ave. Los Angeles, CA 90029	☐IND ☐COM ☐OTH ☐PTY ☐SCC		800.00	800.	00	
10/30/2018	Grow Elect Restricted Use – FPPC # 142160 30101 Town Center Dr. #204 Laguna Niguel, CA 92677	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1,500.00	1,500.	.00	
11/01/2018	Craig Manchester Newport Beach, CA 92660	☑ IND □ COM □ OTH □ PTY □ SCC	Managing Principal Intergral Communities	900.00	900.	00	
			SUBTOTAL \$	4,400.00			
Schedule A	A Summary				*Cor	tributor	Codes
1. Amount red	ceived this period – itemized monetary contributions. Schedule A subtotals.)		\$	10,500.00	I		ual pient Committee r than PTY or SCC)
`	ceived this period – unitemized monetary contributio			0.00		OtherPolitic	(e.g., business entity)
3. Total mone	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co.			10,500.00			Contributor Committee

FPPC Form 460 (Jan/2016)

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from

Oct 21, 2018

		through Dec 31, 2018		Page _	5 of 19				
NAME OF FILER	13710								
Mary Souza	Mitracos					13710	00		
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)		
11/01/2018	Evan Knapp Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal Intergral Communities	900.00	900.00		900.00		
11/01/2018	John Stanek Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal Integral Communities	900.00	900.00				
11/01/2018	Jaime Chahine Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Chief financial officer Integral Communities	900.00	900.00				
11/01/2018	Arthur Kasnick Danville CA 94506	☑IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real estate specialist Integral Communities	900.00	900.00				
11/01/2018	Jeffrey Schroeder , Danville, CA 94506	☑ IND □ COM □ OTH □ PTY □ SCC	Home building specialist Ponderosa Homes	250.00	250.0	00			
	SUBTOTAL \$ 3,850.00								

*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

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from

Oct 21, 2018

				through Dec 3	1, 2018	l	6 of 19
NAME OF FILER						1.D. NUN 137108	ł
Mary Souza	Mitracos					107 100	
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)
11/01/2018	Sheet Metal Int'l Assoc Local 104 2610 Crow Canyon Blvd. #300 San Ramon, CA 94583	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		250.00	250.	00	
11/01/2018	JP Palmer Inc 672 W 11th St. Tracy, CA 95376	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.	00	
11/01/2018	Jack Alvarez Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Self-employed Farmer	200.00	200.	00	
11/01/2018	Enrique Alvarez MD 130 11th St. Suite D Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Self-employed	300.00	300.	00	
11/21/2018	Pondersoa Homes 5020 Franklin Dr., Ste 200 Pleasnaton, CA 94588	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	3,000.	00	

SUBTOTAL \$

2,250.00

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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www.fppc.ca.gov

Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.			Statement cov	ers period 1, 2018	CALIFORNIA 460		
					through Dec	31, 2018	Page 7	of19
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	
Mary Souza Mitracos							1371086	
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	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Veronica Vargas Tracy, CA 95377	Self-employed Agora Land Development			PAID \$ FORGIVEN	s_1,000.00	% RATE	s 1000.00	\$PER ELECTION**
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		s_1,000.00	s	s	12/31/19 DATE DUE	s0.00	5/5/2014 DATE INCURRED	\$
		\$	s	PAID S FORGIVEN \$	\$DATE DUE	% RATE	\$	SPER ELECTION*
TO IND COM OTH PTY SCC				PAID S FORGIVEN	. \$	RATE	s	CALENDAR YEAR \$ PER ELECTION*
† IND COM OTH PTY SCC		\$	s	\$	DATE DUE	s	DATE INCURRED	s
		SUBTOTALS S	0.00	0.00	1,000.00			
Schedule B Summary				•		(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loa					0.00	(10	Contributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$1 (Include loans paid by a third party the 	00 paid or forgiven.)			\$	0.00	IN Co	D – Individual OM – Recipient C	committee PTY or SCC) business entity)
3. Net change this period. (Subtract Lir Enter the net here and on the Summa	ne 2 from Line 1.) ary Page, Column A, Line 2.			. NET \$	0.00_			ibutor Committee

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

** If required.

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						2CH	EDULE B - PART
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.			oct 21, 2018	CALIFOR	
				from through _	Dec 31, 2018	Page8	of19
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUMBER	
Mary Souza Mitracos						1371086	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER			CALENDAR YEAR	
	□COM □OTH □PTY		DATE			PER ELECTION (IF REQUIRED)	
	□scc			_		\$	
	□ IND □ COM		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	□IND		LENDER			CALENDAR YEAR	
	□ COM □ OTH □ PTY		DATE	· .		PER ELECTION (IF REQUIRED)	
	□scc					\$CALENDAR YEAR	
	□ IND □ COM		LENDER			\$PER ELECTION	
	□OTH □PTY □SCC		DATE	·		(IF REQUIRED)	
			SUE	BTOTAL S	0.00	Enter on Summary Page, Line 17 only.	

Schedule Nonmone	C tary Contributions Received		Amounts may be rounded to whole dollars.		State	ment covers p		CALIF(
SEE INSTRUCTION	US ON REVERSE				through	Dec 31, 2	2018	Page	9 of19
NAME OF FILER	ON NEVEROL							I.D. NUMB	ER
Mary Souza	Mitracos							137108	6
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION O GOODS OR SERVIO		AMOUNT/ AIR MARKET VALUE	CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC						į	
		□IND □COM □OTH □PTY □SCC							
Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	TAL\$	0.00			
Amount rec (Include all	Summary ceived this period – itemized nonmonetar Schedule C subtotals.)				\$	0.00	IND	(other th	

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

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

3. Total nonmonetary contributions received this period.

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

SCC - Small Contributor Committee

PTY - Political Party

0.00

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Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollars		Statement covers period from Oct 21, 2018 through Dec 31, 2018		CALIFORNIA 460 FORM of 19	
SEE INSTRUCTION	ONS ON REVERSE			<u>.</u>		I.D. NUME	
Mary Souza	a Mitracos					137108	6
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALEND/ (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose Support Oppose Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Independent Expenditure					
			SUBTOTAL S	0.00			
 Itemized of Unitemize 	D Summary contributions and independent expenditures made of contributions and independent expenditures made the ributions and independent expenditures made the	nade this period of unde	er \$100			\$	0.00 0.00 0.00

Schedule E	
Payments Made	

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA FORM** Oct 21, 2018 Dec 31, 2018 through. I.D. NUMBER

1371086

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Souza Mitracos

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

OFC office expenses CTB contribution (explain nonmonetary)*

PRT print ads

PET CVC civic donations

candidate filing/ballot fees FND fundraising events

independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

MTG meetings and appearances SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs petition circulating TRC candidate travel, lodging, and meals PHO phone banks

TRS staff/spouse travel, lodging, and meals POL polling and survey research

transfer between committees of the same candidate/sponsor TSF POS postage, delivery and messenger services VOT voter registration PRO professional services (legal, accounting)

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 Watchdogs Newletter 22410 Hawthorne Blvd. #5 Torrance, CA 90505	Mailer	750.00
Computerized Political Services Inc. 3615 Cobbert Dr San Jose, CA 95148	Voter data 216.67+190.00	406.67
Livermore Print, Design and Sign 383 South I St. Livermore, CA 94550	Mailer 3,301.73	3,301.73

SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D. 4,458.40

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	20,042.01
2. Unitemized payments made this period of under \$100\$	239.95
	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	20 192 56
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	30,182.56

29 942 61

Schedule E	
(Continuation She	et)
Payments Made	

Amounts may be rounded to whole dollars.

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

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

	00.120022 2 (00.11.)
Statement covers period	CALIFORNIA 460
from Oct 21, 2018	FORM TOO
through Dec 31, 2018	Page 12 of 19
	I.D. NUMBER
	1371086

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Souza Mitracos

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	d appearances ses lating urvey research very and messenge	RAD radio airtime and production cost returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and product race candidate travel, lodging, and the staff/spouse travel, lodging, and transfer between committees of voter registration WEB information technology costs (in	ion costs neals I meals I the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Costco 3250 W. Grantline Tracy, CA 95377		Ca	impaign event	399.64
Kevin Brand Brentwood, CA 94513		Wa	alking services	917.50
Meliisa Brand Brentwood, CA 94513		Wa	alking services	330.00
Rylie Stopka Salida CA 95368		Wa	alking services	345.00
Tracy Press PO Box 419 Tracy, CA 95378		Ad	lvertising	1,026.00

3,018.14

SUBTOTAL \$

Schedule E	
(Continuation She	et)
Payments Made	

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

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

	00200
Statement covers period	CALIFORNIA 460
from Oct 21, 2018	FORM 400
through Dec 31, 2018	Page 13 of 19
	I.D. NUMBER
	1371086

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CMP campaign paraphernalia/misc.

Mary Souza Mitracos

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 PCC	phone banks	senger services TSF transfer between committees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Cedric Cheng Designs 2398 Walters Way, #4 Concord, CA 94520		Design of collateral	1,787.50
Pacific Printing 1445 Monterey Hwy San Jose CA 95110		Printing of campaign materials	8,759.25
Town & Country Café 27 W. 10th St. Tracy, CA 95376		Campaign meeting	110.34
Safeway 1801 11th St. Tracy, CA 95376		Campaign party	227.70
Raleys 2550 S Tracy Blvd Tracy, CA 95376		Watch party	348.73
* Payments that are contributions or independent expenditures must also be sumn	narized on Schedule D.	SUBTOTAL	\$ 11,233.52

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

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

	OCHEDOLL L (OCH).
Statement covers period	CALIFORNIA 460
from Oct 21, 2018	FORM 400
through Dec 31, 2018	Page of
	I.D. NUMBER
	1371086

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CMP campaign paraphernalia/misc.

Mary Souza Mitracos

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	PET petition circu PHO phone banks POL polling and s POS postage, del PRO professional PRT print ads	lating urvey researd very and mes	TEL TRC th TRS ssenger services TSF al, accounting) VOT	staff/spouse travel, lodging, and meals transfer between committees of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION	ON OF PAYMENT	AMOUNT PAID
Flying Colors USA 581 Sybil Ave San Leandro, CA 94577			Voter outreach		1,124.00
Norcal Carpenters Regional Council 265 Hegenberger Rd #200 Oakland, CA 94621			Lunch		150.00
Trident Consulting 5852 Drakes Dr Discovery Bay, CA 94505			Consulting services		7,000.00
John Richey Centervillle UT. 84014			Web site maintenance		1,200.00
Paypal Holdings Inc. 2211 N 1st St San Jose, CA 95131			Transaction fees		139.55
* Payments that are contributions or independent expenditures must also be	summarized on Scho	edule D.	-	SUBTOTAL S	9,613.55

Schedule E	
(Continuation Sheet	t)
Payments Made	

Amounts may be rounded to whole dollars.

MBR member communications

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

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

	• • • • • • • • • • • • • • • • • • •
Statement covers period	CALIFORNIA 160
from Oct 21, 2018	FORM TOU
through Dec 31, 2018	Page
	I.D. NUMBER
	1371086

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CMP campaign paraphernalia/misc.

Mary Souza Mitracos

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads			es roduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tracy Self-storage 250 W. Valpico Rd Tracy, CA 95376		Sto	orage campaign material	1,619.00

1,619.00

SUBTOTAL \$

Schedule F		
Accrued Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** Oct 21, 2018 from Dec 31, 2018 through Page I.D. NUMBER

1371086

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Souza Mitracos

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 MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations

TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor

POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) VOT voter registration LEG legal defense

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Budget Watchdog 22410 Hawthorne Blvd. #5 Torrance, CA 90505	Election mailers	750.00	0.00	750.00	0.00
* Payments that are contributions or independent expenditures must also be	SUBTOTALS \$	750.00	\$ 0.00	750.00	\$ 0.00

summarized on Schedule D. **Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

750.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

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

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period Oct 21, 2018	CALIFORNIA 460
through Dec 31, 2018	Page
<u> </u>	I.D. NUMBER 1371086

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Souza Mitracos

NAME OF AGENT OR INDEPENDENT CONTRACTOR

COI	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	describe the payment.
	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	–	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

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

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

0.00

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

Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement cov from Oct 2	vers period 1, 2018	california 460 form		
SEE INSTRUCTIONS ON REVERSE					through Dec	31, 2018	Page 18	of	
NAME OF FILER							I.D. NUMBER		
Mary Souza Mitracos							1371086		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
		s	s	PAID S———— FORGIVEN S————	S	% RATE	\$DATE INCURRED	S PER ELECTION**	
		s	\$	PAID S FORGIVEN S	\$DATE DUE	%	\$DATE INCURRED	SPER ELECTION**	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must en must also be	SUBTOTALS	\$	\$	\$	\$			
			-			(Enter (e) on Schedule I, Line 3)			
Schedule H Summary									
Loans made this period (Total Column (b) plus unitemized loan			•••••		\$	0.00_	-	**If Required	
Payments received on loans (Total Column (c) plus unitemized payr	ments of less than \$100.)				\$	0.00	-		
3. Net change this period. (Subtract Line (Enter the net here and on the Summa	2 from Line 1.) ry Page, Column A, Line 7.)			NET \$	0.00 ay be a negative number)	-		

Schedule I		Amounts may be rounded		SCHEDULE
Miscellaneous Inc	creases to Cash	to whole dollars.	Statement covers period	CALIFORNIA 460
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			from Oct 21, 2018	FORM TOU
			through Dec 31, 2018	Page 19 of 19
SEE INSTRUCTIONS ON REVER	RSE			I.D. NUMBER
Mary Souza Mitracos				1371086
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
_				
Attach additional inform	mation on appropriately labeled continuation sheets.	· · · · · · · · · · · · · · · · · · ·	SUBTO	TAL \$ 0.00
Schedule I Summa	arv			
	o cash this period		Ψ	0.00
	s to cash of under \$100 this period		\$	0.00
	ceived this period on loans made to others. (So			0.00
4. Total miscellaneous i	increases to cash this period. (Add Lines 1, 2, a	ind 3. Enter here and on the		.00
Summary Page, Line	9 14.)		IUIAL \$	

Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVED OIT OLERWS OF	CALIFORNIA 460 FORM 17
	Statement covers period from Sep 23, 2018	Date of election if applicable: (Month, Day, Year)	ZUIB UCT 24 PM 2:	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	throughOct 20, 2018	11/6/2018	CITY OF TRACT	à
1. Type of Recipient Committee: All Committees - Committees	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T	nt Spe	arteriy Statement cial Odd-Year Report
3. Committee Information	.D. NUMBER 1371086	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Veronica Vargas for Tracy City Council 2018		Michel Bazinet MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	ODE AREA CODE/PHONE
		Tracy	CA 953	77
CITY STATE ZIP C Tracy CA 953		NAME OF ASSISTANT TREASURE	ER, IF ANY	
Tracy CA 953 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	<u> </u>	
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of the St	By Signature of Contro	nowledge the information contained correct. The property of Assistanting Officeholder, Candidate, State Measure Property of Controlling Officeholder, Candidate, Sprature of Controlling Officeholder, Candidate, Candi	nt Treasurer roponent or Responsible Officer of Spons State Measure Proponent	
Date	٠.		•	EDDC Form 460 (lan/2016)

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

Officeholder or Candidate Controlled	d Committee	6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Veronica Vargas							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	ID DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ON		SUPPORT
City council, City of Tracy					·		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	EET) CITY STATE ZIP Tracy, CA 95377		Identify the controlling offic	eholder, cand	lidate, or state mea	sure prop	onent, if any.
	11403, 67 (6667)		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PI	ROPONENT		
Related Committees Not Included in not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DIS	TRICT NO. II	FANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can	didate/Offic	ceholder Comm	nittee <i>Lis</i>	st names of
TO THE OF THE CONTENT	☐ YES ☐ NO		officeholder(s) or candidate(s) for which thi	s committee is prim	arily formed	d.
COMMITTEE ADDRESS STREET ADDRESS			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)		 -				1 311 332

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Michel Bazinet			1371086
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 5,150.00 \$ 240.00 \$ 5,390.00 \$ 11,340.96 \$ 11,340.96	\$ 48,535.00 0.00 \$ 48,535.00 5,185.20 \$ 53,720.20 \$ 38,967.70 0.00 \$ 38,967.70	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	750.00 240.00 \$ 12,330.96	750.00 5,185.20 \$ 44,902.90	Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	5,150.00 250.00 11,340.96 \$ 20,661.05	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$0.00	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	το	whole dollars.	Statement cov from Sep 2	ers period 3, 2018	CALI	FORNIA 460 DRM
	ONS ON REVERSE			through Oct	20, 2018	Page	4 of17
Michel Baz	zinet					1.D. NU 13710	
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)
9/24/2018	San Joaquin, Calaveras, Alpine & Amador Counties Building Trades Council PO Box 8014, Stockton, CA 95208	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		250.00	250.	00	
9/25/2018	Lance Waite Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Principal Integral Communities	1,000.00	1,000.	00	
9/27/2018	Jeffrey L Brown Tracy, CA 953304	☑IND □COM □OTH □PTY □SCC	Proprietor Land Management Inc.	500.00	500.	00	
9/27/2018	RMPM Birdrock Properties Inc 421 W 11th St. Tracy, CA 95376	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		200.00	200.	00	
9/27/2018	Gill Fuels Inc. 8657 Ranch Rd. Tracy, CA 95304	☐IND ☐COM ØOTH ☐PTY ☐SCC		1,000.00	1,000.	00	
			SUBTOTAL \$	2,950.00		12 157-2	X
	A Summary				ſ	ributor C	
	ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	4,650.00	II.		ent Committee
2. Amount re	ceived this period – unitemized monetary contribution	ns of less thar	n \$100\$	500.00	OTH		than PTY or SCC) e.g., business entity)
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.) TOTAL \$	5,150.00			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_

Sep 23, 2018

				through Oct 2	0, 2018	_	of	
NAME OF FILER							I.D. NUMBER 1371086	
Michel Bazi	net					13710	100	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
9/27/2018	Maria Regina Alvis	☑IND □COM □OTH □PTY □SCC	Insurance agent VG Capital	100.00	100.	00		
9/27/2018	Mary Mitracos Tracy, CA 95378	IND COM OTH PTY SCC	Real estate broker Self-employed	100.00	100.0	00		
9/29/2018	Rick Doyle Livermore, CA 94551	☑IND □COM □OTH □PTY □SCC	Fire Battalion Chief City of Tracy	150.00	150.	00		
9/29/2018	Janelle Doyle Livermore, CA 94551	☑IND □COM □OTH □PTY □SCC	Manager Caratti Jewelers	150.00	150.	00		
10/1/2018	Kaylin Dell'Aringa Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Proprietor Tracy Chiropractic	100.00	340.0	00		

SUBTOTAL \$

600.00

*Contributor Codes

IND - Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 4 AAA

Statement covers period

				from Sep 23	3, 2018	FOI	46U
				through Oct 2	20, 2018	Page	6 of17
Michel Bazi	net					I.D. NUMI	
- Wilcher Bazi	1		<u> </u>	 -		137108	0
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/1/2018	Michael & Anna Craig Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Proprietors Mia Bella's Boutique	100.00	100.	00	
10/10/2018	Northern California Carpenters Regional Council 265 Hegenberger Rd #200, Oakland, CA 94621	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	2,500.	00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL \$	1,100.00			

*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

SCHEDUL	EB-	PART	1

	A	nounts may be ro	undod				SCHE	DULE B - PART
Schedule B – Part 1	All	Statement cove	ers period	california 460				
Loans Received			from Sep 23	3, 2018	FORM 400			
					through Oct 2	20, 2018	Page	of17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	
							4074006	
Michel Bazinet							1371086	· /=\
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(¢) AMOUNT PAII OR FORGIVE THIS PERIOI	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Maranian Marana	Self-employed			☐ PAID				CALENDAR YEAR
Veronica Vargas	Agora Land			s	s_1,000.00	%	s 1000.00	s
Tracy, CA 95377	Development			FORGIVEN		RATE		PER ELECTION*
Trans Core Core Core		s_1,000.00	\$	s	12/31/18 DATE DUE	\$ 0.00	5/5/2014 DATE INCURRED	\$
T☑ IND □ COM □ OTH □ PTY □ SCC		-		☐ PAID				CALENDAR YEAR
					s	%	s	s
				FORGIVEN	_ ,	RATE		PER ELECTION*
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				s	_ \$	%	\$	s
				☐ FORGIVEN	1	RATE		PER ELECTION*
† IND COM OTH PTY SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS	\$	\$	\$ 1,000.00	\$ 0.00		
Cabadula D Summany						(Enter (e) on Schedule E, Line 3)		
Schedule B Summary 1. Loans received this period				\$	0.00			
(Total Column (b) plus unitemized loa	ns of less than \$100.)						Contributor Codes	
•				•		الما	Johthbutor Codes ID – Individual	•
 Loans paid or forgiven this period (Total Column (c) plus loans under \$1 (Include loans paid by a third party the 	00 paid or forgiven.)			\$	0.00	· c	OM – Recipient C (other than) TH – Other (e.g.,	PTY or SCC) business entity)
(-				P	TY – Political Par	ty

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

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

** If required.

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(May be a negative number)

SCC - Small Contributor Committee

Pohodulo D. Dort O	Amounto mouto la comida d					SCH	EDULE B - PART 2	
Schedule B – Part 2 ₋oan Guarantors		Amounts may be rounded to whole dollars.	Staten	nent covers period	CALIFORNIA 460			
Loan Guarantors				from	Sep 23, 2018		FORM	
				through _	Oct 20, 2018		Doma 8	of17
SEE INSTRUCTIONS ON REVERSE					· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·							.D. NUMBER	
Michel Bazinet						'	1371086	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD		IULATIVE D DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER			CALE	NDAR YEAR	
	СОМ					s	i	
	ОТН		DATE			PER	ELECTION	
	□ PTY					(IF R	EQUIRED)	
	□scc							
	 					\$		
	□IND		LENDER			CALE	NDAR YEAR	
	□сом					s		
	□отн		DATE			PER	ELECTION EQUIRED)	
	□PTY		5,2			(11 17	EQUINED)	
	□scc					\$		
						CALE	NDAR YEAR	
	DIND		LENDER					
	СОМ					\$		
	ОТН		DATE			(IF R	ELECTION EQUIRED)	
	□ PTY							
	□scc			_		\$		
			LENDER			CALEN	NDAR YEAR	
	□iND							
	□ СОМ □ ОТН					PER	ELECTION	
	□OIH		DATE	1			EQUIRED)	
	scc							
						\$		
			SUB	TOTAL \$	0.00	Summ	nter on nary Page,	
······································						Line	17 only.	and the part of th

Schedul	le C		Amounts may be rounded	**					SCHEDULE
	netary Contributions Received		to whole dollars.			stement covers p		CALIFO	
					from _	Sep 23, 20	<u> </u>		
SEE INSTRUCT	TIONS ON REVERSE				throug	gh <u>Oct 20, 2</u>	2018	Page	9 of <u>17</u>
NAME OF FILE					-			I.D. NUMB	ER
Michel Ba	azinet							137108	6
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION (GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/26/2018	Kaylin Dell'Aringa Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Proprietor Tracy Chiropractic	Food for campaign eve	ent	240.00		240.00	
		□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	OTAL \$	240.00			
	e C Summary received this period – itemized nonmonetal	ry contribution				240.00	IND	ntributor Cod	

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

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

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

3. Total nonmonetary contributions received this period.

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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

240.00

240.00

0.00

Supportin	D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be to whole dolla		Statement covers period from Sep 23, 2018		CALIFORNIA 460	
SEE INSTRUCTIO	INS ON REVERSE			through Oct 20	, 2018	Page	10 of 17
Michel Bazi	inet					1.D. NUMI 137108	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
,	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
		·	SUBTOTAL \$	0.00			
1. Itemized co	D Summary ontributions and independent expenditures made d contributions and independent expenditures ma						

0.00

Schedule	Ε
Payments	Made

Amounts may be rounded to whole dollars

SCHEDULE E Statement covers period **CALIFORNIA**

Payments Made	to whole donard.	from	Sep 23, 2018	FORM	700
OFF INCTRUCTIONS ON REVERSE		through	Oct 20, 2018	Page11	of <u>17</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUMBER	
Michel Bazinet				1371086	

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

NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Slate mailers Election Digest 805.00 22410 Hawthorne Blvd. #5 Torrance, CA 90505 Hardware supplies Orchards Supply 216.49 1975 W 11th St Tracy, CA 95376 Precinct services Kevin Brand 1,245.00 Brentwood, CA 94513 **SUBTOTAL \$**

Schedule E Summary 11.147.29 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 193.67 2. Unitemized payments made this period of under \$100.....\$ -0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ -11,340.96

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

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2,266.49

Schedule E

(Continuation Sheet) Payments Made	to whole dollars.	Statement covers period Sep 23, 2018	CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE		through Oct 20, 2018	Page 12 of 17		
NAME OF FILER			I.D. NUMBER		
Michel Bazinet			1371086		
CODES: If one of the following codes accura	ately describes the payment, you may enter the coo	de. Otherwise, describe the payment.			
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member communications MTG meetings and appearances	RAD radio airtime and production	n costs		

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	imunications d appearance ses lating urvey researd very and mes	s h senger services	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the sam VOT voter registration WEB information technology costs (internet, e-	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Melissa Brand Brentwood, CA 94513			Precinct services		645.00
Pacific Printing 1445 Monterey Hwy San Jose, CA 95110			Flyers		3,277.50
Livermore Print, Design & Sign 383 South I St. Livermore, CA 94550			Mailers		2,490.90
Rylie Stopka Salida CA 95368			Precinct services		120.00
Cedric Cheng Designs 2398 Walters Way, #4 Concord, CA 94520			Campaign collate	ral	817.00
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.		SUBTOTAL \$	7,350.40

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

	00112022 2 (001111
Statement covers period	CALIFORNIA 460
from Sep 23, 2018	FORM 400
through Oct 20, 2018	Page 13 of 17
	I.D. NUMBER

1371086

costs

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michel Bazinet

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

CNS	campaign consultants	/ITG	meetings and appearances office expenses	RFD SAL	radio airtime and production costs returned contributions campaign workers' salaries
	contribution (explain normality)			TEL	t.v. or cable airtime and production of
			· · · · · · · · · · · · · · · · · · ·	~~~	

FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and me

ND 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

VOT voter registration

VEB 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
Safeway 1801 11th St. Tracy, CA 95376	Campaign party supplies	110.40
Flying Colors USA LLC 581 Sybil Ave San Leandro, CA 94577	Phone services	1,050.00
Budget Watchdog 22410 Hawthorne Blvd. #5 Torrance, CA 90505	Election mailers	370.00

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

SUBTOTAL \$

1,530.40

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE	Amounts may be roun to whole dollars.	ded		3, 2018	SCHEDULE IFORNIA 460 ORM 17	
NAME OF FILER Michel Bazinet				1371	UMBER 086	
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 communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ons nces earch nessenger services	RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate.			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Budget Watchdog 22410 Hawthorne Blvd. #5	Election mailers	0.00	750.00	0.00	750.00	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	0.00	750.00	0.00	\$ 750.00
		·			
Budget Watchdog 22410 Hawthorne Blvd. #5 Torrance, CA 90505	Election mailers	0.00	750.00	0.00	750.00
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	750.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	750.00 May be a negative number

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.			Stat	Statement covers period from Sep 23, 2018		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through	Oct 20, 2018	Page1	5 of 17	
NAME OF FILER Michel Bazinet						1.D. NUMBI 1371086		
NAME OF AGENT OR INDEPENDENT CONTRACTOR						-		
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be s	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		RAD rac RFD ret SAL car TEL t.v. TRC car TRS sta es TSF trai	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor voter registration				
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID	

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	-	 		
		İ		
		 		
	<u> </u>			

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

Attach additional information on appropriately labeled continuation sheets.

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

TOTAL* \$

0.00

				_		<u>. </u>			
Schedule H Loans Made to Others*			nay be rounded ble dollars.		Statement confrom Sep 2	vers period 23, 2018	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through Oct	20, 2018	Page 16	17	
NAME OF FILER							I.D. NUMBER		
Michel Bazinet							1371086		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
				☐ PAID				CALENDAR YEAR	
		1			s	4	,		
				FORGIVEN	, , , , , , , , , , , , , , , , , , , ,	RATE		PER ELECTION**	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s	
				☐ PAID	,			CALENDAR YEAR	
				\$	s <u> </u>	%	s	s	
				FORGIVEN		RATE		PER ELECTION**	
		s	s	s		s		\$	
_			İ		DATE DUE		DATE INCURRED		
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$			
			<u>!</u>	<u> </u>		(Enter (e) on Schedule I, Line 3)			
Calandada II Carra a						,			
Schedule H Summary									
Loans made this period (Total Column (b) plus unitemized loan	s of less than \$100.)				\$	0.00	- [**If Required	
Payments received on loans (Total Column (c) plus unitemized payr					\$	0.00	_		
3. Net change this period. (Subtract Line	2 from Line 1.)				NET \$	0.00	_		
(Enter the net here and on the Summa	ry Page, Column A, Line 7.)	•			(Ma	ay be a negative number)			

Schedule	1	Amounts may be rounded		SCHEDULE
	eous Increases to Cash	to whole dollars.	Statement covers period from Sep 23, 2018	california 460 form
			through Oct 20, 2018	Page 17 of 17
NAME OF FILER Michel Bazin			· · · · · · · · · · · · · · · · · · ·	I.D. NUMBER 1371086
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/9/2018	City of Tracy 333 Civic Center Dr Tracy, CA 95376	Deposit refun	nd for Grand Theatre event	250.00
Attach addi	itional information on appropriately labeled continuation sheets.		SUBTOTA	L\$ 250.00
Schedule l	Summary			
	ncreases to cash this period		0.0	
2. Unitemized	d increases to cash of under \$100 this period		\$\$	<u>U</u>

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

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0.00

250.00

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

Executed on .

Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.		Sta	atement covers p	•		SCHEDULE ORNIA 460 RM
SEE INSTRUC	TIONS ON REVERSE			ļ	throug	gh Sep 22, 2	2018	Page	10 of 19
NAME OF FILE								I.D. NUMB	3ER
Michel Ba	azinet							137108	36 <u> </u>
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND.	ATIVE TO ATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2018	Harmesh Singh Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Customer service representative Shell	Campaign hats		1,912.50	1	,912.50	
9/10/2018	Raja Chandi Turlock, CA 95381	☑IND □COM □OTH □PTY □SCC	Proprietor Twain Group	Sponsorship		1,500.00	1	,500.00	
		IND COM OTH PTY SCC				:			
		□IND □COM □OTH □PTY □SCC							
Attach adc	ditional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$				
1. Amount	e C Summary received this period – itemized nonmonetare				\$	3,412.50	IND	entributor Coc — Individual M — Recipien	

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

3. Total nonmonetary contributions received this period.

3,420.00 FPPC Form 460 (J

7.50

PTY - Political Party

(other than PTY or SCC)

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

SCC - Small Contributor Committee

Date Stamp

Recipient Committee Campaign Statement Cover Page

Recipient Committee Campaign Statement Cover Page			Date Stamp RECET	ven Fo	ORNIA 460 1 of 19
	Statement covers period from Jul 1, 2018	Date of election if applicable: (Month, Day, Year)	0010		or Official Use Only
SEE INSTRUCTIONS ON REVERSE	throughSep 22, 2018	11/6/2018	CITY OF T	raon	
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	111740 16	1 1 July 2000	
○ 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/ officeholder Committee Iso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be Correction to Summa: Show non-monetary a	ermination) elow) ry amounts in line 10		
	NUMBER 371086	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Veronica Vargas for Tracy City Council 2018 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COUNCIL TRACY Tracy CA 95377 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS MAILING ADDRESS CITY Tracy NAME OF ASSISTANT TREASURED MAILING ADDRESS	CA S	ZIP CODE 95377	ARÉA CODE/PHONE
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S		
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of the Stat	By Signature of Control	crowledge the information contained correct. Elecature of Treasured or Assistant	Treasurer ponent or Responsible Officer of State Measure Proponent	Sponsor	rue and complete. I
				rpr	C LOUIN 400 Dail/ 2010

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Staten	nent covers period Jul 1, 2018	CALIFORNIA 460
through	Sep 22, 2018	Page3 of19
		I.D. NUMBER 1371086

Michel Bazinet Column A Calendar Year Summary for Candidates Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 43.385.00 14.650.00 1/1 through 6/30 7/1 to Date 0 20. Contributions 14,650.00 43.385.00 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 3.420.00 4.945.20 21. Expenditures 18,070.00 48,330.20 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 27.626.74 6. Payments Made...... Schedule E, Line 4 \$ _ Candidates 0.00 0.00 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 18,455.37 27,626.74 (If Subject to Voluntary Expenditure Limit) -140.00 0.00 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 3,420.00 4,945.20 (mm/dd/yy) 21,735.37 32,571.94 **Current Cash Statement** 30.407.38 To calculate Column B. 14,650.00 add amounts in Column A to the corresponding 0.00 *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. 18,455.37 of your last report. Some amounts in Column A may 26.602.01 be negative figures that 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 0.00 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). 0.00 18. Cash Equivalents...... See instructions on reverse \$ 0.00 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) www.fppc.ca.gov **Recipient Committee** Date Stamp CALIFORNIA **Campaign Statement FORM** RECEIVED **Cover Page** CLERK'S OFFICE 19 Date of election if applicable: Statement covers period For Official Use Only (Month, Day, Year) 2010 SEP 25 Jul 1, 2018 from **DITY OF TRACY** Sep 22, 2018 11/6/2018 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Primarily Formed Ballot Measure Quarterly Statement ☑ Officeholder, Candidate Controlled Committee Committee State Candidate Election Committee Semi-annual Statement ☐ Special Odd-Year Report O Controlled ○ Recall Termination Statement O Sponsored (Also Complete Part 5) (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee □ Primarily Formed Candidate/ O Sponsored O Small Contributor Committee Officeholder Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) **Committee Information** 1371086 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Michel Bazinet Veronica Vargas for Tracy City Council 2018 MAILING ADDRESS AREA CODE/PHONE STATE ZIP CODE STREET ADDRESS (NO P.O. BOX) CA 95377 Tracy CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY 95377 CA Tracy MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX ZIP CODE AREA CODE/PHONE CITY STATE AREA CODE/PHONE STATE ZIP CODE CITY OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 9/23/2018 Executed on Date

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

9/23/2018

Date

Date

Executed on

Executed on

Executed on _

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

www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
CALIFORNIA 460								
Page _	2	of _	19					

BALLOT MEASURE NO. OR LETTER JURISDICTION the controlling officeholder, candidate, FOFFICEHOLDER, CANDIDATE, OR PROPON SOUGHT OR HELD	or state measure propo	
the controlling officeholder, candidate,	or state measure propo	oppose
the controlling officeholder, candidate,	or state measure propo	oppose
F OFFICEHOLDER, CANDIDATE, OR PROPON	or state measure propo	nent, if any.
F OFFICEHOLDER, CANDIDATE, OR PROPON	NENT	
		ANY
SOUGHT OR HELD	DISTRICT NO. IF	ANY
rily Formed Candidate/Officeho	Ider Committee List mittee is primarily formed	names of
OFFICEHOLDER OR CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
OFFICEHOLDER OR CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
OFFICEHOLDER OR CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
OFFICEHOLDER OR CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
	OFFICEHOLDER OR CANDIDATE OF	OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA FORM Statement covers period Jul 1, 2018 from_ 3 19 Sep 22, 2018 Page _ through_ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1371086 Michel Bazinet

Contributions Received	(FRO	Column A TOTAL THIS PERIOD MATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	s	14,650.00	\$	43,385.00	General Elections
2. Loans Received	* _	0	Ť	0	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	s _	14,650.00	\$	43,385.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions	_	3,420.00		4,945.20	21 Eynenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$ _	18,070.00	\$	48,330.20	Made \$ \$
Expenditures Made		40.455.05		07.000.74	Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	18,455.37	\$	27,626.74	Candidates
7. Loans Made Schedule H, Line 3	_	0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	18,455.37	\$	27,626.74	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	_	-140.00		0.00	Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment	_	0.00		0.00	(пшистуу)
11. TOTAL EXPENDITURES MADE	\$ _	18,315.37	\$	27,626.74	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$_	30,407.38	То	calculate Column B,	
13. Cash Receipts Column A, Line 3 above	_	14,650.00		I amounts in Column the corresponding	the second is this section were he different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4	_	0.00	am	ounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	_	18,455.37		our last report. Some ounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$ _	26,602.01	be	negative figures that bull be subtracted from	
If this is a termination statement, Line 16 must be zero.			рге	vious period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file onl	d for this calendar year, y carry over the amounts	
Cash Equivalents and Outstanding Debts		0.00	froi any	m 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	\$ _	0.00			FPPC Form 460 (Jan/2010 FPPC Advice: advice@fppc.ca.gov (866/275-377:

www.fppc.ca.gov

Schedule A Amounts may be rounded SCHEDULE A to whole dollars. **Monetary Contributions Received** Statement covers period **CALIFORNIA** Jul 1, 2018 **FORM** from. Sep 22, 2018 through Page. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Michel Bazinet 1371086

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/2/2018	Thomas Patti Stockton, CA 95219	IND COM OTH PTY	Self-employed Delta Cranes	100.00	100.00	
7/27/2018	Germaine Clark Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.00	
8/6/2018	MacKay & Somps Pleasanton, CA 9458	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,000.00	1,000.00	
8/17/2018	Corral Hollow Development 3208 Wycliffe Dr. Modesto, CA 95355	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	
8/17/2018	Terravest Capital Partners 3208 Wycliffe Dr. Modesto, CA 95355	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000.00	
			SUBTOTAL \$	3,350.00		
Schedule A	A Summary				*Contributor C	odes

1. Amount received this period – itemized monetary contributions. 14,600.00 (Include all Schedule A subtotals.)\$ 50.00 2. Amount received this period – unitemized monetary contributions of less than \$100\$ 3. Total monetary contributions received this period. 14,650.00

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from_

Jul 1, 2018

NAME OF FILER Michel Bazir	net	through Sep 2	2, 2018	Page 5 of 19 I.D. NUMBER 1371086					
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)		
8/17/2018	Chrystena Rockett Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Homemaker	150.00	150.00		150.00		
8/20/2018	Helm's Ale House 600 Central Ave Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.	00			
8/2-/2018	Paola Melgar de Quezada Morada, CA 95215	☑ IND □ COM □ OTH □ PTY □ SCC	Homemaker	1,000.00	1,000.	00			
8/24/2018	Mark S. Miller Tracy CA 95304	☑IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.	00			
9/10/2018	Don Cose Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Proprietor Don Cose Inc.	500.00	1,200.	00			
			SUBTOTAL \$	2,250.00					

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

Jul 1, 2018

				fromJul 1,	2018	FC	DRM TOO
				through Sep 2	22, 2018	l .	6 of 19
Michel Baz	inet					1.D. NUI	
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)
9/12/2018	Laborers' International Union of North America Local 73 PAC Fund 3984 Cherokee Rd. Stockton, CA 95215	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.	00	
9/18/2018	A. Michael Souza Tracy, CA 95308	☑IND □COM □OTH □PTY □SCC	Self-employed Souza Realty & Development	500.00	500.0	00	
9/18/2018	Surjit Malhi Turlock, CA 95382	IND COM OTH PTY	Owner Millenium Transport	1,000.00	1,000.0	00	
9/18/2018	Prabhjot Singh Turlock, CA 95381	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Controller KS Chandhi & Sons Inc	6,000.00	11,000.0	00	
	Intermediary Manroop Kaur Chandi \$3000 Turlock, CA 95381	☑ IND □ COM □ OTH □ PTY □ SCC	Controller Chandis Petroleum Inc.				
			SUBTOTAL \$	8,500.00			

*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.		dollars.	Statement covers period from Jul 1, 2018		california 460		
				through Sep 2	22, 2018		7 of 19
NAME OF FILER					i.b. NU		
Michel Baz	inet					13710	86
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)
9/21/2018	Michael Repetto Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Owner Tracy Disposal	500.00	500.	.00	
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL S	\$ 500.00			Tara Hores

*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	nounts may be ro	unded				SCHE	DULE B - PART 1
Schedule B – Part 1		to whole dollars		Statement covers period CALL			CALIFORN	^{IA} 460
Loans Received				from Jul 1, 2018				** 40U
						00 0040		
SEE INSTRUCTIONS ON REVERSE					through Sep	22, 2018	Page8	of19
NAME OF FILER							I.D. NUMBER	
Michel Bazinet							1371086	
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 FORGIVED THIS PERIOD	BALANCE AI	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Veronica Vargas	Self-employed			☐ PAID				CALENDAR YEAR
Vorollied Valgae	Agora Land			s	\$ <u>1,000.00</u>	%	\$ 1000.00	s
Tracy, CA 95377	Development			FORGIVEN		RATE		PER ELECTION**
[†] ☑IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		s 1,000.00	s	s	12/31/18 DATE DUE	s0.00	5/5/2014 DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	s
				FORGIVEN		RATE		PER ELECTION**
† IND COM OTH PTY SCC		\$	\$	s	DATE DUE	s	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				s	\$	%	s	s
				FORGIVEN		RATE		PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
•	:	SUBTOTALS \$	4	5	\$ 1,000.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period	•••••			\$	0.00			
(Total Column (b) plus unitemized loar	ns of less than \$100.)					(†C	ontributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 	00 paid or forgiven.)			\$	0.00	IN CC	D – Individual DM – Recipient Co (other than F FH – Other (e.g., I	PTY or SCC) ousiness entity)
3. Net change this period. (Subtract Line	e 2 from Line 1.)			NET \$	0.00		Y – Political Party CC – Small Contri	
Enter the net here and on the Summar					lay be a negative number)			

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

** If required.

						SC	HEDULE B - PART			
Schedule B – Part 2	Amounts may be rounded to whole dollars.			Staten	ent covers period	O'ALII O				
_oan Guarantors		3		from	Jul 1, 2018	FOR	M -100			
				through _	Sep 22, 2018	Page	9 of 19			
SEE INSTRUCTIONS ON REVERSE JAME OF FILER						I.D. NUMBE	R			
Michel Bazinet						1371086	}			
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE			
	□IND		LENDER			CALENDAR YEAR				
	□ сом □ отн		DATE			PER ELECTION (IF REQUIRED)				
	□ PTY □ SCC					\$				
	□IND		LENDER			CALENDAR YEAR				
	□ COM □ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)				
					I					s
	□ IND □ COM		LENDER			CALENDAR YEAR				
	□ OTH		DATE			PER ELECTION (IF REQUIRED)				
	□scc					\$				
			LENDER			CALENDAR YEAR				
	□ сом □ отн		DATE			PER ELECTION (IF REQUIRED)				
	□ PTY □ SCC					s				
	. <u>. </u>		SUI	BTOTAL \$	0.00	Enter on Summary Page, Line 17 only.				

Schedul	le C		Amounts may be rounded						SCHEDULE
	netary Contributions Received	to whole dollars.			Statement covers period from Jul 1, 2018			CALIFORNIA 460	
SEE INSTRUCT	TIONS ON REVERSE				thro	ugh <u>Sep 22, 2</u>	2018	Page	10 of 19
Michel Ba								1.D. NUME 137108	
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 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
8/6/2018	Harmesh Singh Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Customer service representative Shell	Campaign ha	ts	1,912.50	1,	912.50	
9/20/2018	Raia Chandi Turlock, CA 95381	☑IND □COM □OTH □PTY □SCC	Proprietor Twain Group	Sponsorship		1,500.00	1,	500.00	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	litional information on appropriately labeled	continuation :	sheets.	SUBTO	OTAL \$				
	C Summary	v contribution	0					tributor Coo	

7.50 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 3. Total nonmonetary contributions received this period. 3,420.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$ _

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

3,412.50

COM - Recipient Committee

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees	Amounts may be ro to whole dollar		Statement covers from Jul 1, 2 through Sep 22	018 , 2018 P	SCHEDULE ALIFORNIA 460 FORM 19
NAME OF FILER					D. NUMBER
Michel Bazinet			,	1	371086
DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR TO DATE
Support Oppose Support Oppose Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Independent Expenditure				
		SUBTOTAL \$	0.00		SUPPLIES OF THE SUPPLIES OF THE SUPPLIES OF THE SUPPLIES OF THE SUPPLIES OF THE SUPPLIES OF THE SUPPLIES OF THE SUPPLIES OF THE SUPPLIES OF THE SUPPLIES OF THE SUPPLIES OF THE SUPPLIES OF THE SUPPLIES OF THE SUPPLIES OF T
Schedule D Summary 1. Itemized contributions and independent expenditures m 2. Unitemized contributions and independent expenditures 3. Total contributions and independent expenditures made	s made this period of und	er \$100			\$

Schedule E Payments Made	Amounts may be rounded to whole dollars.			Staten	Jul 1, 2018 Sep 22, 201	FC	ORNIA ORM	460	
NAME OF FILER Michel Bazinet				t			I.D. NUI	MBER	of <u></u>
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expense PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearances ses lating urvey research	ı enger services	RA RF SA TE: TR: TS: VO	D radio D return L camp L t.v. or C candi S staff/s trans T voter	ibe the payme airtime and produ- ned contributions aign workers' sala cable airtime and date travel, lodgin spouse travel, lodger for between commander to the commander of the commander of the control	uction costs aries d production cost ng, and meals ging, and meals nittees of the sar	ne candida	ate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R	DESCRIPT	ON OF PA	YMENT		AMO	DUNT PAID
Fedex Office 2116 W. Grantline Tracy, CA 95377			Printing coul	nty maps					165.60
Costco 3250 W. Grantline Tracy, CA 95377			Event food &	& supplies					962.34
Stickeryou.com 219 Dufferin St. #6 Toronto ON, M6K3J1			Stickers						113.92
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.	-				SUBTOTAL	\$	1,241.86
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)					•••••••••••••••••••••••••••••••••••••••	\$		153.79
2. Unitemized payments made this period of under $\$100$					•••••	•••••	\$		301.58

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

18,455.37

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

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** Jul 1, 2018 from Sep 22, 2018 through I.D. NUMBER

1371086

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michel Bazinet

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

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs petition circulating CVC civic donations candidate travel, lodging, and meals phone banks FIL candidate filing/ballot fees

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

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

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

LTT campaign interacture and mainings	1101 print aus		, , , , , , , , , , , , , , , , , , ,
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Vistaprint.com Venlo Hudsonweg 8 The Netherlands 5928LW	ct Signs Ocean Ave		303.4
Impact Signs 2021 Ocean Ave Santa Monica, CA 90405			3,279.0
Justyardsigns.com 880 A1, Distribution Ct Orlando, FL 32822		Signage	3,365.0
City of Tracy 333 Civic Center Dr Tracy, CA 95376		Election fees; rental of premises	1,990.0
Advanced Direct Mail Solutions 1460 Eastlake Circle Tracy, CA 95377		Promotional items	1,910.0
* Payments that are contributions or independent expenditures must a	also be summarized on Schedule D.		SUBTOTAL \$ 10,847.

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

SCHEDULE E	CONT.

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
fromJul 1, 2018	FORM 400
through Sep 22, 2018	Page14 of19
	I.D. NUMBER
	1271006

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Michel Bazinet | 1371086

IND independent expenditure supporting/opposing others (explain)* POS postage, de	unications appearances s	vise, describe the payment. RAD radio airtime and production costs returned contributions SAL campaign workers' salaries t.v. or cable airtime and production cost candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the sa voter registration WEB information technology costs (internet,	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESC	RIPTION OF PAYMENT	AMOUNT PAID
South Juan S. Soccer Club 5648 N. El Dorado St Stockton, CA 95207	Sponsorship		500.00
Half Price Banners 8130 Monticello Terrace Lenexa, Kansas 66227	Signage		2,169.02
Computerized Political Services Inc. 3615 Cobbert Dr. San Jose, CA 95148	Walk list data		458.57
Farmers Insurance 527 W. Main St. Merced, CA 95340	Insurance for ever	t	96.95
	I		1

Tracy Chamber of Commerce 223 E. 10th St. Tracy, CA 95376	Sponsorship	200.00

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

Schedule E (Continuation Sheet Payments Made
SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Amounts may be rounded to whole dollars.

Michel Bazinet

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 MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs 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 transfer between committees of the same candidate/sponsor postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)* voter registration professional services (legal, accounting) VOT LEG legal defense WEB information technology costs (internet, e-mail) 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
Home Depot 2461 Naglee Rd Tracy, CA 95304		Signage supplies	1,192.84
COPS Voter Guide 705-2 Bidwell St. #370 Folsom CA 95630		Voter guide	1,307.00
Edgewood NNO Tracy, CA 95377		Sponsorship	140.00

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

SUBTOTAL \$

2.639.84

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from Jul 1, 2018	california 460
SEE INSTRUCTIONS ON REVERSE		through Sep 22, 2018	Page 16 of 19
NAME OF FILER			I.D. NUMBER
Michel Bazinet			1371086
CODES: If one of the following codes accurately describe	es the payment, you may enter the code. Oth	nerwise, describe the payment.	<u> </u>
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and	ction costs meals nd meals of the same candidate/sponsor

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Edgewood National Nights Out Tracy, CA 95377	Sponsorship	140.00	0.00	140.00	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	140.00	0.00 \$	140.00	0.00

Schedule F Summary

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on	0.00
accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	140.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	-140.00

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

Amounts may be rounded to whole dollars.

. <u></u>	SCHEDULE G
Statement covers period fromJul 1, 2018	CALIFORNIA 460
through Sep 22, 2018	Page17 of19
	I.D. NUMBER 1371086

Michel Bazinet

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* PET petition circulating TEL t.v. or cable airtime and production costs 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 transfer between committees of the same candidate/sponsor

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

POE polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

TSF transfer between convolution print ads

WEB information techno

TSF transfer between committees of the same candidate/spons

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR .	DESCRIPTION OF PAYMENT	AMOUNT PAID
			•	
				0.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

0.00

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

2. Payments received on loans\$ _

(Total Column (c) plus unitemized payments of less than \$100.)

(Enter the net here and on the Summary Page, Column A, Line 7.)

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

(May be a negative number)

Schedule I		Amounts may be rounded			SCHEDULE
Miscellaneous Inc	creases to Cash	to whole dollars.		nt covers period Jul 1, 2018	CALIFORNIA 460
			110111	Sep 22, 2018	Page 19 of 19
SEE INSTRUCTIONS ON REVER	RSE		through		I.D. NUMBER
Michel Bazinet					1371086
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF R	ECEIPT	AMOUNT OF INCREASE TO CASH
			-		
Attach additional inforr	mation on appropriately labeled continuation shee	ets.		SUBTOTAL	\$ 0.00
Schedule I Summa	ary				
	cash this period			0.00	=
	s to cash of under \$100 this period				=
	eceived this period on loans made to others.			\$0.00	<u> </u> -
4. Total miscellaneous Summary Page, Line	increases to cash this period. (Add Lines 1, 2 e 14.)	2, and 3. Enter here and on the	TOTAL	\$0.00	-

Recipie	ent Comr	nittee
Campai	ign State	ement
Cover F	Page	

Recipient Committee Campaign Statement Cover Page			PITY RECEIVED	FORM 460
	Statement covers period from Jan 1, 2018	Date of election if applicable: (Month, Day, Year)	2018 JUL 10 PM 12:	6 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through Jun 30, 2018	11/6/2018	CITY OF TRACT	
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 Te☐ Amendment (Explain be	☐ Special C	Statement Odd-Year Report
	D. NUMBER 1371086	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Veronica Vargas for Tracy City Council 2018		Michel Bazinet MAILING ADDRESS		
STREET ADDRESS TO		CITY	STATE ZIP CODE	AREA CODE/PHONE
		Tracy	CA 95377	
CITY STATE ZIP CO		NAME OF ASSISTANT TREASUREF	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		_
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	s	
4. 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	By	correct. Signature of Trigasurer or Assistant Ciling Officeholder, Candidate, State Measure Pro Signature of Controlling Officeholder, Candidate, S	Treasurer ponent or Responsible Officer of Sponsor tate Measure Proponent	- - -
				FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGI	= - PAF	KT 2
CALIF FC	ORNIA DRM	4 2	16	0
Page	2	of	20	

Officeholder or Candidate Cont	rolled Committee		6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			7.	
Veronica Vargas								
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	TION AND DISTRICT NUMBE	R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE
City council, City of Tracy				-				
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	ND STREET) CITY Tracy, CA 953	STATE ZIP		Identify the controlling offic	eholder, cand	idate, or state mea	sure propo	nent, if any.
	11409, 071000			NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PR	ROPONENT		
Related Committees Not Include not included in this statement that are concontributions or make expenditures on be	ntrolled by you or are prim			OFFICE SOUGHT OR HELD		DIS	TRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUI	MBER			·			
			7.	Primarily Formed Can	didate/Offic	ceholder Comm	nittee <i>List</i>	names of
NAME OF TREASURER	į.	OLLED COMMITTEE?		officeholder(s) or candidate(s	s) for which this	s committee is prima	arily formed	<i>l.</i>
	Y	ES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	1
COMMITTEE ADDRESS STREET ADD	DRESS (NO P.O. BOX)			NAME OF OFFICEROEDER OR	CANDIDATE	OFFICE SOUGHT	OKTILLD	SUPPORT OPPOSE
CITY	STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUI	/IBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTR	OLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
	'							
COMMITTEE ADDRESS STREET ADD	DRESS (NO P.O. BOX)							

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period Jan 1, 2018	california 460 form
through Jun 30, 2018	Page3 of20
	I.D. NUMBER
	1371086

Michel Bazinet **Calendar Year Summary for Candidates** Column B Column A CALENDAR YEAR Running in Both the State Primary and **Contributions Received** TOTAL THIS PERIOD TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 28,735.00 28.735.00 1. Monetary Contributions..... Schedule A, Line 3 7/1 to Date 1/1 through 6/30 0 2. Loans Received...... Schedule B, Line 3 20. Contributions 28,735.00 28,735.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 1,525.20 1.525.20 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 30.260.20 30,260.20 TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditure Limit Summary for State Expenditures Made** 9,171.37 Candidates 9,171.37 6. Payments Made...... Schedule E, Line 4 \$ _____ 0.00 0.00 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 9,171.37 9,171.37 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ 140.00 140.00 Total to Date 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election (mm/dd/yy) 0.00 0.00 10. Nonmonetary Adjustment......Schedule C, Line 3 9,311.37 9.311.37 Current Cash Statement 10.843.75 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ____ To calculate Column B, 28.735.00 add amounts in Column *Amounts in this section may be different from amounts A to the corresponding 0.00 amounts from Column B 14. Miscellaneous Increases to Cash Schedule I, Line 4 reported in Column B. of your last report. Some 9,171.37 15. Cash Payments Column A, Line 8 above amounts in Column A may 30,407.38 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ __ should be subtracted from previous period amounts. If If this is a termination statement, Line 16 must be zero. this is the first report being filed for this calendar year, 0.00 17 I OAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ --only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 0.00 18. Cash Equivalents..... See instructions on reverse \$ 0.00 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

Statement covers period

CONTRIBUTE CONTRIBUTE CONTRIBUTE CONTRIBUTE CODE california 460 form			
Michel Bazinet DATE RECEIVED FULL NAME, STREET ADDRESS, AND ZIP CODE of CONTRIBUTOR CODE TO CODE	of20		
CODE CODE			
A/26/2018 The Grewal Family Trust	ER ELECTION TO DATE REQUIRED)		
A/26/2018 Hanlit Kaler			
COM			
5/15/2018			
5/21/2018 Com Retired 150.00 150.00			
Sobodule A Cummon.			
Schedule A Summary *Contributor Codes			
1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$ 23,000.00 2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 5,735.00 IND – Individual COM – Recipient Com (other than PT OTH – Other (e.g., but PTY – Political Party)	TY or SCC) usiness entity)		
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	utor Committee		

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

•				from Jan 1, 2018			FORM TOO		
				through Jun 3	0, 2018	Page			
NAME OF FILER									
Michel Bazir	net					13710	86		
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)		
5/25/2018	Teamsters Local Union #439 1531 E Fremont St., Stockton, CA 95205	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00				
5/29/2018	Northern California Carpenters Regional Council 265 Hegenberger Rd #200, Oakland, CA 94621	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,500.00	1,500.00				
5/29/2018	John Mensonides	IND COM OTH PTY	Partner NorthStar Engineering Group, Inc.	250.00	250.	00			
5/29/2018	Brian Jones	☑IND □COM □OTH □PTY □SCC	Partner NorthStar Engineering Group, Inc.	250.00	250.00				
6/13/2018	Prabhjot Singh/Jaspreet Kaur	☑IND □COM □OTH □PTY □SCC	CEO Turlock Petroleum	5,000.00	5,000.	00			
			SUBTOTAL	\$ 7,500,00					

*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.)

wonetary	Contributions Received	to whole	dollars.	Jan. 6	ers period , 2018 30, 2018	F	FORNIA 460	
NAME OF FILER				through Jun 3	50, 2016	Page6 of20		
Michel Bazi	net					I.D. NUMBER 1371086		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)	
6/13/2018	Ponderosa Homes 5020 Franklin Dr., Ste 200, Pleasnaton, CA 94588	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000.00			
6/18/2018	River Islands Development 1676 N California Blvd #420, Walnut Creek, CA 94596	□IND □COM ☑OTH □PTY □SCC		1,500.00	1,500.00			
6/18/2018	Kathy Takahashi	☑IND □COM □OTH □PTY □SCC	Self-employed TAKAHASHI Automotive & Promotional Products	100.00	100.00			
6/20/2018	River Islands Development 1676 N California Blvd #420, Walnut Creek, CA 94596	□IND □COM ☑OTH □PTY □SCC		1,000.00	2,500.00			
6/20/2018	Benefit Solutions Inc 3932 Virginia Beach Blvd, Virginia Beach, VA 23452	☐IND ☐COM ØOTH ☐PTY ☐SCC		500.00	500.0	00		
		4,100.00						

*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.)

CALIFORNIA

Statement covers period

		from Jan 1,	2018	FO	DRM TOO				
				through Jun 3	0, 2018	Page	7 of20		
NAME OF FILER							1		
Michel Bazir	net					13710	86		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
6/20/2018	Don Cose	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	500.00	500.00				
6/20/2018	Andrew Sabey	☑IND □COM □OTH □PTY □SCC	Partner Cox Castle & Nicholson	150.00	150.00		150.00		
6/20/2018	Country Mart Gas & Food 34243 S Chrisman Rd, Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	·	200.00	200.00				
6/20/2018	Paul Flores	☑IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Supervisor Thatcher Court	100.00	100.00				
6/20/2018	Hector John Cardoza	☑IND □COM □OTH □PTY □SCC	Proprietor Hector John	100.00 100.00					
			SUBTOTAL	\$ 1,050.00					

*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.)

Wionetary	from Jan 1, 201		•	CALIFORNIA		160		
				through Jun 3	30, 2018	Page _	8 of	20
NAME OF FILER						I.D. NU	MBER	
Michel Bazi	net					13710	86	
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	CALENDAR Y	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		CTION TE RED)
6/20/2018	Walter Gouveia	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00			
6/20/2018	Ponderosa Homes 5020 Franklin Dr., Ste 200, Pleasnaton, CA 94588	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,000.00	2,000.00			
6/20/2018	vanderToolen Associates 855 Bordeaux Way, #240, Napa, CA 94558	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	500.00			
6/20/2018	William Hezmalhatch Associates 2850 Redhill Ave #200, Santa Ana, CA 92705	□IND □COM ☑OTH □PTY □SCC		500.00	500.00			
6/20/2018	ENGEO 2010 Crow Canyon PI #250, San Ramon, CA 94583	□IND □COM ☑OTH □PTY □SCC		500.00	500.	00		
		2,600.00						

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

Jan_1, 2018

				through Jun 3	0, 2018	Page	
NAME OF FILER					Ì		
Michel Bazi	net					13710	86
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)
6/20/2018	Christian/Amv Cehrian	☑IND □COM □OTH □PTY □SCC	Attorney Cox Castle & Nicholson	150.00	150.00		
6/20/2018	Randall Clark Morrison	☑IND □COM □OTH □PTY □SCC	Partner Cox Castle & Nicholson	250.00	250.00		
6/26/2018	David Haugen	☑IND □COM □OTH □PTY □SCC	Real estate manager Phelan Development Co.	2,000.00	2,000.	00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC		,			
			SUBTOTAL	\$ 2,400.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

SCC - Small Contributor Committee

Schedule B – Part 1	Am	ounts may be ro	unded	_			SCHEDULE B - PART 1			
Loans Received		to whole dollars	S.		Statement cov	ers period	CALIFORN	11A 460		
Loans Received					from Jan 1	, 2018	FORM	400		
SEE INSTRUCTIONS ON REVERSE					through Jun	30, 2018	Page 10	of 20		
NAME OF FILER					· —		I.D. NUMBER			
Michel Bazinet							1371086			
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 FORGIVED THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
Veronica Vargas 1080 Kaden Lane Tracy, CA 95377	Self-employed ???	4.000.00		\$ FORGIVEN	\$ <u>1,000.00</u>	% RATE	\$ <u>1000.00</u>	CALENDAR YEAR \$ PER ELECTION**		
[†] ☑IND □ COM □ OTH □ PTY □ SCC	·	\$ <u>1,000.00</u>	\$0.00	\$	12/31/18 DATE DUE	s0.00_	5/5/2014 DATE INCURRED	s		
				PAID \$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**		
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
				PAID \$ FORGIVEN	s	% RATE	\$	\$ PER ELECTION**		
[†] □IND □ COM □ OTH □ PTY □ SCC		s	s	\$	DATE DUE	\$	DATE INCURRED	\$		
		SUBTOTALS \$		5	\$ 1,000.00	\$ 0.00				
Schedule B Summary		············				(Enter (e) on Schedule E, Line 3)		10		
Loans received this period (Total Column (b) plus unitemized loan	ns of less than \$100.)		•••••	\$	0.00	(+0	Contributor Codes			
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha 	00 paid or forgiven.)			\$	0.00	in Co	ID – Individual OM – Recipient C (other than TH – Other (e.g.,	committee PTY or SCC) business entity)		
 Net change this period. (Subtract Lin- Enter the net here and on the Summar 	e 2 from Line 1.)ry Page, Column A, Line 2.		•••••		0.00 Tay be a negative number)		TY – Political Part CC – Small Contr	ibutor Committee		
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.)					EDDC For	m 460 (lan/2016)		

** If required.

Schedule B – Part 2 Loan Guarantors

Amounts may be rounded to whole dollars.

 Statement covers period from _____ Jan 1, 2018
 CALIFORNIA FORM
 460

 through ____ Jun 30, 2018
 Page ___ 11 ___ of ___ 20

 I.D. NUMBER
 I.D. NUMBER

				through	un 30, 2018	Page11	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUMBER	
Michel Bazinet						1371086	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	GU	AMOUNT JARANTEED HIS PERIOD	CUMULATIVE TO DATE -	BALANCE OUTSTANDING TO DATE
	□IND □COM □OTH □PTY □SCC		LENDER DATE		\$	PER ELECTION (IF REQUIRED)	
	□IND □COM □OTH □PTY □SCC		LENDER DATE .		\$	PER ELECTION (IF REQUIRED)	
	□IND □COM □OTH □PTY □SCC		LENDER		\$	PER ELECTION (IF REQUIRED)	
	☐IND ☐COM ☐OTH ☐PTY ☐SCC		LENDER DATE		s	PER ELECTION (IF REQUIRED)	TO LOCAL TO THE STATE OF THE ST
			9111	BTOTAL \$	0.00	Enter on Summary Page,	

Schedule C		Amounts may be rounded			SCHEDULE				
Nonmon	netary Contributions Received		to whole dollars.		Sta	atement covers p Jan 1, 20		CALIFO	ORNIA 160
SEE INSTRUCT	TIONS ON REVERSE R				throug	ghJun 30, 2	2018	 	12_ of20_
Michel Ba	azinet							1.D. NUMB	
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 OF GOODS OR SERVICE		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
5/22/2018	Windmill Ridge Winery 8350 W. Linne Rd, Tracy, CA 95304	□IND □COM □OTH □PTY □SCC		Rental of premises for campaign even	nt	1,100.00	1,	100.00	1,100.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach addi	litional information on appropriately labeled o	continuation s	sheets.	SUBTOT	ſAL\$	1,100.00			
l. Amount r (Include a	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)					1,100.00 425.20	IND -	(other th	
3. Total non	nmonetary contributions received this period es 1 and 2. Enter here and on the Summan	d.		TOTAL		1 525 20	PTY	- Political F	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollars		Statement covers from Jan 1, 2	CALIF	california 460 form		
	ONS ON REVERSE			through Jun 30,	2018 Page I.D. NUM 13710			
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	Support Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		,	·			
			SUBTOTAL	\$ 0.00				
1. Itemized o	D Summary contributions and independent expenditures mad							

0.00

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be rounded to whole dollars.			Statement covers from Jan 1, 20 through Jun 30,	018 FO 2018 Page	
Michel Bazinet					1.D. NUM 137108	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expen: PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearances ses lating s urvey researcl	s n senger services	RAD radio airtime and RFD returned contribu SAL campaign worker TEL t.v. or cable airtim TRC candidate travel, TRS staff/spouse trave	production costs tions s' salaries ne and production costs lodging, and meals el, lodging, and meals committees of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Womens SB Network San Joaquin 793 S. Tracy Blvd #345, Tracy, CA 95376			Membership/spon	sorship		100.00
Tracy Latin Athletics Club 8197 W. Linne Rd., Tracy, CA 95304			Sponsorship			300.00
Windmill Ridge Winery 8350 W. Linne Rd, Tracy, CA 95304			Premise rental an	d supplies		632.74
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.		V	SUBTOTAL \$	1,032.74
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedul	le E subtotals.)			•••••	\$	8,976.79
2. Unitemized payments made this period of under \$100	•••••			••••	\$	194.58
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Par	t 1, Columr	ı (e).)		\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summa	ary Page, Column A	, Line 6.)	TOTAL \$	9,171.37

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

CMP campaign paraphernalia/misc.

Amounts may be rounded to whole dollars.

MBR member communications

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

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

	SCHEDOLE E (CONT.)
Statement covers period	CALIFORNIA 460
from Jan 1, 2018	FORM 400
through Jun 30, 2018	Page15 of20
	I.D. NUMBER
	1371086

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Michel Bazinet

MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor TSF postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* voter registration professional services (legal, accounting) VOT LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Legal fees Sutton Law Firm 6.233.65 150 Post St. #405, San Francisco, CA 94108 Printing of envelopes Creative Vision Printing 210.11 2232 Stewart St. Stoockton, CA 95205 Supplies for campaign events Costco 941.70 3250 W. Grantline, Tracy, CA 95377 Promotional items Vistaprint 302.19 Venlo Hudsonweg 8, The Netherlands 5928LW Precinct maps and lists San Joaquin Registrar 100.00 40N San Joaquin, Stockton, CA 95202 **SUBTOTAL \$** 7.787.65

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.		Sta			SCHEDULE E (CONTINUE OF CALIFORNIA FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				throug	hJun 30, 2018	Page	16 of 20
Michel Bazinet						137108	
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli PRO professional PRT print ads	munications I appearance es ating urvey researc very and mes	s n senger services	RAD I RFD I SAL I TEL I TRC I TRS I TSF I	escribe the payment radio airtime and productive returned contributions campaign workers' salarietive, or cable airtime and population of the candidate travel, lodging, staff/spouse travel, lodging, staff/spouse travel, lodging, staff, salaries and staff, salaries and staff, salaries and salaries	ion costs es roduction costs and meals ig, and meals ees of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE ()R	DESCRIPTION			AMOUNT PAID
Fedex Office 2116 W. Grantline, Tracy, CA 95377			Posters				156.40

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

SUBTOTAL \$ 156.40

FPPC Form 460 (Jan/2016)

Schedule F Accrued Expenses (Unpaid Bills)			Statement covers period from Jan 1, 2018		california 460 FORM	
			through Jun 3	30, 2018	Page	17 of 20
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Michel Bazinet				1,1	D. NUMBI	ER
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I	ns nces earch messenger services	RAD radio all time a RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trav TRS staff/spouse tr	to production costs buttions kers' salaries time and production el, lodging, and mea avel, lodging, and men committees of the on	ils leals e same o	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON	{	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Edgewood National Nights Out 1239 Cherry Blossom Lane, Tracy, CA 95377	Sponsorship	0.00	140.00	0.	.00	140.00
		,				
· ·						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00	\$ 140.00	\$ 0.0	00 \$	140.00
Schedule F Summary						
Total accrued expenses incurred this period. (Include all saccrued expenses of \$100 or more, plus total unitemized)	accrued expenses under	\$100.)	INC	JRRED TOTALS	s \$	140.00
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subto payments on accrued exp	tals for payments on enses under \$100.).				0.00
3. Net change this period. (Subtract Line 2 from Line 1. Er on the Summary Page, Column A, Line 9.)	ter the difference here and	i l				140.00 be a negative number

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE NAME OF FILER Michel Bazinet	t Amoui to	nts may be rounded o whole dollars.		Statement covers pe Jan 1, 2018 hrough Jun 30, 20	FOR	8 of 20
NAME OF AGENT OR INDEPENDENT CONTRACTOR						
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be	MBR member co MTG meetings a OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de PRO professional PRT print ads	ommunications and appearances anses culating ks survey research elivery and messenge al services (legal, acco	RA RF SA TE TR TR TR r services TS punting) VO	D radio airtime and pro- D returned contribution: L campaign workers' sa L t.v. or cable airtime a C candidate travel, lodg S staff/spouse travel, lof transfer between con	duction costs s alaries nd production costs ging, and meals dging, and meals nmittees of the same o	·
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPT	ION OF PAYMENT		AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

0.00

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

		A	av bo roundod	Г	Statement cov	ers period	OALIFORN	SCHEDULE H
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.				, 2018	CALIFORNI FORM	^{IA} 460
					through Jun	30, 2018	Page	of
SEE INSTRUCTIONS ON REVERSE			·				I.D. NUMBER	
NAME OF FILER							1371086	
Michel Bazinet						(-)	(5)	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENESS THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
		PERIOD		☐ PAID			·	CALENDAR YEAR
				\$	\$	RATE	\$	\$
				FORGIVEN				PER ELECTION**
			s	s		\$		\$
			•	,	DATE DUE		DATE INCURRED	
				☐ PAID				CALENDAR YEAR
				s	\$	%	\$	s
				FORGIVEN		RATE		PER ELECTION**
						\$		\$
		*		,	DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate	or committee must	<u> </u>						
also be summarized on Schedule D. Loans forgive reported on Schedule E.	en must also be	SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					¢	0.00	_	
Loans made this period (Total Column (b) plus unitemized loan	ns of less than \$100.)			••••••••••••	—			**If Required
2. Payments received on loans					\$	0.00	_	

(Total Column (c) plus unitemized payments of less than \$100.)

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded	SCHEDULE				
		to whole dollars.	Statement covers period	CALIFORNIA 160			
			from Jan 1, 2018	FORM TOU			
SEE INSTRUCTIONS ON REVE	RSF		through Jun 30, 2018	Page 20 of 20			
NAME OF FILER	TO C			I.D. NUMBER			
Michel Bazinet				1371086			
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH			
,				·			
Attach additional inforr	mation on appropriately labeled continuation sheets.		SUBTOTA	L\$			
Schedule I Summa	ary						
	cash this period			0			
2. Unitemized increase	s to cash of under \$100 this period		\$\$	0			
Total of all interest re	ceived this period on loans made to others. (So	chedule H, Column (e).)		<u>0</u>			
 Total miscellaneous i Summary Page, Line 	ncreases to cash this period. (Add Lines 1, 2, a e 14.)	and 3. Enter here and on the	TOTAL \$ 0.0	0			