Major Donor and Independent Expenditure Commo Campaign Statement	nittee	-	CALIFORNIA 461			
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 1/1/2018 through 12/31/2018	Date of election if applicable: (Month, Day, Year)	2019 FEB - 7 AM II: 5 Page 1 of 2 For Official Use Only CITY OF TRACY TRACY RA			
1. Name and Address of Filer NAME OF FILER R & R Farms RESIDENTIAL OR MAILING ADDRESS CITY Fremont RESPONSIBLE OFFICER (If filer is other than an individual) Amy Torres 2. Nature and Interests of Filer (Complete of the Complete of th	E, ADDRESS, AND BUSINESS INTERESTS ADDRESS, AND NATURE OF THE BUSINESS BUSINESS INTERESTS	 Unitermized expenditure contributions (including \$100 made this period) Total expenditures and made this period. (Add Total expenditures and made from prior stater amount from Line 5 of filed. If this is the first the calendar year, enter the calendar year, enter (including loans) made January 1 of the current 	tributions 00 or more t 5.)			
A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED Farming A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY		I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 1/16/2019 DATE By- SIGNATURE OF INDIVIDUAL DONOR OR RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL				
Amendment (Explain):		_	FPPC Form 461 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov			

Major Donor and Independent Expenditure Committee Campaign Statement

R & R Farms

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 161			
from	1/1/2018	FORM TO			
through _	12/31/2018	Page of2			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE		AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE
10/12/19	Yes on M- Middle Class Homes for Tracy Residents First (ID# 1407999) 455 Capitol Mall, Suite 600 Sacramento, CA 95814	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Measure M City of Tracy	☐ Oppose	18,000.00	18,000.00
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Support	☐ Oppose		
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Support	☐ Oppose		
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Support	☐ Oppose		
SUBTOTAL \$ 18,000.00							