Recipient Committee Campaign Statement Cover Page		CITY	AECZIVED CLERK'S OFFICE	CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period from01/01/2019	Date of election if applicable: (Month, Day, Year) 2019	JUL 29 AM 7:56	Page1 of6
SEE INSTRUCTIONS ON REVERSE	through06/30/2019	C	TY OF TRACY	
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	_	
 ○ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ② Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te	Spe	rterly Statement cial Odd-Year Report plemental Preelection rement - Attach Form 495
3. Committee Information	I.D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Tracy Firefighters Association PAC STREET ADDRESS (NO P.O. BOX)	1230611 EE)	NAME OF TREASURER Carlos Hampton MAILING ADDRESS 835 Central Avenue CITY		CODE AREA CODE/PHONE
835 Central Avenue CITY STATE ZIP	CODE AREA CODE/PHONE	Tracy NAME OF ASSISTANT TREASU		
OTT 1	5376 (209)831-6700 D. BOX	MAILING ADDRESS	<u>.</u>	
	CODE AREA CODE/PHONE	CITY	·	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.com		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of California (2014/2019)		nowledge the information contained he	rein and in the attached sched	lules is true and complete. I certify
Executed on	ByBySignature of Co	Signature of Treasure or Assistant ontrolling Officeholder, Candidate, State Measure Pro		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	 FPPC Form 460 (Jan/2016

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
CALIF FC	ORNIA ORM	460						
Page	2 (of <u>6</u>	_					

Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballo	ot Measure Comr	nittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	• •		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling offi	iceholder, candidate	, or state measure	proponent, if any
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONE	NT	
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 of	u or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	didate/Officehold for which this comm	er Committee Littee is primarily form	ist names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	<u></u>		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFIC	E SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFIC	CE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFIC	E SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFIC	CE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)					
CITY STATE ZIP	CODE AREA CODE/PHONE		Attac	h continuation shee	ets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from01/01/2019		CALIFORNIA 460 FORM
through	06/30/2019	Page3 of6

SLIMMARY PAGE

I,D. NUMBER NAME OF FILER 1230611 Tracy Firefighters Association PAC Column A Column B Calendar Year Summary for Candidates Contributions Received CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 4,367.00 4,367.00 1. Monetary Contributions Schedule A, Line 3 \$ _____ 1/1 through 6/30 7/1 to Date 0.00 20. Contributions 4,367.00 4,367.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received 0.00 0.00 21. Expenditures Made 4,367.00 4,367.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** Candidates 0.00 0.00 22. Cumulative Expenditures Made* 575.60 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 **Current Cash Statement** 7 To calculate Column B, add amounts in Column A to the 4,367.00 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 575.60 15. Cash Payments Column A, Line 8 above Column A may be negative 7,671.91 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ ______ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (Jan/2016)

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

Schedule A Monetary Contributions Received			s may be rounded whole dollars.	Statement cove	CALIFORNIA 460			
OFF INOTELLICITIE	ONE ON DEVEDE			through06/30/20	019	Page	4 o	f <u> 6 </u>
NAME OF FILER	DNS ON REVERSE			·		I.D. NU	IMBER	
Tracv Firef	ighters Association PAC					1230	511	
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 I CALENDAR (JAN. 1 - DE	YEAR	TO	ECTION DATE QUIRED)
		□IND □COM □OTH □PTY □SCC					101	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL\$	0.00	*			
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)				IND	(other	al ent Committe than PTY o	r SCC)
3. Total mone	eceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu				PT	′ – Politica	(e.g., busine I Party Contributor C	

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

Schedule E Payments Made Amounts may be rounded to whole dollars.				S		covers pe	EO	
SEE INSTRUCTIONS ON REVERSE				thro	ough	06/30/2019	ugo	5 of <u>6</u>
NAME OF FILER							I.D. NUN	IBER
Tracy Firefighters Association PAC				·			123061	.1
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 expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating survey resea livery and me	es	RAD RFD SAL TEL TRC TRS TSF	radio air returned campaig t.v. or ca candidat staff/spo transfer voter reg	time and pro contribution n workers' s able airtime a e travel, lodg use travel, lo between con gistration	duction costs as alaries and production costs ging, and meals odging, and meals	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYN	IENT		AMOUNT PAID
Tracy Firefighters Charity 835 N. Central Avenue Tracy, CA 95376		cvc						500.0
* Payments that are contributions or independent expenditures r	nust also be summ	arized on S	Schedule D.				SUBTOTAL\$	500.0
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					************	\$	500.00
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).)				\$	0.00

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Additional Comments For Form 460

CALIFORNIA FORM 460

Page 6 of 6

 NAME OF FILER
 I.D. NUMBER

 Tracy Firefighters Association PAC
 1230611

All contributions are received through an intermediary: Tracy Firefighters Association, 835 Central Avenue, Tracy, CA 95376

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Executed on _

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAG	E-PART2
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Dama	,		21

Officeholder or Candidate Controlled Committee			Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	·		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or state meas	ure proponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PF	ROPONENT	
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your of	u or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O	CONTROLLED COMMITTEE? YES NO BOX)	7.	Primarily Formed Can officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR	s) for which thi		formed.
						OPPOSE
	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	BOX)					
CITY STATE ZIF	CODE AREA CODE/PHONE		Atta	ch continuati	on sheets if necessary	′

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA FORM	460
from	10/26/2018	FORM	700
through _	12/31/2018	Page3 (of <u>31</u>

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1230611 Tracy Firefighters Association PAC

Contributions Received	(Column A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTALTO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	4,246.00	\$	8,563.50	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00	ľ
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	4,246.00	\$	8,563.50	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21 Eypenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	4,246.00	\$	8,563.50	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4			\$	8,249.88	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7			\$	8,249.88	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00			(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	550.00	\$	8,249.88	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	184.51	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		4,246.00		ounts in Column A to the responding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	reported in Column B.
15. Cash Payments		550.00		ort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	3,880.51	fig	ures that should be otracted from previous	
If this is a termination statement, Line 16 must be zero.			pe	riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for car	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts			fro an	m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			

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

Schedule Monetary	Contributions Received		ts may be rounded whole dollars.	Statement coverage from10/26/2		CALIFORNIA 460			
SEE INSTRUCTIO	DNS ON REVERSE			through12/31/2	018	Page	4	of31	
NAME OF FILER					1.	D. NUM	BER		
Tracy Firef	ighters Association PAC		,			L23061	1		
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31	₹	TO	LECTION DATE QUIRED)	
10/26/2018	Bobby Arnold 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	132	.00			
12/20/2018	Bobby Arnold 835 Central Avenue Tracy, CA 95376	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Firefighter City of Tracy	33.00	132	.00			
10/26/2018	Lisa Bacher 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	132	.00			
12/20/2018	Lisa Bacher 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	132	.00			
10/26/2018	Brian Bagley 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	132	.00			
			SUBTOTAL\$	165.00					
1. Amount re (Include al 2. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)				OTH = C	dividual Recipient other the Other (e. olitical P	t Commit an PTY o .g., busir arty		

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

4,246.00

3. Total monetary contributions received this period.

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole o		Statement cove	ers period 2018	CALIFORNIA 46		
				through12/31/	2018		of	
NAME OF FILER						I.D. NUM	1BER	
Tracy Firefi	ghters Association PAC					123061		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	31)	PER ELECTION TO DATE (IF REQUIRED)	
12/20/2018	Brian Bagley 835 Central Avenue Tracy, CA 95376	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Firefighter City of Tracy	33.00	1:	32.00		
10/26/2018	Tom Baldocchi 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1:	32.00		
12/20/2018	Tom Baldocchi 835 Central Avenue Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00	-	
10/26/2018	James Barr 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00		32.00		
12/20/2018	James Barr 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00		
			SUBTOTAL	.\$ 165.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement coverage from10/26	•	CALIFORNIA 460		
				through 12/31	/2018	Page_	6 of 31	
NAME OF FILER						I.D. NÜN	MBER	
Tracy Firefi	ghters Association PAC	-				12306	11	
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)	
10/26/2018	John Bell 835 Central Avenue Tracy, CA 95376	IND ☐COM ☐OTH ☐PTY ☐SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	John Bell 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
10/26/2018	Brandon Benson 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00		
12/20/2018	Brandon Benson 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1:	32.00		
10/26/2018	Steve Bliss 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00		
			SUBTOTALS	165.00				

*Contributor Codes

IND-Individual

COM - Recipient Committee

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

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole o		from10/26/	/2018	FORM 460		
				through12/31/	<u></u>		7 of <u>31</u>	
NAME OF FILER						I.D. NUMB	SER	
Tracy Firefi	ghters Association PAC					1230611		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR 31)	PER ELECTION TO DATE (IF REQUIRED)	
12/20/2018	Steve Bliss 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00		2.00		
10/26/2018	Greg Boswell 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	13	2.00		
12/20/2018	Greg Boswell 835 Central Avenue Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	13	2.00		
10/26/2018	Shawn Bracha 835 Central Avenue Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	13	2.00		
12/20/2018	Shawn Bracha 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	13	2.00		
			SUBTOTAL	.\$ 165.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole dollars.		Statement covers period from10/26/2018		CALIFORNIA 460		
				through 12/31/	2018	Page	8 of31	
NAME OF FILER						I.D. NUMBE	R	
Tracy Firefi	ghters Association PAC					1230611		
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)	
10/26/2018	Jeff Brown 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00		
12/20/2018	Jeff Brown 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00		
10/26/2018	Jared Bryant 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1:	32.00		
12/20/2018	Jared Bryant 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1:	32.00		
10/26/2018	Daniel Bunch 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1:	32.00		
			SUBTOTALS	165.00				

*Contributor Codes IND - Individual COM - Recipient Committee

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

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole o		Statement cov	•	FORM 460		
				through12/31,	/2018	Page	9 of <u>31</u>	
NAME OF FILER						I.D. NUM	IBER	
Tracy Firefi	ghters Association PAC					123061		
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 . 31)	PER ELECTION TO DATE (IF REQUIRED)	
12/20/2018	Daniel Bunch 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
10/26/2018	Sean Butler 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Sean Butler 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
10/26/2018	Scott Byers 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Scott Byers 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
			SUBTOTAL	.\$ 165.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement coverage from 10/26,	,	CALIFORNIA 460			
				through 12/31/	2018	Page _	10 of31		
NAME OF FILER					- ,	I.D. NUI	MBER		
Tracy Firefi	ghters Association PAC	,				12306	11		
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)		
10/26/2018	Clarke Caldwell 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00			
12/20/2018	Clarke Caldwell 835 Central Avenue Tracy, CA 95376	XIND COM OTH PTY	Firefighter City of Tracy	33.00	1	32.00			
10/26/2018	Justin Cerro 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00			
12/20/2018	Justin Cerro 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00			
10/26/2018	Ruben Cortinas 835 Central Avenue Tracy, CA 95376	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Firefighter City of Tracy	33.00	1.	32.00			
 .			SUBTOTALS	165.00					

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

SCHEDULE A (CONT.)

Statement covers period

		•••		from10/26/	<u>/2018</u>	FORM	700
				through12/31/	/2018		1 of <u>31</u>
NAME OF FILER						I.D. NUMBER	₹
Tracy Firefic	ghters Association PAC					1230611	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2018	Ruben Cortinas 835 Central Avenue Tracy, CA 95376	IND COM OTH PTY SCC	Firefighter City of Tracy	33.00		32.00	
10/26/2018	Scott Cunningham 835 Central Avenue Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00	
12/20/2018	Scott Cunningham 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00	
10/26/2018	Daniel Fahey 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00		32.00	
12/20/2018	Daniel Fahey 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00	
			SUBTOTAL	.\$ 165.00			

Amounts may be rounded

to whole dollars.

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PTY - Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement coverage from10/26/	•	CALIFORNIA 460		
				through 12/31	2018	Page	12_ of31	
NAME OF FILER						I.D. NUM	BER	
Tracy Firefi	ghters Association PAC	-				123061	1	
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)	
10/26/2018	Joel Fell 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Joel Fell 835 Central Avenue Tracy, CA 95376	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Firefighter City of Tracy	33.00	1	32.00		
10/26/2018	Mike Frederick 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00		
12/20/2018	Mike Frederick 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
10/26/2018	Ryan Gall 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00		
			SUBTOTAL	165.00				

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

PTY – Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement coverage from 10/26/	•	FORM 460		
				through 12/31	/2018	Page _	13_ of 31_	
NAME OF FILER						I.D. NÚM	IBER	
Tracy Firefi	ghters Association PAC					123061	11	
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)	
12/20/2018	Ryan Gall 835 Central Avenue Tracy, CA 95376	IND COM OTH PTY SCC	Firefighter City of Tracy	33.00	1	32.00		
10/26/2018	Matthew Gates 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Matthew Gates 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
10/26/2018	Wesley Goeppert 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Wesley Goeppert 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
			SUBTOTAL	.\$ 165.00				

Amounts may be rounded

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SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement coverage from 10/26	·	california 460		
				through12/31/	/2018	Page _	<u>14</u> of	31
NAME OF FILER						I.D. NÜN	IBER	
Tracy Firefi	ghters Association PAC					123061	L1	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELE TO DA (IF REQL	\TE
10/26/2018	Raynoldo Gonzales 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	132.00			
12/20/2018	Raynoldo Gonzales 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00		
10/26/2018	Rudy Gonzales 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Rudy Gonzales 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00		
10/26/2018	Larry Griffith 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00		
			SUBTOTAL	\$ 165.00		1.53.15		The Proof

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PTY - Political Party

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from10/26/2018		FORM 460		
				through12/31/	/2018		15 of31	
NAME OF FILER						I.D. NUN	MBER	
Tracy Firefi	ghters Association PAC					12306	11	
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 . 31)	PER ELECTION TO DATE (IF REQUIRED)	
12/20/2018	Larry Griffith 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
10/26/2018	Carlos Hampton 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Carlos Hampton 835 Central Avenue Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
10/26/2018	Jim Haskell 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Jim Haskell 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
			SUBTOTAL	\$ 165.00				

Amounts may be rounded

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SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement coverage from 10/26/	•	CALIFORNIA 460		
				through12/31/	2018	Page _	<u>16</u> of	31
NAME OF FILER					-	I.D. NUN	/BER	
Tracy Firefi	ghters Association PAC					12306	11	
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	TOD	ECTION DATE QUIRED)
10/26/2018	Laura Hernandez 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Laura Hernandez 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	î	32.00		
10/26/2018	Nathan Howell 835 Central Avenue Tracy, CA 95376	XIND COM OTH PTY SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Nathan Howell 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00		
10/26/2018	Alex Kershner 835 Central Avenue Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00		
			SUBTOTALS	165.00				

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SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 10/26/2018		CALIFORNIA 460		
				through12/31/	2018		of31	
NAME OF FILER						I.D. NUM	1BER	
Tracy Firefi	ghters Association PAC	 				123061	11	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR 31)	PER ELECTION TO DATE (IF REQUIRED)	
12/20/2018	Alex Kershner 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00		32.00		
10/26/2018	Beau Lautenslager 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1:	32.00		
12/20/2018	Beau Lautenslager 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00		
10/26/2018	John LeBlanc 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00		
12/20/2018	John LeBlanc 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
=			SUBTOTAL	.\$ 165.00				

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SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 10/26/2018		CALIFORNIA 460		
				through 12/31	/2018	Page1	8 of <u>31</u>	
NAME OF FILER						I.D. NUMBER	?	
Tracy Firefi	ghters Association PAC					1230611		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	(IF SELF-EMPLOYER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
10/26/2018	Justin Legasa 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	13	2.00		
12/20/2018	Justin Legasa 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	13	2.00		
10/26/2018	Clarence Marquez 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	. 33.00	13	2.00		
12/20/2018	Clarence Marquez 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	13	2.00		
10/26/2018	Matthew McClellan 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	13	2.00		
			SUBTOTALS	165.00				

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PTY - Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from10/26/2018		california 460 form		
				through12/31/	2018		19 of31	
NAME OF FILER						I.D. NU	MBER	
Tracy Firefi	ghters Association PAC					12306	11	
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). 31)	PER ELECTION TO DATE (IF REQUIRED)	
12/20/2018	Matthew McClellan 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00		132.00		
10/26/2018	Kevin Meineke 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00		132.00		
12/20/2018	Kevin Meineke 835 Central Avenue Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	-	132.00		
10/26/2018	Craig Miller 835 Central Avenue Tracy, CA 95376	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Firefighter City of Tracy	33.00		132.00		
12/20/2018	Craig Miller 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00		132.00		
<u></u>			SUBTOTAL	\$ 165.00				

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SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.			ers period /2018	CALIFORNIA 460		
				through12/31,	/2018	Page_	20 of 31	
NAME OF FILER						I.D. NUI	MBER	
Tracy Firefi	ghters Association PAC			· · · · · · · · · · · · · · · · · · ·		12306	11	
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)	
10/26/2018	Mark Myers 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Mark Myers 835 Central Avenue Tracy, CA 95376	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Firefighter City of Tracy	33.00	1	32.00		
10/26/2018	Tad Neave 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Tad Neave 835 Central Avenue Tracy, CA 95376	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Firefighter City of Tracy	33.00	1	32.00		
10/26/2018	Eric Oliveri 835 Central Avenue Tracy, CA 95376	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Firefighter City of Tracy	33.00	1	32.00		
			SUBTOTALS	165.00				

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SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from10/26/2018		CALIFORNIA 460		
				through 12/31/	/2018	Page21	of <u>31</u>	
NAME OF FILER		-				I.D. NUMBER		
Tracy Firefi	ghters Association PAC					1230611		
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 D CALENDAR YEA (JAN. 1 - DEC. S	AR	PER ELECTION TO DATE (IF REQUIRED)	
12/20/2018	Eric Oliveri 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00		2.00		
10/26/2018	Paul O'Neal 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	13	2.00	-	
12/20/2018	Paul O'Neal 835 Central Avenue Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	13	2.00		
10/26/2018	Mark Paulsen 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	13	2.00		
12/20/2018	Mark Paulsen 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	13	2.00		
			SUBTOTAL	\$ 165.00				

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

PTY - Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement coverage from10/26/	•	CALIFORNIA 460		
				through12/31/	2018	Page_	of	31
NAME OF FILER						I.D. NUN	MBER	
Tracy Firefi	ghters Association PAC					12306	11	_
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELE TO DA (IF REQL	TE
10/26/2018	Dan Peeler 835 Central Avenue Tracy, CA 95376	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Firefighter City of Tracy	33.00	1	.32.00		
12/20/2018	Dan Peeler 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
10/26/2018	Antonio Perez 835 Central Avenue Tracy, CA 95376	IND COM OTH PTY SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Antonio Perez 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
10/26/2018	Maria Peterson 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
			SUBTOTALS	165.00		1		

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SCHEDULE A (CONT.)

Monetary Contributions Received			Amounts may be rounded to whole dollars.		2018	FORM 460		
				through12/31/	2018		23 of <u>31</u>	
NAME OF FILER						I.D. NUMBI	ER	
Tracy Firefi	ghters Association PAC					1230611	 .	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR 31)	PER ELECTION TO DATE (IF REQUIRED)	
12/20/2018	Maria Peterson 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00		32.00		
10/26/2018	Steve Pine 835 Central Avenue Tracy, CA 95376	IND COM OTH PTY SCC	Firefighter City of Tracy	33.00	1:	32.00		
12/20/2018	Steve Pine 835 Central Avenue Tracy, CA 95376	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Firefighter City of Tracy	33.00	1:	32.00		
10/26/2018	Mark Richardson 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1.	32.00		
12/20/2018	Mark Richardson 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
			SUBTOTAL	.\$ 165.00				

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SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from10/26/2018		CALIFORNIA 460		
				through12/31,	/2018	Page		
NAME OF FILER						I.D. NUME	BER	
Tracy Firefi	ghters Association PAC	· ·				1230611	1.	
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)	
10/26/2018	Timothy Rivas 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Timothy Rivas 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
10/26/2018	Dennis Robinson 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Dennis Robinson 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1:	32.00		
10/26/2018	Andrew Sansaver 835 Central Avenue Tracy, CA 95376	IND COM OTH PTY SCC	Firefighter City of Tracy	33.00	1:	32.00		
			SUBTOTALS	165.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

Wionetary	Contributions Received	to whole dollars.		from10/26/		FORM 460		
				through	<u></u>	je <u>25</u> of <u>31</u>		
NAME OF FILER					I,D.	NUMBER		
Tracy Firefi	ghters Association PAC				12:	30611		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)		
12/20/2018	Andrew Sansaver 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	132.0			
10/26/2018	Bill Schwarz 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	132.0			
12/20/2018	Bill Schwarz 835 Central Avenue Tracy, CA 95376	IND COM OTH PTY SCC	Firefighter City of Tracy	33.00	132.0	00		
10/26/2018	Darryl Scott 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00				
12/20/2018	Darryl Scott 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	132.0	00		
<u></u>			SUBTOTAL	.\$ 165.00				

Amounts may be rounded

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement coverage from 10/26/	california 460			
				through 12/31/	2018	Page_	26_ of	31
NAME OF FILER				-		I.D. NU	MBER	
Tracy Firefi	ghters Association PAC					12306	11	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELEC TO DAT (IF REQUII	E
10/26/2018	Oscar Sharp 835 Central Avenue Tracy, CA 95376	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Oscar Sharp 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	i	32.00		
10/26/2018	Joel Slaughter 835 Central Avenue Tracy, CA 95376		Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Joel Slaughter 835 Central Avenue Tracy, CA 95376	COM OTH PTY SCC	Firefighter City of Tracy	33.00	1	32.00	-	
10/26/2018	Major Stephen 835 Central Avenue Tracy, CA 95376		Firefighter City of Tracy	33.00	1	32.00		
			SUBTOTALS	165.00				

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from10/26/2018		CALIFORNIA 460		
				through12/31/	2018	Page27 o	f31	
NAME OF FILER						I.D. NUMBER		
Tracy Firefic	ghters Association PAC					1230611		
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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO	ELECTION DATE EQUIRED)	
12/20/2018	Major Stephen 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00		2.00		
10/26/2018	Kyle Tallet 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	133	2.00		
12/20/2018	Kyle Tallet 835 Central Avenue Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	13:	2.00		
10/26/2018	John Thompson 835 Central Avenue Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00		2.00		
12/20/2018	John Thompson 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	13.	2.00		
			SUBTOTAL	\$ 165.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole o		Statement covers period from10/26/2018		CALIFORNIA 460		
				through 12/31/	2018	Page2	28 of31	
NAME OF FILER						I.D. NUMBE	R	
Tracy Firefi	ghters Association PAC					1230611		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/26/2018	Larry Vickers 835 Central Avenue Tracy, CA 95376		Firefighter City of Tracy	33.00	1.	32.00		
12/20/2018	Larry Vickers 835 Central Avenue Tracy, CA 95376		Firefighter City of Tracy	33.00	1:	32.00		
10/26/2018	Mason Vickers 835 Central Avenue Tracy, CA 95376		Firefighter City of Tracy	33.00	13	32.00		
12/20/2018	Mason Vickers 835 Central Avenue Tracy, CA 95376	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Firefighter City of Tracy	33.00	13	32.00		
10/26/2018	Trent Vickers 835 Central Avenue Tracy, CA 95376		Firefighter City of Tracy	33.00	13	32.00		
			SUBTOTAL\$	165.00				

*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from10/26/2018		CALIFORNIA 460		
				through12/31/	2018		29 of31	
NAME OF FILER						I.D. NU	MBER	
Tracy Firefi	ghters Association PAC					12306	11	
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 . 31)	PER ELECTION TO DATE (IF REQUIRED)	
12/20/2018	Trent Vickers 835 Central Avenue Tracy, CA 95376	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Firefighter City of Tracy	33.00		32.00		
10/26/2018	Jeremy Ward 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
12/20/2018	Jeremy Ward 835 Central Avenue Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Tracy	33.00	1	32.00		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 99.00				

Amounts may be rounded

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Schedule E **Payments Made**

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SCHEDULE E			
Statement covers period	CALIFORNIA ACC			
from10/26/2018	FORM 40U			
through12/31/2018	Page30 of31			
	I.D. NUMBER			
	1230611			

NAME OF FILER

Tracy Firefighters Association PAC

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	C	OR	DESCRIPTION OF PAYMENT	АМО	UNT PAID
Nirvaana LLC 2430 Stanwell Drive Suite 190 Concord, CA 94520	CVC					500.00
	:					

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 500.00

Schedule E Summary

1.	. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 500.00
2.	. Unitemized payments made this period of under \$100	\$ 50.00
3.	. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4.	. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$ 550.00

Additional Comments For Form 460

CALIFORNIA FORM

Page 31 of 31

I.D. NUMBER

1230611

NAME OF FILER

Tracy Firefighters Association PAC

All contributions are received through an intermediary: Tracy Firefighters Association, 835 Central Avenue, Tracy, CA 95376



Recipient Committee Campaign Statement Cover Page			Dato Stamp	CALIFORNIA 460
	Statement covers period from 10/26/2018	Date of election if applicable: (Month, Day, Year)		Page of 2 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2018	N/A		
1. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement;		
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall ☐ (Ass Complete Part 5) ☐ General Purpose Committee ☑ Sponsored ☐ Small Contributor Committee	Primarily Formed Ballot Measure Committee) Controlled) Sponsored dus Complete Part () Primarily Formed Candidate/ Officeholder Committee the Complete Part ()	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Tc	Speci ermination)	erly Siatoment al Odd-Year Report
	NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1230611	NAME OF TREASURER		
Tracy Firelighters Association PAC		Carlos Hampton		
, , , , , , , , , , , , , , , , , , , ,		MAILING ADDRESS	······································	
STREET ADDRESS (NO P.O. BOX)		835 Central Ave		
835 Central Ave		CITY	STATE ZIP COL	DE AREA CODE/PHONE
CITY STATE ZIP COL	DE AREA CODE/PHONE	Tracy	CA 95376	209-831-6700
Tracy CA 95376		NAME OF ASSISTANT TREASURER	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	200 001 0700	MAILING ADDRESS		
PO Box 185		THE STATE OF THE S		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP COL	DE AREA CODE/PHONE
Tracy CA 95376	S			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S	
tracyfirefighterspac@gmail.com				
 Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C 	ig this statement and to the best of my kn California that the foregoing is true and co	novledge the information contained	herein and in the attached sche	edules is true and complete. I
07/18/2019 Date	Ву			
07/18/2010			ter	
Executed on Onto Oate	By Signature of Control	ng Omcendoor, Candidato, State Meusure Pro	ponent or Responsible Officer of Sponsor	, -
Executed on	Q.,	nature of Controlling Officeholder, Candidate, S		
Executed on	Ву	nature of Controlling Officeholder, Candidate, S		
	5 9	cause or Controlling Officensizer, Candidate, S	fate Measure Proportent	FRRC - 100 to 1
			FPPC Advice: adv	FPPC Form 460 (Jan/2016) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Campaign Disclosure Statement	Amounts may be round	od			SUMMARY PAGE
Summary Page	to whole dellars.		State	ment covers period	CALIFORNIA 460
			from	10/26/2018	FORM 400
SEE INSTRUCTIONS ON REVERSE			through	12/31/2018	Page 2 of 2
NAME OF FILER					I.D. NUMBER
Tracy Firefighters Association PAC					1230611
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column CALENDAR TOTAL TO C	YEAR		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$ 2112.00	s	6429.5		
2. Loans Received				1	wough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	\$	6429,5	20. Contributions Received S	ss
4. Nonmonetary Contributions Schedule C, Line 3				21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED. Add Lines 3 • 4	\$	\$	6429.5	Made \$	\$
Expenditures Made				Expenditure Limit S	Summany for State
6. Payments Made Schedule E, Line 4	s	s		Candidates	Julilliary for State
7. Loans Made Schedule H, Line 3			· · · · · ·		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	s	s		22. Cumulati (if Subject to	ve Expenditures Made* · Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)				Date of Election	Total to Date
10. Nonmonetary Adjustment				(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	s7	704.88		\$
Current Cash Statement		T			_ s
12. Beginning Cash Balance Provious Summary Page, Line 16	s184.51	To calculate Colu	ma B		
13. Cash Receipts Column A, Line 3 above		add amounts in C	olumn		
14. Miscellaneous Increases to Cash Schedule I, Line 4		A to the correspo amounts from Co		'Amounts in this section reported in Column B.	may be different from amounts
15. Cash Payments Column A, Line 8 above		of your last report amounts in Colum		reported in Colonia B.	
16. ENDING CASH BALANCE	\$ <u>184.51</u>	be negative figure	es that		
If this is a termination statement, Line 16 must be zero.		should be subtract previous period a	mounts, If		
17. LOAN GUARANTEES RECEIVED Schedule B. Part 2	s	this is the first rep filed for this caler anly carry over the	idar year.		
Cash Equivalents and Outstanding Debts		from Lines 2, 7, a			
18. Cash Equivalents	s	any).			
19. Outstanding Debts	s				EDDC Form ACD they food of
		I		FPPC Advice: ad-	FPPC Form 460 (Jan/2016) vice@fppc.ca.gov (866/275-3772)
					www.fppc.ca.gov

Campaign Statement Cover Page			RECEIVED RESERVE	CALIFORNIA 460 FORM 3
	Statement covers period from10/1/2018	Date of election if applicable: (Month, Day, Year)	TY CLERK'S UFFICE	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/25/2018	11/6/2018	18 OCT 30 AM 10: 09	
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:	TRACY, CA	
State Candidate Election Committee ○ Recall (Also Complete Part 5) General Purpose Committee Sponsored ○ Small Contributor Committee	rimarily Formed Ballot Measure committee 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 Te	t	erly Statement al Odd-Year Report
	NUMBER 230611	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Tracy Firefighters Association PAC		NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Ave.		
STREET ADDRESS (NO P.O. BOX) 835 Central Ave.		city Tracy	STATE ZIP COI	· ·
CITY STATE ZIP COL		NAME OF ASSISTANT TREASURE	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX PO Box 185		MAILING ADDRESS		
CITY STATE ZIP COI Tracy CA 95378 OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	STATE ZIP COL	DE AREA CODE/PHONE
tracyfirefighterspac@gmail.com				
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on	ng this statement and to the best of a California that the foregoing is true a	my knowledge the information contained and correct. Signature of Treasurer or Assistant		edules is true and complete. I
Executed on		Controlling Officeholder, Candidate, State Measure Pr		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	—— FPPC Form 460 (Jan/2016

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

			SUN	MMARY PAGE
Statem	nent covers period 10/1/2018		FORNIA ORM	460
through	10/25/2018	Page _	2 o	f3
		LD MUN	/RER	

SEE INSTRUCTIONS ON REVERSE				D. NUMBER	
NAME OF FILER				230611	
Tracy Firefighters Association PAC					
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		\$ 4317.50	1/1 throi	ugh 6/30 7/1 to Date	
2. Loans Received Schedule B, Line 3		4317.50	20. Contributions	\$	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2		\$*	received ψ	\$	
4. Nonmonetary Contributions Schedule C, Line 3		1217 50	21. Expenditures Made \$	\$	
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	\$		· · · · · · · · · · · · · · · · · · ·	
Expenditures Made 6. Payments Made Schedule E, Line 4	\$1000.00	\$	Expenditure Limit Su Candidates	mmary for State	
7. Loans Made		\$	22. Cumulative (If Subject to Vo	Expenditures Made* luntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3			Date of Election (mm/dd/yy)	Total to Date	
10. Nonmonetary Adjustment	\$ 1000.00	\$ 7704.88		\$	
Current Cash Statement				\$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$1184.51	To calculate Column B,			
13. Cash Receipts Column A, Line 3 above		add amounts in Column A to the corresponding	. *Amounts in this section ma	y ho different from amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		amounts from Column B	reported in Column B.	y be different from amounts	
15. Cash Payments Column A, Line 8 above	1000.00	of your last report. Some amounts in Column A may			
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$184.51	be negative figures that should be subtracted from			
If this is a termination statement, Line 16 must be zero.		previous period amounts. If			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	this is the first report being 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 Advice: advice	FPPC Form 460 (Jan/2016) e@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar		Statement covers from10/1/20 through10/25/	one FO	ORNIA 460
NAME OF FILER	ighters Association PAC			unough	I.D. NUM 12306	BER
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)
10/19/2018	Rickman for Mayor 2018 Tracy CA. 95376 FPPC #1382486 Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		1000.00	1000.00	2500.00
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL	. \$		
1. Itemized	D Summary contributions and independent expenditures made					1000.00
	ed contributions and independent expenditures r					1000.00
3. Total conf	tributions and independent expenditures made tl	his period. (Add Lines 1	and 2. Do not enter on	the Summary Page.	.) TOTAL \$ -	1000.00

Recipient Committee Campaign Statement Cover Page		RE O	CENEDE CE	CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period 7/1/2018 from 9/30/2018	Date of election if applicable: (Month, Day, Year) 11/6/2018	THY CLERK THY CA	Page of For Official Use Only
O State Candidate Election Committee O Recall (Also Complete Part 5) ✓ General Purpose Committee Soponsored O Small Contributor Committee O Political Party/Central Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Sec Complete Part 6) rimarily Formed Candidate/ Officeholder Committee Iso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	☐ Specia	rly Statement il Odd-Year Report
	NUMBER 1230611	Treasurer(s) NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Ave.	:	
STREET ADDRESS (NO P.O. BOX) 835 Central Ave. CITY STATE ZIP CO. Tracy CA 95370 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		CITY Tracy NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	STATE ZIP COD CA 95376	
PO Box 185 CITY STATE ZIP CO Tracy CA 9537 OPTIONAL: FAX/E-MAIL ADDRESS tracyfirefighterspac@gmail.com		OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP COD	E AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on 9/30/2018 Date	By	converge the information contained herein a correct. Signature of Treasurer or Assistant Treasurer of Treasurer or Assistant Treasurer or Treasurer	***	
Executed on		ignature of Controlling Officeholder, Candidate, State Meas	·	 FPPC Form 460 (Jan/2016)

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	JOVER	PAGE	: - PAR	.1 2
CALIF FO	ORNI RM	A 4	160	
Page	2	of	6	_

	lled Committee	·		Ballot Measure		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASU	RE		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	N AND DISTRICT NUMBE	RIF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTI]]	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	STREET) CITY	STATE ZIP	Identify the controlling	officeholder, cand	lidate, or state measure pro	ponent, if any.
	<u>, , , , , , , , , , , , , , , , , , , </u>		NAME OF OFFICEHOLDE	R, CANDIDATE, OR PE	ROPONENT	
Related Committees Not Included not included in this statement that are contro contributions or make expenditures on beha	olled by you or are prim	: List any committees arily formed to receive	OFFICE SOUGHT OR HE	.D	DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUI	MBER				
NAME OF TREASURER	CONTF	ROLLED COMMITTEE?	7. Primarily Formed officeholder(s) or cand	Candidate/Offic	ceholder Committee I is committee is primarily forn	ist names of ned.
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O. BOX)	ES NO	NAME OF OFFICEHOLDE	R OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
· · · · · · · · · · · · · · · · · · ·	TATE ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDE	R OR CANDIDATE	OFFICE SOUGHT OR HELD	0.7002
CITY ST						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NU	MBER	NAME OF OFFICEHOLDE	R OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
		ROLLED COMMITTEE?	NAME OF OFFICEHOLDE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER	CONTE	ROLLED COMMITTEE?				☐ SUPPORT ☐ OPPOSE ☐ SUPPORT ☐ OPPOSE ☐ SUPPORT

Campaign Disclosure Statement Summary Page

18. Cash Equivalents See instructions on reverse \$

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA FORM** 7/1/2018 from _ 9/30/2018 Page ___ through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1230611 Tracy Firefighters Association PAC Calendar Year Summary for Candidates Column B Column A Running in Both the State Primary and TOTAL THIS PERIOD **Contributions Received** TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 4317.50 2178.00 7/1 to Date Monetary Contributions..... Schedule A, Line 3 1/1 through 6/30 2. Loans Received...... Schedule B, Line 3 20. Contributions 4317.50 2178.00 Received 21. Expenditures 4. Nonmonetary Contributions..... Schedule C, Line 3 Made 4317.50 2178.00 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** 6704.88 **Candidates** 6. Payments Made...... Schedule E, Line 4 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 6704.88 2093.90 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ Total to Date Date of Election 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 (mm/dd/yy) 6704.88 2093.90 **Current Cash Statement** 1100.41 To calculate Column B, 2178.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above *Amounts in this section may be different from amounts A to the corresponding amounts from Column B reported in Column B. 14. Miscellaneous Increases to Cash Schedule I, Line 4 of your last report. Some 2093.90 15. Cash Payments Column A, Line 8 above amounts in Column A may 1184.51 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, 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).

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

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov	california 460 form			
NAME OF FILER	ons on reverse	. ,		through9/3	80/2018	Page I.D. NI 12306	JMBER	of6
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \((JAN. 1 - DEC	/EAR	TO	LECTION DATE QUIRED)
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC					۸.	÷ ·
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	·					
			SUBTOTAL	\$				
1. Amount re	A Summary eceived this period – itemized monetary contributions all Schedule A subtotals.)		\$		IND			

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

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

3. Total monetary contributions received this period.

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

PTY - Political Party

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

SCC - Small Contributor Committee

2178.00

2178.00

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Summary of Expenditures Amounts may be rounded to whole dollars. Supporting/Opposing Other			period CALIFORNIA 460 FORM	
SEE INSTRUCTIO	ONS ON REVERSE	•		through 9/30/2		5 of 6
NAME OF FILER	ON NEVEROL				I.D. NUN	
Tracy Firef	ighters Association PAC				12306	7
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNTTHIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2018	Juana Dement City Council Member City of Tracy FPPC 1403733 ✓ Support □ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		1000.00	2500.00	
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				:
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL	\$ 1000.00		
1. Itemized	D Summary contributions and independent expenditures red contributions and independent expenditure					
	tributions and independent expenditures mad					

	•						SCHEDULE
Schedule E	Amounts may I to whole d			Staten	ent covers period	CALIF	
Payments Made	10 1111010 4	onuro:		from	7/1/2018	FO	RM TOO
			-	Alexandre	9/30/2018	_ Page _	6of6
SEE INSTRUCTIONS ON REVERSE	· · · · · · · · · · · · · · · · · · ·			through_		I.D. NUM	
NAME OF FILER						123061	
Tracy Firefighters Association PAC		<u>.</u>				123001	'
CODES: If one of the following codes accurately d	escribes the payment, y	ou may en	ter the code. Oth	herwise, descr	ibe the payment.		
CMP campaign paraphernalia/misc.	MBR member con	nmunications		RAD radio	airtime and production	n costs	
CNS campaign consultants	MTG meetings an OFC office expens		6		ned contributions paign workers' salaries	:	
CTB contribution (explain nonmonetary)* CVC civic donations	PET petition circu			TEL t.v. o	cable airtime and pro	duction costs	
FIL candidate filing/ballot fees	PHO phone banks		L		idate travel, lodging, a spouse travel, lodging		
FND fundraising events IND independent expenditure supporting/opposing others (expla		survey researd ivery and mes	n senger services		fer between committe		e candidate/sponsor
LEG legal defense	PRO professional		I, accounting)		registration	4- 6-44 -	
LIT campaign literature and mailings	PRT print ads			MFR intoll	nation technology cos	as (internet, e-	-maii)
NAME AND ADDRESS OF PAYEE		2005	DD [DESCRIPTION OF P	AVAJENT	4	AMOUNT PAID
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR [DESCRIPTION OF F	A) MENT		
Olson, Hagel, and Fishburn LLP			Assistance filir	ng past due for	ms to FPPC		
555 Capitol Mall Suite 400		LEG					1093.90
Sacramento CA. 95814							
							·
						ļ	
			<u> </u>				
* Payments that are contributions or independent expenditures mu	ist also be summarized on Sch	edule D.			S	UBTOTAL \$	·
Schedule E Summary							
Itemized payments made this period, (Include all S	Schedule E subtotals.)					\$	1093.90
2. Unitemized payments made this period of under \$							
3 Total interest paid this period on loans (Enter amo							

1093.90

Recipient Committee Campaign Statement			Date Stamp	CALIFORNIA 460
OSO	Statement covers period from 04/22/2018 through 06/30/2018	Date of election if applicable: (Month, Day, Year)	OTTRACT	Page 1 of 5 For Official Use Only
1. Type of Recipient Committee: All Committees Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	☐ Primarily Formed Ballot Measure Committee ☐ Controlled ☐ Sponsored (Also Complete Part 6) ☐ Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	uarterly Statement pecial Odd-Year Report upplemental Preelection atement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTED TRACY Firefighters Association PAC STREET ADDRESS (NO P.O. BOX)	I.D. NUMBER 1230611 TEE)	Treasurer(s) NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Avenue	STATE ZIF	CODE AREA CODE/PHONE
835 Central Avenue CITY STATE Z	P CODE AREA CODE/PHONE 95376 (209)831-6700 20. BOX	Tracy NAME OF ASSISTANT TREASUR MAILING ADDRESS		5304 209-831-6700
	P CODE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDR		CODE AREA CODE/PHONE
Verification I have used all reasonable diligence in preparing and revieunder penalty of perjury under the laws of the State of Cali 07/26/2018	fornia that the foregoing is true and correct.	owledge the information contained he	rein and in the attached sche	edules is true and complete. I certify
Executed on	BySignature of Co	Signature of Treasurer or Assistant ontrolling Officehouser, Canadate, State Measurer 100	poment or Responsible Officer of Spons	nor .
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Si Signature of Controlling Officeholder, Candidate, Si	<u> </u>	FPPC Form 460 (Jan/2016

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

Officeholder or Candidate Controlled Committee			rimarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	,	N/	ME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOC	ATION AND DISTRICT NUMBER IF APPLICABLE)	B	ALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO	AND STREET) CITY STATE ZIP	ld	entify the controlling of	ficeholder, ca	ndidate, or sta	ite measure p	roponent, if any
		N.	AME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not Inclu not included in this statement that are contributions or make expenditures on	ded in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy.	ō	FFICE SOUGHT OR HELD			DISTRICT NO. IF	F ANY
COMMITTEE NAME	I.D. NUMBER	_					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. P	rimarily Formed Car fficeholder(s) or candidate(ndidate/Offic s) for which th	ceholder Co is committee is	mmittee Lis	st names of ed.
COMMITTEE ADDRESS STREET A	DDRESS (NO P.O. BOX)	N.	AME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHONE	N	AME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	N	AME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	N	AME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET A	DDRESS (NO P.O. BOX)	-					
CITY	STATE ZIP CODE AREA CODE/PHONE		Atta	ach continuat	ion sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA 460
from	04/22/2018	FORM TOO
through _	06/30/2018	Page 3 of 5
		I.D. NUMBER
		I.D. NUMBER

SUMMARY PAGE

NAME OF FILER 1230611 Tracy Firefighters Association PAC Calendar Year Summary for Candidates Column B Column A Contributions Received CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 3,547.50 1. Monetary Contributions Schedule A, Line 3 \$ _____ 1/1 through 6/30 7/1 to Date 0.00 2. Loans Received Schedule B, Line 3 20. Contributions 3,547.50 0.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ ___ Received 0.00 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 3,547.50 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ 0.00 **Expenditure Limit Summary for State** Expenditures Made **Candidates** 7. Loans Made Schedule H. Line 3 0.00 22. Cumulative Expenditures Made* 4,610.98 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ _____ 130.98 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 0.00 Total to Date Date of Election (mm/dd/yy) 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 4,610.98 130.98 Current Cash Statement To calculate Column B, add amounts in Column A to the 0.00 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts from Column B of your last 14. Miscellaneous Increases to Cash Schedule I, Line 4 reported in Column B. report. Some amounts in 130.98 15. Cash Payments Column A, Line 8 above Column A may be negative 1,827.65 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ _____ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17 LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ 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 \$ _____ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ______ FPPC Form 460 (Jan/2016)

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

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole dol		Statement covers	CALIF	california 460		
SEE INSTRUCT	IONS ON REVERSE			through06/30/20		4 of5		
NAME OF FILER					I.D. NUI	MBER		
Tracy Firef	fighters Association PAC				12306	11		
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)		
06/13/2018	Veronica Vargas City Council Member City of Tracy X Support Oppose			87.32	130.98			
06/13/2018	Veronica Vargas City Council Member City of Tracy	Monetary Contribution Nonmonetary Contribution Independent Expenditure		43.66	130.98			
	Support ☐ Oppose ☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL	\$ 130.98				
1. Contribut	e D Summary tions and independent expenditures made this perion ed contributions and independent expenditures made							
3. Total cor	ntributions and independent expenditures made this	s period. (Add Lines 1	and 2. Do not enter on the	e Summary Page.)	101AL \$.			

Schedule E	
Payments Made	

Statement covers period		CALIFORNIA 160
from	04/22/2018	FORM TOO
through _	06/30/2018	Page5 of5
		I.D. NUMBER
		1230611

Payments Made	Amounts may b to whole d			from	04/22/2018	FOR	M	46U
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	06/30/2018	Page5 I.D. NUME		5
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 independent expenditure supporting/opposing others (explain)* LEG legal defense LTC campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearanc uses lating s survey resea livery and me	es	RAD radi RFD retu SAL can TEL t.v. TRC can TRS staf TSF trar VOT vote	ribe the payment. To airtime and production The paign workers' salarie To cable airtime and producte To cable airtime an	es roduction costs and meals g, and meals ees of the sam		:e/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUN	√T PAID
Veronica Vargas for Tracy City Council 2018 (ID# 1371086	5)	CTB		-				87.32
Veronica Vargas for Tracy City Council 2018 (ID# 1371086	5)	CTB						43.66
* Payments that are contributions or independent expenditures i	must also be summ	arized on	Schedule D.		· · · · · · · · · · · · · · · · · · ·	SUBTOTAL\$		130.98
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	1	130.98
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	ı (e).)			\$		0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. E	inter here and on t	he Summa	ary Page, Colun	nn A, Line 6.)	1	TOTAL \$	1	L30.98

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2018 through04/21/2018	Date of election if applicable: (Month, Day, Year) 11/08/2016	CALIFORNIA 460 FORM Page 1 of 8 For Official Use Only
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee ⊗ Sponsored O Small Contributor Committee	rimplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure committee) Controlled) Sponsored uso Complete Part 6) rimarily Formed Candidate/ officeholder Committee uso Complete Part 7)	☐ Semi-annual Statement ☐ Special ☐ Termination Statement ☐ Suppl	erly Statement al Odd-Year Report emental Preelection nent - Attach Form 495
3 Committee Information 1	6 (209)831-6700	Treasurer(s) NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Avenue CITY STATE ZIP CO Tracy CA 9530 NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	
PO Box 185 CITY STATE ZIP CO Tracy CA 9537 OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.com	DE AREA CODE/PHONE	CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	a that the foregoing is true and correct. By	Signature of Treasurer or Assistant Treasurer ontrolling 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	es is true and complete. I certify FPPC Form 460 (Jan/2016)

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COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIF FO	ORNIA RM	4	60			
Page		of	8			

THE OF OFFICEHOLDER OR CANDIDATE FICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE SIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE Plated Committees Not Included in this Statement: List any commit included in this statement that are controlled by you or are primarily formed to intributions or make expenditures on behalf of your candidacy.	ZIP Ide	LOT NO. OR LETTER entify the controlling off ME OF OFFICEHOLDER, CAN		data or state mea	SUPPORT OPPOSE
SIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE elated Committees Not Included in this Statement: List any commit included in this statement that are controlled by you or are primarily formed to	ZIP Ide	entify the controlling off	iceholder, candi	Note or state mea	
elated Committees Not Included in this Statement: List any commit included in this statement that are controlled by you or are primarily formed to	Ide			data or state mea	
t included in this statement that are controlled by you or are primarily formed to		ME OF OFFICEHOLDER, CAN		uate, or state intea-	sure proponent, if ar
t included in this statement that are controlled by you or are primarily formed to	mittooc		IDIDATE, OR PROP	ONENT	
	o receive OF	FICE SOUGHT OR HELD		DISTRIC	NO. IF ANY
MMITTEE NAME I.D. NUMBER				<u> </u>	
ME OF TREASURER CONTROLLED COMMITTE	7. Pr	imarily Formed Can iceholder(s) or candidate(s	didate/Officeh	older Committe	ee List names of y formed.
MMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	——— NA	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
Y STATE ZIP CODE AREA CODE	E/PHONE NA	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
MMITTEE NAME I.D. NUMBER	NA	ME OF OFFICEHOLDER OR	CANDIDATE (OFFICE SOUGHT OR H	SUPPORT OPPOSE
ME OF TREASURER CONTROLLED COMMITTE	EE? NA	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	SUPPORT OPPOSE
MMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	_				
Y STATE ZIP CODE AREA CODE	E/PHONE	Atta	ch continuation	sheets if necessal	r y

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 01/01/2018 Page ___3 __ of ___8 ___ 04/21/2018

SUMMARY PAGE

through _ SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1230611 Tracy Firefighters Association PAC

Contributions Received	COlumn A TOTAL THIS PERIOD (FROMATTACHED 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	\$	\$	3,547.50	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	0.00		0.00	20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2		\$	3,547.50	Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00	21. Expenditures Made \$ \$
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 3,547.50	\$	3,547.50	Made \$ \$
Expenditures Made				Expenditure Limit Summary for State
5. Payments Made Schedule E, Line 4	\$ 4,480.00	\$	4,480.00	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulative Expenditures Made*
B. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 4,480.00	\$	4,480.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 4,480.00	\$	4,480.00	\$
Current Cash Statement				\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 2,891.13		calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	3,547.50		nounts in Column A to the rresponding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	m Column B of your last	reported in Column B.
15. Cash Payments Column A, Line 8 above	4,480.00	Co	oort. Some amounts in olumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,958.63		ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.	. <u></u> .	ре	riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	for ca	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts	 2.22		om Lines 2, 7, and 9 (if y).	1
18. Cash Equivalents See instructions on reverse				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00			5000 5 400 (4
		1		FPPC Form 460 (Ja FPPC Advice: advice@fppc.ca.gov (866/27

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

Schedule A Monetary Contributions Received			s may be rounded whole dollars.	Statement cover from01/01/2	-	CALIFORNIA 460		
WATELIOTIC	DAYS ON DELICEDOE			through <u>04/21/2</u>	018	Page	4 of8	
NAME OF FILER	ONS ON REVERSE					I.D. NU	JMBER	
Tracy Firef:	ighters Association PAC					12306	511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTALS	0.00				
1 Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	0.00	IND			
2. Amount re 3. Total mone	eceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	s of less than \$	\$100\$	3,547.50	PT	H – Öther Y – Politica	(e.g., business entity)	

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

SEE INTRICTIONS ON REVERSE Tracy Firefighters Association PAC DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION. OR COMMITTEE 04/07/2018 Juana Bement City of Tracy Oppose O4/02/2018 Robert Rickman Mayor City of Tracy Oppose Oppos	Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole dol		Statement covers	18	california 460		
Tracy Firefighters Association PAC DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION. OR COMMITTEE Type of Payment Description (IF REQUIRED) AMOUNT THIS CALENDAR YEAR (JAN-1-DEC.31) Type of Payment Calendar year (Jan-1-DEC.31) Type of Payment Description (Jan-1-DEC.31) Type of Payment Description (Jan-1-DEC.31) Type of Payment Type of Payment Description (Jan-1-DEC.31) Type of Payment Description (Jan-1-DEC.31) Type of Payment Description (Jan-1-DEC.31) Type of Payment Type of Payment Description (Jan-1-DEC.31) Type of Payment Type of Payment Type of Payment Description (Jan-1-DEC.31) Type of Payment Type of Pay				·	through		Page 5 of 8		
DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE RUMBER OR LETTER AND URISDICTION. OR COMMITTEE 04/07/2018 JUANA Dement City Council Member City of Tracy DESCRIPTION (FREQUIRED) AMOUNT THIS PERIOD AMOUNT THIS PERIOD CLENDAR YEAR (JAN.1-DEC.31) LISTON.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 AMOUNT THIS PERIOD CLENDAR YEAR (JAN.1-DEC.31) LISTON.00 AMOUNT THIS PERIOD CLENDAR YEAR (JAN.1-DEC.31) LISTON.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 AMOUNT THIS PERIOD CLENDAR YEAR (JAN.1-DEC.31) LISTON.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 AMOUNT THIS PERIOD CLENDAR YEAR (JAN.1-DEC.31) LISTON.00 AMOUNT THIS PERIOD CLENDAR YEAR (JAN.1-DEC.31) LISTON.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 AMOUNT THIS PERIOD CLENDAR YEAR (JAN.1-DEC.31) LISTON.00 1,500.00 1,50						1	230611		
Support Oppose Contribution Oppose Contribution Oppose	DATE	MEASURE NUMBER OR LETTER AND JURISDICTION,	TYPE OF PAYMENT			CALENDAR YE	AR	PER ELECTION TO DATE (IF REQUIRED)	
Monetary Contribution Nonmonetary Contribution Independent Expenditure Support Oppose Oppose Oppose Support Oppose Oppose Oppose Support Support Oppose Oppo	04/07/2018	City Council Member City of Tracy	Contribution Nonmonetary Contribution Independent		1,500.00	1,50	0.00		
Schedule D Summary	04/02/2018	Robert Rickman Mayor	Contribution Nonmonetary Contribution		1,500.00	1,50	0.00		
Schedule D Summary			Monetary Contribution Nonmonetary Contribution Independent						
				SUBTOTAL	\$ 3,000.00				
2. Unitemized contributions and independent expenditures made this period of under \$100\$	 Contribut Unitemize 	ions and independent expenditures made this perion and contributions and independent expenditures made	de this period of unde	er \$100			\$	3,000.00	

3,800.00

Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

	00/128022
Statement covers period	CALIFORNIA 460
from01/01/2018	FORM TOO
through04/21/2018	Page6 of8
	I.D. NUMBER
	1230611

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Tracy Firefighters Association PAC 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 FIL TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF 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) legal defense LEG 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
Dement for Tracy Council 2018 (ID# 1403733) Tracy, CA 95376	СТВ		1,500.00
Rickman for Mayor, 2018 (ID# 1382486) Tracy, CA 95376	CTB		1,500.00
Secretary of State 1500 11th Street, Room 495 Sacramento, CA 95814	OFC		800.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100\$ 5.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 0.00

SUBTOTAL \$

Schedule E	
(Continuation She	et)
Payments Made	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	CONLEGEL E (CONT.)
Statement covers period	CALIFORNIA 460
from01/01/2018	FORM TOO
through <u>04/21/2018</u>	Page7 of8
	I.D. NUMBER
	1230611

Tracy Firefighters Association PAC

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 campaign consultants MTG meetings and appearances CNS 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 candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees

FIND fundraising events

FOL polling and survey research

FOL poll

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tracy Firefighters IAFF 3355 835 Central Avenue Tracy, CA 95376	Crab F	Feed Fundraiser	540.0
Tracy Firefighters IAFF 3355 835 Central Avenue Tracy, CA 95376	Crab E	Feed Fundraiser	135.0

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

SUBTOTAL \$

675.00

Additional Comments For Form 460

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Page	8	of	8
I.D. NUM	BER		

NAME OF FILER

Tracy Firefighters Association PAC

I.D. NUMBER

1230611

Schedule A - Tracy Firefighters Local 3355, 835 Central Avenue, Tracy, CA 95376 is the intermediary for all unitemized contributions.

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from07/01/2017 through12/31/2017	Date of election if applicable: (Month, Day, Year)	RECEIVED AUG - 1 2018 CITY CLERK TRACY CA	CALIFORNIA 460 FORM Page 1 of 9 For Official Use Only
1. Type of Recipient Committee: All Committees - Co	emplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall ☐ (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To ☐ Amendment (Explain b	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
4 Committee Information	D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Tracy Firefighters Association PAC	1230611	NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Avenue		
STREET ADDRESS (NO P.O. BOX) 835 Central Avenue		CITY Tracy	STATE CA	ZIP CODE AREA CODE/PHONE 95304 209-831-6700
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
Tracy CA 9537 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E		MAILING ADDRESS		
PO Box 185 CITY STATE ZIP CO Tracy CA 9537		СІТҮ	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.com		OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi Executed on 07/26/2018 Date	g this statement and to the best of my kn a that the foregoing is true and correct. By	owledge the information contained her		chedules is true and complete. I certify
Executed on	BySignature of Co	ontrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of S	oonsor
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder Candidate St	ate Measure Proponent	<u></u>

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COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIF FC	ORNIA ORM	460
Page _	2 (of9

Officeholder or Candidate Controlled Committee			Primarily Formed Ball				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ION	SUPPOS	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE ZIP		Identify the controlling of	ficeholder, ca	andidate, or state mea	sure propon	ent, if an
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your car	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(didate/Offi s) for which th	nis committee is primari	ly formed.	es of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR		SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	1 📙	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR		SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	- ⊔	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)						
CITY STATE ZIP C	CODE AREA CODE/PHONE		Atta	nch continuat	tion sheets if necessa	ary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA FORM Statement covers period 07/01/2017 Page ___ 3 ___ of ___ 9 ___ 12/31/2017 through _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1230611 Tracy Firefighters Association PAC

Tracy Firefighters Association PAC						
Contributions Received	Columi TOTAL THIS P (FROMATTACHED S	PERIOD		Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates he State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	2,532.26	\$_	4,976.68		through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3			_	0.00		anody, order
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	2,532.26	\$ _	4,976.68	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3			_	0.00	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	2,532.26	\$	4,976.68	Made \$	\$
Expenditures Made						Summary for State
5. Payments Made Schedule E, Line 4			\$	12,948.76	Candidates	
7. Loans Made Schedule H, Line 3				0.00	22. Cumulat	ive Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7			\$_	12,948.76	(If Subject	to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3			_	0.00	Date of Election (mm/dd/yy)	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00	_	0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	<u>6,003.00</u>	\$_	12,948.76		\$
Current Cash Statement			•		//	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	6,339.27		culate Column B, add		
13. Cash Receipts Column A, Line 3 above	<u></u>	2,532.26		nts in Column A to the ponding amounts	*Amounts in this section	may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		22.60	from (Column B of your last	reported in Column B.	may be different from amounts
15. Cash Payments Column A, Line 8 above		6,003.00	Colun	. Some amounts in nn A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	2,891.13		s that should be acted from previous		
If this is a termination statement, Line 16 must be zero.			period	amounts. If this is st report being filed		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for thi	s calendar year, only over the amounts		
Cash Equivalents and Outstanding Debts			from l any).	ines 2, 7, and 9 (if		
18. Cash Equivalents See instructions on reverse	\$	0.00				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00				
						FPPC Form 460 (Jai

16) www.fppc.ca.gov

Schedule A Monetary Contributions Received			s may be rounded whole dollars.	Statement cove	-	CALIFORNIA 460		
				through <u>12/31/20</u>	017	Page	4 of9	
SEE INSTRUCTION	ONS ON REVERSE			<u> </u>		I.D. NU	MBER	
Tracy Firef	ighters Association PAC					12306		
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)	
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTALS	0.00		Taga um		
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)			0.00	IND	(other		
	eceived this period – unitemized monetary contributions etary contributions received this period.	s of less than \$	7100 \$	2,532.20	PTY	– Politica		

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2,532.26

Supporti	porting/Opposing Other indidates, Measures and Committees ISTRUCTIONS ON REVERSE OF FILER Y Firefighters Association PAC NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION OR COMMITTEE L/2017 Veronica Vargas City Council Member City of Tracy Support Oppose	posing Other to whole dollars.		Statement covers period from07/01/2017		california 460	
				through12/31/20		ge5	
NAME OF FILER						30611	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION,	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO D CALENDAR YEAR (JAN. 1 - DEC. 31)	R TO DATE	
10/31/2017	City Council Member City of Tracy	Monetary Contribution Nonmonetary Contribution Independent Expenditure		2,500.00	5,000	.00	
12/13/2017	Veronica Vargas City Council Member City of Tracy	Monetary Contribution Nonmonetary Contribution Independent Expenditure		2,500.00	5,000	.00	
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	\$ 5,000.00			
1. Contribut	e D Summary tions and independent expenditures made this perion to the contributions and independent expenditures management expenditures management.						
3 Total cor	ntributions and independent expenditures made this	s period. (Add Lines 1	1 and 2. Do not enter on th	e Summary Page.)	TOTAL	\$5,000.00	

Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from07/01/2017	FORM -TOO
through12/31/2017	Page6 of9
	I.D. NUMBER
	1230611

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Tracy Firefighters Association PAC 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 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 TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID **DESCRIPTION OF PAYMENT** CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 453.00 MTG Four Corners Restaurant 7509 Linne Road Tracy, CA 95304 500.00 9/11 Charity Dinner Nirvaana Banquet and Event Center 1005 East Pescadero Avenue Tracy, CA 95304 2,500.00 Veronica Vargas for Tracy City Council 2018 (ID# 1371086) ÇTB Tracy, CA 95377 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 3,453.00 Schedule E Summary

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).)......\$ 0.00

Schedule E	
(Continuation Sheet)
Payments Made	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	COLLEGEE E (COLL
Statement covers period	CALIFORNIA 460
from07/01/2017	FORM 400
through12/31/2017	Page7 of9
	I.D. NUMBER

1230611

Tracy Firefighters Association PAC

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 office expenses CTB contribution (explain nonmonetary)* OFC TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees

FIL 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 TSF independent expenditure supporting/opposing others (explain)* IND

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Veronica Vargas for Tracy City Council 2018 (ID# 1371086)	CTB			2,500.00
Tracy, CA 95377				
		ļ		
	<u> </u>	l.		

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

SUBTOTAL \$

2,500.00

Schedule I				SCHEDULE	
Miscellaneous Ind	creases to Cash	Amounts may be rounded	Statement covers period	CALIFORNIA 460	
		to whole dollars.	from07/01/2017	FORM 400	
			through 12/31/2017	Page 8 of 9	
SEE INSTRUCTIONS ON REVER: NAME OF FILER	INSTRUCTIONS ON REVERSE E OF FILER CY Firefighters Association PAC DATE FULL NAME AND ADDRESS OF SOURCE DESCRIPTION OF RECEIPT	I.D. NUMBER			
Tracy Pirefichters Ass	ociation PAC			1230611	
-	FULL NAME AND ADDRESS OF SOURCE	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
			<u> </u>		
				<u> </u>	
Attach additional inforr	mation on appropriately labeled continuation sheets.		SUBTOTA	L\$	
Schedule I Summa	nry				
	to cash this period		\$0.	00	
	es to cash of under \$100 this period			<u>60</u>	
	eceived this period on loans made to others. (Sched			00	
4. Total miscellaneous	increases to cash this period. (Add Lines 1, 2, and e 14.)	d 3. Enter here and on the		<u>60</u>	

FPPC Form 460 (Jan/2016)
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Additional Comments For Form 460

	ADDITIO	ONAL COM	ΛΜΕΙ	NTS
	CALIFORNIA FORM			160
	Page	9	of	9
· · · ·	I.D. NUM	BER 1220611		

NAME OF FILER

Tracy Firefighters Association PAC

Schedule A - Tracy Firefighters Local 3355, 835 Central Avenue, Tracy, CA 95376 is the intermediary for all unitemized contributions.

Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			PECEIVED 2018	1986 Table	FORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year)	REULI 2018 AUG - 1 2018 CULTY CLERK TRACY	Page	1 of 10
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Of	implete Parts 1, 2, 3, and 4. imarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) imarily Formed Candidate/ ficeholder Committee Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	•	Quarterly Stater Special Odd-Ye Supplemental P Statement - Atta	ar Report reelection
3. Committee Information	NUMBER 230611	Treasurer(s) NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Avenue CITY Tracy	STATE CA	ZIP CODE 95304	209-831-6700
Tracy CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BC PO Box 185 CITY STATE ZIP COD Tracy CA 95378 OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.com	(209) 831-6700 X DE AREA CODE/PHONE	MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRE	STATE	ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	that the foregoing is true and correct. ByBy	Signature of Treasurer or Assistant Treasurer	reasurer onent or Responsible Officer of Sp		nd complete. I certify

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIF	ORNIA ORM			
Page	2	of	10	

Officeholder or Candidate Controlled Committee		6.	. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ION	SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	ficeholder, ca	ındidate, or state me	asure proponent, if ar	
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
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 of	u or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	CT NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(ndidate/Offi s) for which th	is committee is primar	ily formed.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT	
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT	
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)					, L	
CITY STATE ZIF	CODE AREA CODE/PHONE		Atta	ach continuat	ion sheets if necess	ary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		SUMMARY PAGE				
Statement covers period		CALIFORNIA 460				
from	01/01/2017	FORM TOO				
through _	06/30/2017	Page3 of10				
		I.D. NUMBER				

1230611

ontributions Received		0.1			Constitution
Offiliadions (Cocived	(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	\$	2,444.42	\$	2,444.42	1/1 through 6/30 7/1 to Date
Loans Received Schedule B, Line 3		0.00		0.00	
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	2,444.42	\$	2,444.42	20. Contributions Received \$ \$
Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures Made \$ \$
TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	2,444.42	\$	2,444.42	Made \$ \$
xpenditures Made				"	Expenditure Limit Summary for State
Payments Made Schedule E, Line 4	\$	6,945.76	\$		Candidates
Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
SUBTOTAL CASH PAYMENTS Add Lines 6 + 7			\$	6,945.76	(If Subject to Voluntary Expenditure Limit)
Accrued Expenses (Unpaid Bills)Schedule F, Line 3				0.00	Date of Election Total to Date (mm/dd/yy)
D. Nonmonetary Adjustment Schedule C, Line 3				0.00	,
1. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	2,031.67	\$	6,945.76	/ \$
Current Cash Statement					/ \$
2. Beginning Cash Balance Previous Summary Page, Line 16	\$	10,820.61		calculate Column B, add	
3. Cash Receipts Column A, Line 3 above		2,444.42		nounts in Column A to the rresponding amounts	*Amounts in this section may be different from amounts
4. Miscellaneous Increases to Cash Schedule I, Line 4		20.00	fro	m Column B of your last	reported in Column B.
5. Cash Payments Column A, Line 8 above		6,945.76	Co	oort. Some amounts in lumn A may be negative	
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	6,339.27		ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.			ре	riod amounts. If this is a first report being filed	
7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for ca	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if y).	
8. Cash Equivalents See instructions on reverse					
9. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			
			•		FPPC Form 460 (Ja FPPC Advice: advice@fppc.ca.gov (866/27

Schedule A Monetary Contributions Received			s may be rounded whole dollars.	Statement cover	CALIFORNIA 460			
	NA ON DEVEROE			through06/30/2	017	Page	4	of <u>10</u>
NAME OF FILER	DNS ON REVERSE					I.D. NU	JMBER	
Tracy Firef	ighters Association PAC					1230	611	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR ' (JAN. 1 - DE	YEAR	TO	LECTION DATE EQUIRED)
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC					i 	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	0.00				
Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)				IND	(other	ial ient Commi r than PTY	or SCC)
2. Amount re	eceived this period – unitemized monetary contribution	s of less than \$	\$100\$ <u> </u>	2,444.42	PT	/ – Politica	al Party	ness entity)
3. Total mon (Add Line	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.)) TOTAL \$	2,444.42	SCO	C – Small	Contributor	Committee

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

Candidate SEE INSTRUCTI NAME OF FILER				through		
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)
01/25/2017	Matt Balzarini Board Member Lammersville Unified School District X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		750.00	750.00	
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL	\$ 750.00		
	e D Summary tions and independent expenditures made this perio	od of \$100 or more. (Include all Schedule D subto	otals.)	\$_	750.00
	ed contributions and independent expenditures made					
	ntributions and independent expenditures made this					

Schedule E	
Payments Made	

Amounts may be rounded to whole dollars.

	SCHEDULE L
Statement covers period	CALIFORNIA 460
from01/01/2017	FORM TOO
through06/30/2017	Page6 of10
	I.D. NUMBER
	1020611

SCHEDITE E

- wymenie mane	(0 11110	to more denoted.			01/01/201/			
				through	06/30/2017	Page _	_6 o	of10
SEE INSTRUCTIONS ON REVERSE						I.D. NU		
NAME OF FILER								
Tracy Firefighters Association PAC					·	12306	11	
CODES: If one of the following codes accurately describes	the payment	, you may er	nter the code. Othe	erwise, descr	ibe the payment.			
CMP campaign paraphernalia/misc. MBR member of			i	RAD radio	o airtime and production o	costs		
CNS campaign consultants		s and appearan	ces		rned contributions paign workers' salaries			
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office ex	circulating			or cable airtime and produ	action cos	sts	
FIL candidate filing/ballot fees	PHO phone b	-		TRC cand	didate travel, lodging, and	meals		
FND fundraising events		and survey resea			/spouse travel, lodging, a			
IND independent expenditure supporting/opposing others (explain)*	POS postage	, delivery and m	essenger services		sfer between committees r registration	of the sa	ame candi	date/sponsor
LEG legal defense LIT campaign literature and mailings	PRO professi PRT print ad:		egal, accounting)		mation technology costs	(internet,	e-mail)	
LIT campaign literature and mailings	Tru pint da						, T	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DI	ESCRIPTION OF F	PAYMENT		АМС	DUNT PAID
Matt Balzarini for LUSD Board 2016 (ID# 1388590)		CTB			<u> </u>			750.00
Mountain House, CA 95391								
		CTB	Giana and Door	Hangara In-	Kind Contribution t			4,914.09
Firefighters Print and Design 1780 Creekside Oaks Drive		CIB	Rickman for May	or 2016 (ID	#1382486) and Mitra	cos foi	:	1,,,,,,,,,
Sacramento, CA 95833			City Council 20)16 (ID #1377	(636)			
NBH Bank		OFC						90.00
1100 Main Street, Suite 2700 Kansas City, MO 64105								
* Payments that are contributions or independent expenditures n	nust also be su	ımmarized on	Schedule D.		SUI	BTOTAL	\$	5,754.09
								
Schedule E Summary						ď	4	5,794.09
1. Itemized payments made this period. (Include all Schedule								151.67
2. Unitemized payments made this period of under \$100						\$ _		
3. Total interest paid this period on loans. (Enter amount from	Schedule B, F	Part 1, Columi	າ (e).)			\$ _		0.00

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

1230611

Tracy Firefighters Association PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. returned contributions meetings and appearances MTG CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs petition circulating PET CVC civic donations candidate travel, lodging, and meals TRC phone banks candidate filing/ballot fees FIL 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 TSF independent expenditure supporting/opposing others (explain)* IND voter registration professional services (legal, accounting) VOT legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings AMOUNT PAID NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 30.00 OFC NBH Bank 1100 Main Street, Suite 2700 Kansas City, MO 64105 200.00 CVC Stockton Firefighters 19 North Pilgrim Street Stockton, CA 95205 810.00 Crab Feed Fundraiser Tracy Firefighters IAFF 3355 835 Central Avenue Tracy, CA 95376

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

SUBTOTAL \$

1,040.00

Schedule	∍ F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from01/01/2017	FORM TOO
through06/30/2017	Page 8 of 10
	I.D. NUMBER

1230611

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tracy Firefighters Association PAC

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CNS contribution (explain nonmonetary)*

CVC civic donations PET petition circulating TEL t.v. or cable airtine and production cost fill candidate filling/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

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

IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

legal defense PRO professional services (legal, accounting)

UT campaign literature and mailings

PRO professional services (legal, accounting)

PRO professional services (legal, accounting)

WEB information technology costs (internet, e-mail)

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
Sacramento, CA 95833	CTB Signs and Door Hangers, In-Kind Contribution to Rickman for Mayor 2016 (ID #1382486) and Mitracos for City Council 2016 (ID #1377636)	4,914.09	0.00	4,914.09	0.00

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

**Button Summarized on Schedule D.

**Button Summarized on Schedule D.

**Union Summarized on Schedule D.

**A summarized on Schedule D.

Schedule F Summary

Schedule I						SCHEDULEI
Miscellaneous Inc	creases to Cash		nay be rounded ble dollars.	Statement	covers period	CALIFORNIA 460
		to wite	ole dollars.	from01/01/2017		FORM +OO
				through 06	/30/2017	Page 9 of 10
EE INSTRUCTIONS ON REVER	<u></u>					I.D. NUMBER
						1230611
Tracy Firefighters Ass	sociation PAC					AMOUNTOF
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DE:	SCRIPTION OF REC	EIPT	AMOUNT OF INCREASE TO CASH
		.				
				-		
		ļ				
				. <u> </u>		
Attach additional infor	mation on appropriately labeled continuation sheets.			·	SUBTOTAL	\$
Schedule I Summa	anv					
1 Itemized increases	to cash this period		• • • • • • • • • • • • • • • • • • • •	\$	0.0	<u>o</u>
2 Unitemized increases	es to cash of under \$100 this period			\$	20.0	<u>0</u>
3 Total of all interest	received this period on loans made to others. (Schedu	le H, Colui	mn (e).)	\$	0.0	<u>0</u>
4. Total miscellaneous	s increases to cash this period. (Add Lines 1, 2, and 3	3. Enter he	ere and on the			
Summary Page, Li	ne 14.)			TOTAL \$	20.0	-
						EDDC E 400 / law/204

Additional Comments For Form 460

ADDITIONAL COMMENTS							
	FORNIA DRM	4 2	460				
Page	10	of	10	_			
I.D. NUM							
	1230611						

NAME OF FILER

Tracy Firefighters Association PAC

Schedule A - Tracy Firefighters Local 3355, 835 Central Avenue, Tracy, CA 95376 is the intermediary for all unitemized contributions.

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 460
Government Code Sections 64200-64216.5)	Statement covers period	Date of election if applicable: (Month, Day, Year)	RECEIVED AUG - 1 2018 AUG - 1 2018	Page1 of5
SEE INSTRUCTIONS ON REVERSE	from10/23/2016 through12/31/2016		OTT TROAT	For Official Use Only
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall ☐ (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee	rimarily Formed Ballot Measure committee) 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 Term ☐ Amendment (Explain belo	Spination) Sta	arterly Statement ecial Odd-Year Report pplemental Preelection tement - Attach Form 495
3. Committee information	NUMBER 230611	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Tracy Firefighters Association PAC		Eric Oliveri		
		MAILING ADDRESS		
		835 Central Avenue		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
835 Central Avenue		Tracy	CA 95	209-831-6700
CITY STATE ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	R, IF ANY	
Tracy CA 95376	(209) 831-6700			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO PO Box 185	X	MAILING ADDRESS		
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
Tracy CA 95378				
OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.com		OPTIONAL: FAX / E-MAIL ADDRES	S	
. Verification				
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	this statement and to the best of my kno that the foregoing is true and correct.	owledge the information contained herein	n and in the attached sched	lules is true and complete. I certify
Executed on07/26/2018	By			<u> </u>
Date	- ,	Signature of Treasurer or Assistant Trea	surer	
Executed on	BySignature of Cor	ntrolling Officeholder, Candidate, State Measure Propone	ent or Responsible Officer of Sponso	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State	Measure Proponent	
Executed on	Ву			

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Date

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

COVER PAGE

	COVERP	AGE-PART2
CALIF FC	ORNIA RM	460
Page _	2 0	of5

Officeholder or Candidate Controlled Commit	tee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or sta	ite measure p	proponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(didate/Offic s) for which the	ceholder Coi is committee is	mmittee Li primarily form	st names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)						
CITY STATE ZIP CO	DE AREA CODE/PHONE		Atta	ich continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 10/23/2016 Page ___3 __ of ___5 12/31/2016 through _ I.D. NUMBER

1230611

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tracy Firefighters Association PAC					1230011
Contributions Received	(F	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			\$	0.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00	20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00	Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures Made \$ \$
5. TOTAL CONTRIBUTIONS RECEIVED	\$	0.00	\$	0.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
3. Payments Made Schedule E, Line 4	\$	147.38	\$	547.38	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
B. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	147.38	\$	547.38	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		4,914.09	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3				0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	147.38	\$	5,461.47	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	10,967.99		calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		0.00		nounts in Column A to the rresponding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		m Column B of your last oort. Some amounts in	reported in Column B.
15. Cash Payments Column A, Line 8 above		147.38	Co	olumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	10,820.61		ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.			ре	riod amounts. If this is a first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for ca	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$	0.00	1		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above					
•			I		FPPC Form 460 (Jar
					FPPC Advice: advice@fppc.ca.gov (866/2)

016) www.fppc.ca.gov

Schedule	E
Payments	Made

Amounto may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from10/23/2016	FORM TOO
through12/31/2016	Page _ 4 of _ 5
	I.D. NUMBER
	1220611

Payments Made	to whole d			from	10/23/2016	FOR	M 400
CEE INCERTIONS ON DEVEDSE				through	12/31/2016	Page4	of5
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUMI	BER
Tracy Firefighters Association PAC						1230613	L
		<u> </u>					
CODES: If one of the following codes accurately describe			er the code.				
CMP campaign paraphemalia/misc.	MBR member.com				lio airtime and product urned contributions	ion costs	
CNS campaign consultants	MTG meetings and OFC office expen		:8		mpaign workers' salari	ies	
CTB contribution (explain nonmonetary)* CVC civic donations	PET petition circul				or cable airtime and p		
FIL candidate filing/ballot fees	PHO phone banks	•			ndidate travel, lodging,		
FND fundraising events	POL polling and s				ff/spouse travel, lodgir		d:data/anaaaa
IND independent expenditure supporting/opposing others (explain)*			ssenger service	-	nsfer between commit ter registration	tees of the sam	e candidate/sponsor
LEG legal defense	PRO professional PRT print ads	services (leg	al, accounting)		ormation technology co	osts (internet, e-	mail)
LIT campaign literature and mailings	Titl plint ads						
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID
Ryan Gall		MTG					91.22
Tracy, CA 95376							
Ryan Gall		MTG					56.16
Tracy, CA 95376							
•							
		<u> </u>					
			ŀ				
* Payments that are contributions or independent expenditures	must also be summ	arized on S	chedule D.			SUBTOTAL\$	147.38
Schedule E Summary			- _				
Itemized payments made this period. (Include all Schedule)	e E subtotals.)					\$	147.38
Unitemized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount from							
 Total payments made this period. (Add Lines 1, 2, and 3. It 							
4. Total payments made this period. (Add Lines 1, 2, and 3. I	_iii.ei iieie aliu oli l	ne Julilla	ry rage, coll				

Schedule	∍ F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

State	ement covers period	CALIFORNIA 460
from	10/23/2016	FORM TOO
through	12/31/2016	Page 5 of 5
		I.D. NUMBER

1230611

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tracy Firefighters Association PAC

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

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

FND fundraising events

POL polling and survey research

TRS staff/spouse travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TRS transfer between committees of the same candidate/sponsor

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

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

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
1780 Creekside Oaks Drive Sacramento, CA 95833	CTB Signs and Door Hangers, In-Kind Contribution to Rickman for Mayor 2016 (ID #1382486) and Mitracos for City Council 2016 (ID #1377636)	4,914.09	0.00	0.00	4,914.09

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **Button Summarized on Schedule D. **June 1.09*** **Ju

Schedule F Summary

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Statement covers period from 07/01/2016	Date of election if applicable: (Month, Day, Year)	Pate Stamp RECEIVED AUG - 1 2018 CITY CLERK TRACY	CALIFORNIA 460 Page 1 of 6 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/22/2016	11/08/2016	CA CONTRACTOR	
State Candidate Election Committee Coc Recall (Also Complete Part 5) General Purpose Committee Sponsored Pr Small Contributor Committee	implete Parts 1, 2, 3, and 4. imarily Formed Ballot Measure ommittee 0 Controlled 0 Sponsored so Complete Part 6) imarily Formed Candidate/ fficeholder Committee so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain b	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	NUMBER 230611	Treasurer(s) NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Avenue CITY		P CODE AREA CODE/PHONE 95304 209-831-6700
CITY STATE ZIP COL Tracy CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BC PO Box 185 CITY STATE ZIP COL Tracy CA 95378 OPTIONAL: FAX / E-MAIL ADDRESS	0X (209) 831-6700 DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDR	STATE ZI	P CODE AREA CODE/PHONE
tracyfirefighterspac@gmail.com 4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on 07/26/2018 Date Executed on 07/26/2018 Date	that the foregoing is true and correct. By		rein and in the attached sch	·
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St	·	

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

COVER PAGE

CALIF FC	ORNIA ORM	460
Page _	2 (of6

Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee							
NAME OF OFFICEHOLDER OR CANDIDATE		NAME C	OF BALLOT MEASURE						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT I	IUMBER IF APPLICABLE)	BALLO	T NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	ldenti	fy the controlling of	fficeholder, ca	ndidate, or state	measure pi	roponent, if any		
		NAME	OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT				
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candidate.	are primarily formed to receive	OFFICE	SOUGHT OR HELD		DIS	STRICT NO. IF	ANY		
COMMITTEE NAME 1	D. NUMBER								
NAME OF TREASURER (CONTROLLED COMMITTEE?	7. Prima	arily Formed Cai	ndidate/Offic	ceholder Comi is committee is pri	mittee Lis imarily forme	t names of d.		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX		NAME	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE		
CITY STATE ZIP COL	E AREA CODE/PHONE	NAME	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE		
COMMITTEE NAME I	D. NUMBER	NAME	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE		
NAME OF TREASURER (CONTROLLED COMMITTEE?	NAME	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				<u> </u>				
CITY STATE ZIP COL	E AREA CODE/PHONE		Att	ach continuati	on sheets if nec	essary			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 07/01/2016

SUMMARY PAGE

Page ___3 ___ of ___6__ 10/22/2016 through _ SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1230611 Tracy Firefighters Association PAC

Tracy Firefighters Association PAC	 			1230611
Contributions Received	 COlumn A TOTALTHIS 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	\$ 0.00	\$	0.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	0.00		0.00	,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$	0.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00	\$	0.00	Made \$ \$
Expenditures Made	-		-	Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4		\$	400.00	Candidates
7. Loans Made Schedule H, Line 3			0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 400.00	\$	400.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3			4,914.09	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3			0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 5,314.09	\$	5,314.09	 \$
Current Cash Statement				/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 11,367.99		calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	0.00		nounts in Column A to the rresponding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	m Column B of your last	reported in Column B.
15. Cash Payments Column A, Line 8 above	400.00	Co	oort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 10,967.99		ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.	 	ре	riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	for ca	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts			m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse	\$ 0.00		•	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 4,914.09	ĺ		
		I		FPPC Form 460 (Jan/2
				FPPC Advice: advice@fppc.ca.gov (866/2

www.fppc.ca.gov

Schedule D SCHEDULE D **Summary of Expenditures** Statement covers period **CALIFORNIA** Amounts may be rounded **Supporting/Opposing Other FORM** to whole dollars. 07/01/2016 from **Candidates, Measures and Committees** through $_{-10/2}^{2/2016}$ of __6_ Page _ SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1230611 Tracy Firefighters Association PAC PER ELECTION CUMULATIVE TO DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION TO DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 2,457.04 2,457.04 Signs and Door Hangers 10/12/2016 Mary Mitracos City Council Member Contribution City of Tracy X Nonmonetary Contribution Independent Expenditure ☐ Oppose X Support 2,457.05 Signs and Door Hangers 2,457.05 Robert Rickman 10/12/2016 Mayor Contribution City of Tracy X Nonmonetary Contribution ☐ Independent Expenditure ☐ Oppose X Support ☐ Monetary Contribution Nonmonetary Contribution ☐ Independent Expenditure Oppose ☐ Support 4,914.09 SUBTOTAL \$ **Schedule D Summary** 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)......\$ 2. Unitemized contributions and independent expenditures made this period of under \$100...... 0.00

Schedule E

Amounts may be rounded

	OOI IEDOLE E
Statement covers period	CALIFORNIA 460
from07/01/2016	FORM TOO
through10/22/2016	Page _ 5 _ of _ 6
	I.D. NUMBER
	1230611

Payments Made		to whole dollars.					07/01/2016	FUi	RIVI
					throu	ıgh _	10/22/2016	. Page	of6
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			_					I.D. NUM	BER
Tracy Firefighters Association PAC								123061	1
	a the neument wa	mov. o	ntor	the code. Othe	envice de	ecrib	e the navment	<u>'</u>	
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 meetings and OFC office expen PET petition circul PHO phone banks POL polling and s	munication d appearan ses lating survey rese very and	ns nces earch messe	enger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio a return- campa t.v. or candio staff/s transfe voter	airtime and production ed contributions aign workers' salaries cable airtime and product travel, lodging, an pouse travel, lodging, er between committee registration ation technology cost	duction costs and meals and meals es of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	D	ESCRIPTION	OF PA	YMENT		AMOUNT PAID
Tracy Rotary 223 East 10th Street Tracy, CA 95376		cvc							400.0
* Payments that are contributions or independent expenditures	must also be summ	arized or	Sch	edule D.			SI	UBTOTAL \$	400.0
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedule									
2. Unitemized payments made this period of under \$100									
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Colum	n (e)).)				\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. E									

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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			SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2016	california 460
SEE INSTRUCTIONS ON REVERSE		through10/22/2016	Page 6 of 6
NAME OF FILER			I.D. NUMBER
Tracy Firefighters Association PAC			1230611
CODES: If one of the following codes accurately de	escribes the payment, you may enter the c	ode. Otherwise, describe the paymen	t.
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	costs luction costs d meals

postage, delivery and messenger services

professional services (legal, accounting)

TSF

VOT voter registration

POL polling and survey research

PRT print ads

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	0.00	\$ 4,914.09	\$ 0.00	4,914.09
Firefighters Print and Design 1780 Creekside Oaks Drive Sacramento, CA 95833	CTB Signs and Door Hangers, In-Kind Contribution to Rickman for Mayor 2016 (ID #1382486) and Mitracos for City Council 2016 (ID #1377636)	0.00	4,914.09	0.00	4,914.09
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

Schedule F Summary

FND fundraising events

campaign literature and mailings

LEG legal defense

independent expenditure supporting/opposing others (explain)*

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.)	INCURRED TOTALS \$	4,914.09
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.)	PAID TOTALS \$	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.)	NET \$	4,914.09

transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

D i i. u.t C		_		٠.	COVER PAGE
Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)			Date Stamp RECEIVED 2018		IFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2016 through06/30/2016	Date of election if applicable: (Month, Day, Year)	out the co	Page	1 of 3 For Official Use Only
I. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			·
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall ☐ (Also Complete Part 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 Te		Quarterly Stat Special Odd-\ Supplemental Statement - A	Year Report
S. Committee information	. NUMBER .230611	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Tracy Firefighters Association PAC		NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Avenue	-		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
835 Central Avenue		Tracy	CA	95304	209-831 - 6700
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY		
Tracy CA 95370 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS		 	
PO Box 185		CITY		ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP COI Tracy CA 95378		CITY	STATE	ZIP CODE	AREA CODE/FHONE
OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.com		OPTIONAL: FAX / E-MAIL ADDR	ESS		
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California		owledge the information contained her Signature of Treasurer or Assistant T		chedules is true	and complete. I certify
Executed on	BySignature of Cor	ntrolling Officeholder, Candidate, State Measure Prop	ponent or Responsible Officer of S	ponsor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent		

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ____

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COVER PAGE - PART 2								
CALIF FC	FORNIA DRM	460						
Page _	2 (of3						

Officeholder or Candidate Controlled Commi	ttee	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or state mea	sure proponent, if a
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT	
Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate	ndidate/Offic (s) for which th	ceholder Committe	e List names of y formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	HELD SUPPOR
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	HELD SUPPOR
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	HELD SUPPOR
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	HELD SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)					<u></u> L
CITY STATE ZIP C	ODE AREA CODE/PHONE		. Att	ach continuat	ion sheets if necessa	ry

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Contributions Received	(F	Column A TOTALTHIS PERIOD ROMATTACHED 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	\$.		\$	0.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00	20 Cashibutiana
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures Made \$ \$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	0.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	0.00	\$	0.00	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	0.00	\$	0.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3				0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	0.00	\$	0.00	\$
Current Cash Statement					/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	11,367.99	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		0.00		ounts in Column A to the responding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	reported in Column B.
15. Cash Payments Column A, Line 8 above				oort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	11,367.99	_ ~	ures that should be otracted from previous	
If this is a termination statement, Line 16 must be zero.			ре	riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo ca	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts		0.00		m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00	1		FPPC Form 460 (Jan

FPPC Form 460 (Jan/2016)
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Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from07/01/2015 through12/31/2015	Date of election if applicable: (Month, Day, Year)	AUG - 1 2018g CITY CLERKS TRACY ELACY ELAC	CALIFORNIA 460 FORM Page 1 of 3 For Official Use Only
O State Candidate Election Committee O Recall (Also Complete Part 5) ☐ General Purpose Committee ② Sponsored O Small Contributor Committee O Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	☐ Special ☐ Supple	rly Statement Odd-Year Report mental Preelection ent - Attach Form 495
3. Committee information	DDE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Avenue CITY Tracy NAME OF ASSISTANT TREASURER, IF AN	STATE ZIP COD CA 95304 NY	200_931_6700
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E PO Box 185 CITY STATE ZIP CO Tracy CA 953* OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.com 4. Verification	DDE AREA CODE/PHONE 78	MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP COD	
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californian Executed on	a that the foregoing is true and correct. By	Signature of Treasurer or Assistant Treasurer attrolling Officeholder, Candidate, State Measure Proponent or Res	sponsible Officer of Sponsor	is true and complete. I certify
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure	Proponent	— FPPC Form 460 (Jan/2016)

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COVER PAGE

COVER PAGE - PART 2					
CALIF FC	ORNIA ORM	460			
Page _	2	of3			

Officeholder or Candidate Controlled Committee			Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATI	ON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. ANI	STREET) CITY STATE ZIP		Identify the controlling of	ficeholder, ca	indidate, or state	measure p	proponent, if an
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	-	-
	d in this Statement: List any committees trolled by you or are primarily formed to receive half of your candidacy.		OFFICE SOUGHT OR HELD		DIS	TRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER						
	CONTROLLED COMMITTEE?	7.	Primarily Formed Car	ndidate/Offi	ceholder Comm	nittee <i>Li</i>	st names of
NAME OF TREASURER	YES NO		officeholder(s) or candidate	(s) for which th			ed.
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
CITY	TATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDI	RESS (NO P.O. BOX)				<u> </u>		
CITY	TATE ZIP CODE AREA CODE/PHONE		Att	ach continuat	ion sheets if nece	essary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE **CALIFORNIA** Statement covers period **FORM** 07/01/2015 Page ____3 ___ of ___3____ 12/31/2015 through _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1230611 Tracy Firefighters Association PAC

Contributions Received	(F	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	\$	0.00	\$	0.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	0.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	0.00	\$	2,559.38	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	0.00	\$	2,559.38	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	0.00	\$	2,559.38	/ \$
Current Cash Statement					/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	11,367.99		calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		0.00		nounts in Column A to the rresponding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	reported in Column B.
15. Cash Payments Column A, Line 8 above		0.00		oort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	11,367.99		ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.			period amounts. If this is the first report being filed		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00			
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			

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

D 1 11 (Oderwitter				COVER PAGE
Recipient Committee Campaign Statement Cover Page			PECEIVED	california 460
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2015 through06/30/2015	Date of election if applicable: (Month, Day, Year)	AUG - 1 2018 CITY CLERK TRACY CA	Page 1 of 5 For Official Use Only
1. Type of Recipient Committee: All Committees - Co	emplete Parts 1, 2, 3, and 4.	2. Type of Statement:		····
☐ Officeholder, Candidate Controlled Committee ☐ 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	Sp ermination) Sta	uarterly Statement secial Odd-Year Report spplemental Preelection atement - Attach Form 495
3. Committee Information	D. NUMBER 1230611	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Tracy Firefighters Association PAC		NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Avenue		
STREET ADDRESS (NO P.O. BOX) 835 Central Avenue	-	CITY Tracy		CODE AREA CODE/PHONE 209-831-6700
CITY STATE ZIP CC Tracy CA 9537		NAME OF ASSISTANT TREASUR	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	OX	MAILING ADDRESS	•	· · · · · · · · · · · · · · · · · · ·
PO Box 185 STATE ZIP CO Tracy CA 9537		СІТҮ	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.com		OPTIONAL: FAX / E-MAIL ADDR	ESS	
I. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California.	n this statement and to the best of my kn a that the foregoing is true and correct.	owledge the information contained her	ein and in the attached sched	dules is true and complete. I certify
Executed on	Ву	Signature of Treasurer of Assistant I	reasurer	
Executed on	BySignature of Co	ontrolling Officeholder, Candidate, State Measure Prop	conent or Responsible Officer of Sponso	or
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	·
Executed on	Ву	Control Official Contro		

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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COVER PAGE - PART 2					
CALIF FC	ORNIA ORM	4	l 60		
Dogo	2	of	5		

Officeholder or Candidate Controlled C	6.	Primarily Formed Bal	lot Measure	Committee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND I	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET	C) CITY STATE ZIP		Identify the controlling o	fficeholder, ca	andidate, or sta	ite measure	proponent, if an
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in the not included in this statement that are controlled be contributions or make expenditures on behalf of your controlled between the controlled behalf of your controlled behalf of you	y you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
	CONTROLLED COMMITTEE?	7.	Primarily Formed Car	ndidate/Offi	ceholder Co	mmittee !	ist names of
NAME OF TREASURER	YES NO		officeholder(s) or candidate				леа. ———————
COMMITTEE ADDRESS (NO) P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	D P.O. BOX)						
CITY STATE	ZIP CODE AREA CODE/PHONE		Att	ach continuat	ion sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

		1230611
Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
\$ 0.00 0.00 \$ 0.00 \$ 0.00	\$ 0.00 0.00 \$ 0.00 \$ 0.00	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
\$ 2,559.38 0.00 0.00	0.00 \$ 2,559.38 0.00 0.00	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) \$
\$ \(\begin{array}{c} \ 13,927.37 \\ \ \ 0.00 \\ \ 2,559.38 \\ \ \ 11,367.99 \end{array} \] \$ \(\begin{array}{c} \ 0.00 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	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.
	TOTALTHIS PERIOD (FROMATTACHED SCHEDULES) \$	TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)

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www.fppc.ca.gov

Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

OFC office expenses

phone banks

PET

PHO

POL

MTG meetings and appearances

polling and survey research

Stateme	ent covers period	CALIFORNIA	460
from	01/01/2015	FORM	TOU
through _	06/30/2015	Page4 o	f <u>5</u>
		I.D. NUMBER	

1230611

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

candidate filing/ballot fees

CNS campaign consultants

CVC civic donations

FND fundraising events

FIL

NAME OF FILER

Tracy Firefighters Association PAC

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

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

	delivery and messenger se nal services (legal, accoun		
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Shawn Bracha Tracy, CA 95376	MTG		195.00
Firefighters Research and Education 1780 Creekside Oaks Drive Sacramento, CA 95833	cvc		855.00
Perko's Cafe 1321 West 11th Street Tracy, CA 95376	MTG		112.53
Payments that are contributions or independent expenditures must also be sun	nmarized on Schedule [D. SUBTO	DTAL\$ 1,162.5
Schedule E Summary			
1. Itemized payments made this period. (Include all Schedule E subtotals.)			. \$2,383.53
2. Unitemized payments made this period of under \$100			
3. Total interest paid this period on loans. (Enter amount from Schedule B, Pa	ert 1, Column (e).)		. \$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and or			

www.fppc.ca.gov

Schedule E	
(Continuation S	Sheet)
Payments Made	е

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

1 + 1 - g =

Amounts may be rounded to whole dollars.

		0020022 2 (00	
State	ement covers period	CALIFORNIA 46	
from	01/01/2015	FORM 400	
through	06/30/2015	Page5 of5	
		I.D. NUMBER	

1230611

Tracy Firefighters Association PAC

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Oscar Sharp 835 Central Avenue Tracy, CA 95376	MTG		106.00
Tracy Firefighters IAFF 3355 835 Central Avenue Tracy, CA 95376		Crab Feed Fundraiser	840.00
Tracy Firefighters IAFF 3355 835 Central Avenue Tracy, CA 95376	MTG		275.00

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

SUBTOTAL \$

1,221.00

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from 10/01/2014 through 12/31/2014	Date of election if applicable: (Month, Day, Year)	Date Stamp RECEIVED AUG - 1 2018 CITY CLERK TRACY CA	CALIFORNIA 460 FORM Page1 of4 For Official Use Only
O State Candidate Election Committee O Recall (Also Complete Part 5) ☐ General Purpose Committee ② Sponsored ○ Small Contributor Committee	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter Amendment (Explain be	Spe	arterly Statement ecial Odd-Year Report oplemental Preelection tement - Attach Form 495
3 Committee Information	D. NUMBER 1230611	Treasurer(s) NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Avenue CITY	STATE ZIP (CODE AREA CODE/PHONE
835 Central Avenue CITY STATE ZIP CO Tracy CA 9537 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E PO Box 185	6 (209)831-6700	Tracy NAME OF ASSISTANT TREASURE MAILING ADDRESS		209-831-6700
CITY STATE ZIP CO Tracy CA 9537 OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.com		OPTIONAL: FAX / E-MAIL ADDRE	-	CODE AREA CODE/PHONE
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi Executed on	g this statement and to the best of my known at that the foregoing is true and correct. By	owledge the information contained here Signature of Treasurer or Assistant Tr		ules is true and complete. I certify
Executed on	BySignature of Co	ntrolling Officeholder, Candidate, State Measure Proposition of Controlling Officeholder, Candidate, State	ment or Responsible Officer of Sponsor	· · · · · · · · · · · · · · · · · · ·
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State	e Measure Proponent	FPPC Form 460 (Jan/2016)

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COVER PAGE

COVERP	AGE-PART2
CALIFORNIA FORM	460

ī	NAME OF OFFICEHOLDER OR CANDIDATE			6. Primarily Formed Ballot Measure Committee					
	,			NAME OF BALLOT MEASURE					
Ċ	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE	
i	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling off	iceholder, car	ndidate, or stat	te measure	proponent, if any.	
				NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	ROPONENT			
,	Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD		D	DISTRICT NO.	. IF ANY	
ē	COMMITTEE NAME	I.D. NUMBER							
ī	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can- officeholder(s) or candidate(s	didate/Offic	ceholder Con	nmittee I	ist names of med.	
ē	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	<u> </u>		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE	
	CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE	
(COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE	
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE	
-	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)				<u></u>			
7	CITY STATE ZIP C	ODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if ne	ecessary		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE **CALIFORNIA**

Statement covers period **FORM** from _____10/01/2014 Page ___3__ of ___4__ 12/31/2014 through _ I.D. NUMBER 1230611

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tracy Firefighters Association PAC

Contributions Received	(FI	Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		COIUMN 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	\$.	0.00	\$	0.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ -	0.00	\$	0.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$.	0.00	\$	0.00	21. Expenditures Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$.	343.69	\$	7,392.48	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7			\$	7,392.48	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	-	0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment	-	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$.	343.69	\$	7,392.48	 \$
Current Cash Statement					/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$.	14,271.06		calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		0.00		ounts in Column A to the responding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4	-	0.00	fro	m Column B of your last	reported in Column B.
15. Cash Payments Column A, Line 8 above	•	343.69	Co	ort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$.	13,927.37		res that should be stracted from previous	
If this is a termination statement, Line 16 must be zero.			ре	iod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for ca	this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts			fro an	m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from10/01/2014	FORM TOO
through12/31/2014	Page4 of4
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE					thro	ough12/31,	/2014 Page	4 of4
NAME OF FILER							I.D. N	NUMBER
Tracy Firefighters Association PAC							1230	0611
					41			
CODES: If one of the following codes accurately describes	s the payment, MBR membero			e code. O			nayment.	
CMP campaign paraphernalia/misc. CNS campaign consultants	MTG meetings				RFD	returned contri	•	
CTB contribution (explain nonmonetary)*	OFC office exp				SAL	campaign work		
CVC civic donations	PET petition ci PHO phone ba	•			TEL TRC		time and production co el, lodging, and meals	SIS
FIL candidate filing/ballot fees FND fundraising events	•	nd survey res	earch		TRS	staff/spouse tra	evel, lodging, and mea	
IND independent expenditure supporting/opposing others (explain)*		delivery and			TSF			same candidate/sponsor
LEG legal defense LIT campaign literature and mailings	PRO profession PRT print ads	nal services	(legal, ac	counting)	VOT WEB	voter registration tec	on hnology costs (interne	t. e-mail)
LT Campaign merature and mannings								
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR		DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Boys & Girls Club of Tracy		cvc						200.00
753 West Lowell Avenue Tracy, CA 95376								
ITACY, CA 95576								
The Commons		MTG			<u> </u>			143.69
49 West 10th Street								
Tracy, CA 95376								
							-	-
* Payments that are contributions or independent expenditures r	must also he sur	mmarized o	Sched	ule D.			SUBTOTA	1.\$ 343.69
rayments that are contributions of independent expenditures i					 :			
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule								
2. Unitemized payments made this period of under \$100							\$	0.00
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Pa	art 1, Colun	nn (e).)				\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. E								

FPPC Form 460 (Jan/2016)

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Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 460
	Statement covers period from 07/01/2014	Date of election if applicable: (Month, Day, Year)	WIND TO STATE OF THE PARTY OF T	Page 1 of 5 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through09/30/2014			
State Candidate Election Committee ○ Recall (Also Complete Part 5) ③ General Purpose Committee ③ Sponsored ○ Small Contributor Committee	emplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement:	Specification Specification State State	arterly Statement ecial Odd-Year Report oplemental Preelection tement - Attach Form 495
S. Committee information	D. NUMBER 1230611	Treasurer(s) NAME OF TREASURER Eric Oliveri MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX) 835 Central Avenue	 	835 Central Avenue CITY Tracy		CODE 209-831-6700
CITY STATE ZIP CO Tracy CA 9537 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	(209)831-6700	NAME OF ASSISTANT TREASUR	RER, IF ANY	
PO Box 185 STATE ZIP CO Tracy CA 9537		CITY		CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.com		OPTIONAL: FAX / E-MAIL ADDR	RESS	
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	g this statement and to the best of my kno a that the foregoing is true and correct. By	owledge the information contained her		lules is true and complete. I certify
Executed on	,	ntrolling Officeholder, Candidate, State Measure Pro		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent	
Executed on	oy	0		

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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www.fppc.ca.gov

COVER PAGE

CALIF	ORNIA ORM	460
Page _	2	of 5

Officeholder or Candidate Controlled Committee			. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE	 		NAME OF BALLOT MEASURE					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	TY STATE ZIP		Identify the controlling of	ficeholder, ca	ındidate, or state measur	e proponent, if any		
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT			
Related Committees Not Included in this State not 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		DISTRICT N	O. IF ANY		
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE		
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE		
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)							
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Atta	ach continuat	ion sheets if necessary			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

1230611

Statem	ent covers period	CALIFORNIA 460
from	07/01/2014	FORM TOO
through _	09/30/2014	Page3 of5
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tracy Firefighters Association PAC

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	\$ 0.00	\$	0.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	0.00		0.00	,,, ,,,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$	0.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00	\$	0.00	Made \$ \$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 5,743.68	\$	7,048.79	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 5,743.68	\$	7,048.79	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 5,743.68	\$	7,048.79	\$
Current Cash Statement				/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 20,014.74		calculate Column B, add	
13. Cash Receipts	0.00		nounts in Column A to the rresponding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	om Column B of your last	reported in Column B.
15. Cash Payments	5,743.68	C	olumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 14,271.06		ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.		рe	eriod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	ca	r this calendar year, only arry over the amounts	
Cash Equivalents and Outstanding Debts			om Lines 2, 7, and 9 (if ny).	
18. Cash Equivalents See instructions on reverse				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00			
		•		FPPC Advice: advice@fppc.ca.gov (866/275-3'

16) 772) www.fppc.ca.gov

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE		Amounts may be to whole dol		Statement covers	CAL	california 460		
				through09/30/20	14 Page	e 4 of 5		
NAME OF FILER						UMBER		
Tracy Firef	ighters Association PAC		-		123	0611		
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
09/24/2014	Charles Manne City Council Member City of Tracy	Monetary Contribution Nonmonetary Contribution Independent Expenditure		2,500.00	2,500.	0.0		
09/24/2014	X Support	Monetary Contribution Nonmonetary Contribution Independent Expenditure	<u>-</u>	2,500.00	2,500.	00		
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
-			SUBTOTAL S	5,000.00				
	D Summary ions and independent expenditures made this perio	od of \$100 or more. (I	nclude all Schedule D subto	als.)	\$	5,000.00		

SEE INSTRUCTIONS ON REVERSE

.

NAME OF FILER

Amounts may be rounded to whole dollars.

		OOI ILD OLE 2
Statement covers period		CALIFORNIA 460
from _	07/01/2014	FORM 400
through	09/30/2014	Page5 of5
		I.D. NUMBER

1230611

SCHEDULE E

Tracy Firefighters Association PAC

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs campaign paraphernalia/misc. returned contributions campaign consultants MTG meetings and appearances CNS office expenses SAL campaign workers' salaries contribution (explain nonmonetary)* CTB t.v. or cable airtime and production costs PET petition circulating CVC civic donations candidate travel, lodging, and meals phone banks candidate filing/ballot fees 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)* professional services (legal, accounting) voter registration PRO LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT AMOUNT PAID CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 700.00 CVC Boys & Girls Club of Tracy 753 West Lowell Avenue Tracy, CA 95376 2,500.00 Charles Manne for City Council 2014 (ID# 1367742) CTB Tracy, CA 95377 2,500.00 Rickman for City Council, 2014 (ID# 1327896) CTB Tracy, CA 95376

5,700.00

www.fppc.ca.gov

SUBTOTAL\$

n'alla da martira a				COVER PAGE
Recipien Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2014 through06/30/2014	Date of election if applicable: (Month, Day, Year)	WELL STATE OF THE	Page 1 of 4 For Official Use Only
1. Type of Recipient Committee: All Committees — Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain belo	Spe	arterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Tracy Firefighters Association PAC STREET ADDRESS (NO P.O. BOX) 835 Central Avenue CITY STATE ZIP	I.D. NUMBER 1230611 E) CODE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Avenue CITY Tracy NAME OF ASSISTANT TREASURE		CODE AREA CODE/PHONE 304 209-831-6700
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O PO Box 185	(209) 831-6700 D. BOX	MAILING ADDRESS	STATE ZIP C	CODE AREA CODE/PHONE
Tracy CA 95 OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.com	378	OPTIONAL: FAX / E-MAIL ADDRES	SS .	
I. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califo		owledge the information contained herei	n and in the attached sched	ules is true and complete. I certify
Executed on	BySignature of Co	Signature of Treasurer or Assistant Treasurer		
Executed onDate	By	Signature of Controlling Officeholder, Candidate, State	·	<u> </u>
Executed on	Ву	District of Octobellian Office helder Octobellian Ottobellian	Manager Programme	

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

	COVER	PAG	E-PAR	T 2
CALIF FC	ORNIA ORM		160	
Page	2	of	4	

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	CICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	ficeholder, ca	ındidate, or sta	ite measure	proponent, if any
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
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 c	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(ndidate/Offi s) for which th	ceholder Col is committee is	mmittee L primarily form	ist names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	OHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)						
CITY STATE ZIP	CODE AREA CODE/PHONE		Atta	ach continuat	ion sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 460
from	01/01/2014	FORM 400
through _	06/30/2014	Page3 of4
		I.D. NUMBER

1230611

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tracy Firefighters Association PAC

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	\$	0.00	\$	0.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00	u. =
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	0.00	Made \$ \$
Expenditures Made	•	<u>.</u>			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	1,305.11	\$	1,305.11	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,305.11	\$	1,305.11	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	1,305.11	\$	1,305.11	/ \$
Current Cash Statement		-			/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	21,319.85		calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		0.00	4	nounts in Column A to the rresponding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	reported in Column B.
15. Cash Payments Column A, Line 8 above		1,305.11		port. Some amounts in Dlumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	20,014.74		ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.			ре	riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for ca	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and 9 (if y).	
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/20

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

1,276.75

Schedule E Payments Made

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE.

Amounts may be rounded to whole dollars.

	JOHEDOLL L
Statement covers period	CALIFORNIA 460
from01/01/2014	FORM TOO
through06/30/2014	Page4 of4
	I.D. NUMBER
	1230611

Tracy Firefighters Association PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances 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 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 postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings LIT

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Firefighters Print and Design 1780 Creekside Oaks Drive Sacramento, CA 95833	Flyer regarding City Council decision	556.75
Tracy Firefighters IAFF 3355 835 Central Avenue Tracy, CA 95376	Crab Feed Fundraiser	720.00

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

SUBTOTAL \$

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from 07/01/2013 through 12/31/2013	Date of election if applicable: (Month, Day, Year)	PECEIVED AUG - 1 2018 CITY CLERK TRACY CA	CALIFORNIA 460 FORM Page 1 of 4 For Official Use Only
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee ⊗ Sponsored O Small Contributor Committee	inplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure committee) Controlled) Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Spe	orterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Tracy Firefighters Association PAC STREET ADDRESS (NO P.O. BOX) 835 Central Avenue CITY STATE ZIP CO		Treasurer(s) NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Avenue CITY Tracy NAME OF ASSISTANT TREASURE	STATE ZIP C CA 953 RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO PO Box 185 CITY STATE ZIP CO Tracy CA 95375 OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.com 4. Verification	DE AREA CODE/PHONE	CITY OPTIONAL: FAX / E-MAIL ADDR		
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on 07/25/2018 Date Executed on 07/25/2018 Date Executed on Date Executed on Date	that the foregoing is true and correct. By	Signature of Treasurer or Assistant Trolling Officeholder, Candidate, State Measure Projection of Controlling Officeholder, Candidate, State Signature of Controlling Officeholder, Candidate, State S	reasurer ponent or Responsible Officer of Sponsor ate Measure Proponent	lles is true and complete. I certify FPPC Form 460 (Jan/2016)

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

COVER PAGE

COVER PAGE - PART 2								
CALIF FC	ORNIA ORM	4	60					
Page	2	of	4					

Officeholder or Candidate Controlled Committee				6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE	-	<u> </u>		NAME OF BALLOT MEASURE						
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ION AND DISTRICT NUMBER IF A	PPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT OPPOSE			
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) CITY	STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or state meas	sure proponent, if any			
		.		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT				
Related Committees Not Include not included in this statement that are co-contributions or make expenditures on be	ntrolled by you or are primarily			OFFICE SOUGHT OR HELD	· · · · · · · · · · · · · · · · · · ·	DISTRICT	NO. IF ANY			
COMMITTEE NAME	I.D. NUMBER									
NAME OF TREASURER	CONTROLLED	COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(ndidate/Offics) for which th	ceholder Committe is committee is primarily	e List names of formed.			
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE			
CITY	STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE			
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE			
NAME OF TREASURER	☐ YES	COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE			
	RESS (NO P.O. BOX) STATE ZIP CODE	AREA CODE/PHONE		Δttz	ach continuat	ion sheets if necessar	v			
	<u> </u>			7			•			

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period 07/01/2013

CALIFORNIA FORM

SUMMARY PAGE

Page ____3 ___ of ____4

12/31/2013 through _

I.D. NUMBER

Tracy Firefighters Association PAC						1230611
Contributions Received	(FRC	COLUMN A TOTALTHIS PERIOD MATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	0.00	\$	2,814.00		rough 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	_	0.00		0.00		Todgir Good Tri to Bato
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ _	0.00	\$	2,814.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3	_	0.00		0.00	21. Expenditures	\$ <i></i>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ _	0.00	\$	2,814.00	Made \$	
Expenditures Made					Expenditure Limit S	Summary for State
6. Payments Made Schedule E, Line 4	\$_	119.30	\$	272.10	Candidates	
7. Loans Made Schedule H, Line 3	_	0.00				e Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7			•	272.10	(If Subject to	Voluntary Expenditure Limit)
,	_	0.00		0.00	Date of Election (mm/dd/yy)	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mini/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$ _	119.30	\$	272.10		_ \$
Current Cash Statement						
12. Beginning Cash Balance Previous Summary Page, Line 16	\$_			calculate Column B, add		
13. Cash Receipts Column A, Line 3 above	_	0.00		nounts in Column A to the rresponding amounts	*Amounts in this section m	nay be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4	_	0.00	fro	om Column B of your last port. Some amounts in	reported in Column B.	ay be ameron nom amounte
15. Cash Payments Column A, Line 8 above	_	119.30	Co	olumn A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ _	21,319.85		ures that should be btracted from previous		
If this is a termination statement, Line 16 must be zero.			ре	riod amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$_	0.00	fo ca	r this calendar year, only rry over the amounts		
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and 9 (if ny).		
18. Cash Equivalents See instructions on reverse						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _	0.00				EDDO E 400 / L. /00:
			•		FPPC Advice: a	FPPC Form 460 (Jan/20' dvice@fppc.ca.gov (866/275-37'

113.30

Schedule E
Payments Made

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

1 :

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from07/01/2013	FORM TOO
through12/31/2013	Page4 of4
	I.D. NUMBER
	1230611

Tracy Firefighters Association PAC

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Helm's Ale House 600 North Central Avenue Tracy, CA 95376	MTG			113.30

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)\$ 113.30 2. Unitemized payments made this period of under \$100\$ 6.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 0.00

> FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

SUBTOTAL\$

Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.	5)	from	01/01/2013	Date of election if applicable: (Month, Day, Year)	RECEIVED AUG - 1 2018 CITY CLERK TRACY	Page 1 of 7 For Official Use Only
EE INSTRUCTIONS ON REVERSE		throu			CA	
. Type of Recipient Committee ☐ Officeholder, Candidate Controlled (☐ State Candidate Election Commi ☐ Recall (Also Complete Part 5) ☒ General Purpose Committee ② Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee	Committee ttee	Primarily Committe Contr Spon (Also Compl	Formed Ballot Measure ee colled sored ete Part 6) Formed Candidate/ der Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	Specific Specific Supermination)	erterly Statement ecial Odd-Year Report pplemental Preelection tement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAM Tracy Firefighters Association		I.D. NUMB 123061 MMITTEE)		Treasurer(s) NAME OF TREASURER Eric Oliveri MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX) 835 Central Avenue				835 Central Avenue CITY Tracy		CODE AREA CODE/PHONE 3304 209-831-6700
CITY Tracy MAILING ADDRESS (IF DIFFERENT) NO. A	STATE CA ND STREET	ZIP CODE 95376 OR P.O. BOX	AREA CODE/PHONE (209) 831-6700	NAME OF ASSISTANT TREASU	RER, IF ANY	
PO Box 185 CITY Tracy OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.co	STATE CA	ZIP CODE 95378	AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDR		CODE AREA CODE/PHONE
Verification I have used all reasonable diligence in prunder penalty of perjury under the laws or	eparing and	reviewing this sta California that the	tement and to the best of my kn	owledge the information contained he	rein and in the attached sched	dules is true and complete. I certify
Executed on			Ву	Signature of Treasurer or Assistant	Treasurer	
Executed on07/25/2018 Date			-	ontrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Sponso	ar .
Executed on			Ву	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent	
Executed on		·	Ву	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent	FPPC Form 460 (Jan/2016)

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COVER PAGE

COVER PAGE - PART 2								
CALIF FC	ORNIA ORM	460						
Page _	2 (of						

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			-		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY		Identify the controlling o	fficeholder, ca	ındidate, or sta	ite measure	proponent, if an		
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT						
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY	
COMMITTEE NAME I	D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cal officeholder(s) or candidate	ndidate/Offi (s) for which th	ceholder Co is committee is	mmittee L primarily for	ist names of med.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX	<u> </u>		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP COL	E AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	.D. NUMBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)						1	
CITY STATE ZIP COL	DE AREA CODE/PHONE		Att	ach continuat	ion sheets if r	ecessary		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

7/1 to Date

Statement covers period **CALIFORNIA FORM** 01/01/2013 Page ___3___ of ___7___ 06/30/2013 through _ I.D. NUMBER 1230611

Tracy Firefighters Association PAC

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Column A **Contributions Received** TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) 1. Monetary Contributions Schedule A, Line 3 \$ 2. Loans Received Schedule B. Line 3 2,814.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ 0.00 4. Nonmonetary Contributions Schedule C, Line 3 **Expenditures Made** 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 152.80 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 152.80 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____18,442.97 13. Cash Receipts Column A, Line 3 above 2,814.00 334.98 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 152.80 21,439.15 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ If this is a termination statement, Line 16 must be zero. 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ **Cash Equivalents and Outstanding Debts** 18. Cash Equivalents See instructions on reverse \$ _____ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

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

\$ 152.80

Column B

CALENDAR YEAR

TOTALTO DATE

2,814.00

2,814.00

2,814.00

0.00

0.00

0.00

152.80

21. Expenditures Made

Expenditure Limit Summary for State

Calendar Year Summary for Candidates

Running in Both the State Primary and

1/1 through 6/30

General Elections

20. Contributions

Received

(mm/dd/yy)

Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Total to Date Date of Election

*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) www.fppc.ca.gov

Schedule	Α		_			_	SCHEDULE A	
Monetary Contributions Received			s may be rounded whole dollars.	Statement covers period from 01/01/2013		CALIFORNIA 460		
EE MOTOLICTIC	AND ON DEVEROE			through <u>06/30/2</u>	013	Page	4 of7	
AME OF FILER	ONS ON REVERSE					I.D. NU	MBER	
	tologous Passarianism PRG					12306	311	
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	DATE	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC			_			
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTALS	0.00				
. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)				IND- COM	(other		
2. Amount re	eceived this period – unitemized monetary contribution	s of less than S	\$100\$ <u> </u>	2,814.00	PTY	Politica	l Party	
B. Total mone	etary contributions received this period.	ımn A. Line 1.)TOTAL \$	2,814.00	scc	-Small C	Contributor Committee	

Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

OFC office expenses

PHO phone banks

print ads

PET

PRT

MTG meetings and appearances

POL polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

 Statement covers period
 CALIFORNIA FORM
 460

 from _____01/01/2013
 Page __5 ___ of __7 ___

 through ____06/30/2013
 Page __5 ___ of ___7 ___

 I.D. NUMBER

1230611

SCHEDULE E

EΕ	INS.	TRUC	TIONS	ON	REVERSE	

CMP campaign paraphernalia/misc.

candidate filing/ballot fees

campaign consultants

fundraising events

legal defense

CVC civic donations

NAME OF FILER

CNS

FIL

FND

IND

LEG

LIT

Tracy Firefighters Association PAC

contribution (explain nonmonetary)*

campaign literature and mailings

independent expenditure supporting/opposing others (explain)*

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

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

VOT voter registration

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
		_			
		-			
Payments that are contributions or independent expenditures must also be summ	arized on	Sch	edule D.	SUBTOTAL\$	0.00
Schedule E Summary					
. Itemized payments made this period. (Include all Schedule E subtotals.)				\$	0.00
. Unitemized payments made this period of under \$100				\$	152.80
. Total interest paid this period on loans. (Enter amount from Schedule B, Part					0.00
. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on t					152.80

Schedule	1			_	SCHEDULE
	eous Increases to Cash	Amounts may be rounded	Statement cove	rs period	CALIFORNIA 460
		to whole dollars.	from01/01/	/2013	FORM 400
	NA		through 06/30/	/2013	Page6 of7
NAME OF FILER	NS ON REVERSE		1		I.D. NUMBER
Tracy Firefi	ghters Association PAC				1230611
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
06/21/2013	Firefighters Print and Design 1780 Creekside Oaks Drive Sacramento, CA 95833	Refund			334.98
Attach add	litional information on appropriately labeled continuation sheets.			SUBTOTAL \$	334.98
Schedule	I Summary				
1. Itemized i	increases to cash this period		\$	334.98	
	ed increases to cash of under \$100 this period				
	I interest received this period on loans made to others. (Sch				
4. Total misc	cellaneous increases to cash this period. (Add Lines 1, 2, a	and 3. Enter here and on the			

Additional Comments For Form 460

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	FORNIA ORM	4	l 60
Page	7	of	7
 ID NUM	BER		

1230611

NAME OF FILER

Tracy Firefighters Association PAC

Schedule A - Tracy Firefighters Local 3355, 835 Central Avenue, Tracy, CA 95376 is the intermediary for all unitemized contributions.

Ca Ca (Ga	ecipient Committee ampaign Statement over Page vernment Code Sections 84200-84216.5)		S from throu	tatement covers period 10/21/2012 gh12/31/2012	Date of election if applicab (Month, Day, Year)	REC AUG	EIVED - 1 2018 V CLERK RACY CA		FORM 460 FORM of 4 For Official Use Only
	Type of Recipient Committee: All Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee		Primarily Committe Contr Spon (Also Compl	Formed Ballot Measure ee olled sored ete Part 6) Formed Candidate/ der Committee	2. Type of Statement Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 41 Amendment (Explain	ent nent ent 10 Termination)		Special O	Statement Odd-Year Report ental Preelection t - Attach Form 495
3.	Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF Tracy Firefighters Association F STREET ADDRESS (NO P.O. BOX)		I.D. NUMB 123061 ITTEE)		Treasurer(s) NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Avenue CITY		STATE	ZIP CODE	. AREA CODE/PHONE
	835 Central Avenue CITY Tracy MAILING ADDRESS (IF DIFFERENT) NO. AND S	CA	ZIP CODE 95376 P.O. BOX	AREA CODE/PHONE (209)831-6700	Tracy NAME OF ASSISTANT TREA	ASURER, IF ANY	CA	95304	209-831-6700
	PO Box 185 CITY Tracy OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.com	STATE CA	ZIP CODE 95378	AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL A	DDRESS	STATE	ZIP CODE	AREA CODE/PHONE
	Verification I have used all reasonable diligence in prepar under penalty of perjury under the laws of the Executed on07/25/2018	ing and re State of Ca	viewing this sta alifornia that the	tement and to the best of my known to the best of the			e attached s	chedules is	true and complete. I certify
	Date Executed on		- -	BySignature of Co	Signature of Treasurer or Assistantrolling Omecholar, Candida Signature of Controlling Officeholder, Candida	e i roponenco i nespon	sible Officer of S	ponsor	- -
	Executed onDate		- -	Ву	Signature of Controlling Officeholder, Candida Signature of Controlling Officeholder, Candida	·		<u> </u>	- FPPC Form 460 (Jan/2016)

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	COVER	PAG	E-PART	2
CALIF FC	ORNIA ORM	2	1 60	
Dogo	2	of	4	

	Committee	lot Measure	Primarily Formed Ballo	6.	lled Committee	or Candidate Controlled	Officeholder or Car
			NAME OF BALLOT MEASURE		<u> </u>	HOLDER OR CANDIDATE	NAME OF OFFICEHOLDER
SUPPORT OPPOSE	111	JURISDICTIO	BALLOT NO. OR LETTER	ER IF APPLICABLE)	N AND DISTRICT NUMBER	OR HELD (INCLUDE LOCATION ANI	OFFICE SOUGHT OR HELD
e proponent, if an	andidate, or state measure p	fficeholder, ca	Identify the controlling of	STATE ZIP	STREET) CITY	INESS ADDRESS (NO. AND STRE	RESIDENTIAL/BUSINESS A
	ROPONENT	ANDIDATE, OR PR	NAME OF OFFICEHOLDER, CAN				
O. IF ANY	DISTRICT NO. IF		OFFICE SOUGHT OR HELD		rolled by you or are prim	mittees Not Included in t his statement that are controlled make expenditures on behalf of	not included in this state
				IMBER	I.D. NUME		COMMITTEE NAME
List names of ormed.	ceholder Committee List	ndidate/Offic	. Primarily Formed Can	ROLLED COMMITTEE? 7.	CONTROL	RER	NAME OF TREASURER
	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR	YES NO	☐ YES		
SUPPORT OPPOSE	OTTIOL GOOSITI CIXTILLED	CANDIDATE	NAME OF OFFICEHOLDER OR		ESS (NO P.O. BOX)	ESS STREET ADDRESS (COMMITTEE ADDRESS
D SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	CANDIDATE	NAME OF OFFICEHOLDER OR	AREA CODE/PHONE	ATE ZIP CODE	STATE	CITY
D SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	CANDIDATE	NAME OF OFFICEHOLDER OR	IMBER	I.D. NUME		COMMITTEE NAME
D SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	CANDIDATE	NAME OF OFFICEHOLDER OR	ROLLED COMMITTEE? YES NO	CONTROI	RER	NAME OF TREASURER
					ESS (NO P.O. BOX)	ESS STREET ADDRESS (COMMITTEE ADDRESS
	tion sheets if necessary	ach continuati	Atta	AREA CODE/PHONE	ATE ZIP CODE	STATE	CITY
	ion sheets if necessary	ach continuati	Atta	AREA CODE/PHONE	ATE ZIP CODE	STATE	CITY

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 10/21/2012

12/31/2012

Page ___3 ___ of ___4 I.D. NUMBER

Calendar Year Summary for Candidates

Running in Both the State Primary and

1/1 through 6/30

1230611

General Elections

20. Contributions

Received

21. Expenditures Made

Tracy Firefighters Association PAC				
Contributions Received		Column A TOTAL THIS PERIOD NATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$	0.00	\$	0.00
2. Loans Received Schedule B, Line 3	_	0.00		0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u> </u>	0.00	\$	0.00
Expenditures Made	·	-		
6. Payments Made Schedule E, Line 4	\$ <u> </u>	75.93	\$	12,010.99
7. Loans Made Schedule H, Line 3		0.00		0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	75.93	\$	12,010.99
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	_	0.00		0.00
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00
11. TOTAL EXPENDITURES MADE	\$ <u> </u>	75.93	\$	12,010.99
Current Cash Statement		· "		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$			calculate Column B, add
13. Cash Receipts Column A, Line 3 above	_	0.00		ounts in Column A to the responding amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		m Column B of your last port. Some amounts in
15. Cash Payments Column A, Line 8 above		75.93	Co	lumn A may be negative
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	18,442.97		ures that should be otracted from previous
If this is a termination statement, Line 16 must be zero.			per	riod amounts. If this is first report being filed
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for car	this calendar year, only ry over the amounts
Cash Equivalents and Outstanding Debts		0.00	from any	m Lines 2, 7, and 9 (if y).
18. Cash Equivalents See instructions on reverse		0.00		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00		

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)

reported in Column B.

Total to Date

7/1 to Date

SUMMARY PAGE

*Amounts in this section may be different from amounts

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

Schedule E

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Statement covers period	CALIFORNIA 160
from10/21/2012	FORM TOO
through12/31/2012	Page4 of4
	I.D. NUMBER
	1230611

Payments Made	Amounts may l to whole d		d	fron	10/21/2012	FOF	46U
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ugh12/31/2012	Page	of <u>4</u> BER
Tracy Firefighters Association PAC						123061	1
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and seponsage, del	nmunication: d appearan nses llating s survey rese livery and r	s ces	RAD RFD SAL TEL TRC TRS es TSF	escribe the paymer radio airtime and produ returned contributions campaign workers' salt t.v. or cable airtime and candidate travel, lodging staff/spouse travel, lodging transfer between commotive registration information technology	aries d production costs g, and meals ging, and meals nittees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures	must also be summ	narized on	Schedule D.			SUBTOTAL\$	0.0
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule							
2. Unitemized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount from							
4. Total payments made this period. (Add Lines 1, 2, and 3. E	nter here and on t	he Summ	nary Page, Co	lumn A, Line 6	.)	. TOTAL \$	75.93

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from10/01/2012 through10/20/2012	Date of election if applicable: (Month, Day, Year)	Pate Stamp RECEIVED AUG - 1 2018 CITY CLERK TRACY CA	CALIFORNIA 460 FORM Page _ 1 of _ 5 For Official Use Only
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee ⊗ Sponsored O Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored lso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee lso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Spe	orterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
3. Committee information	. NUMBER .230611	Treasurer(s) NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Avenue CITY Tracy	STATE ZIP C CA 953	200 021 6700
CITY STATE ZIP CO Tracy CA 9537 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BI PO Box 185 CITY STATE ZIP CO Tracy CA 9537	6 (209) 831-6700 DX DE AREA CODE/PHONE	MAME OF ASSISTANT TREASUR	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.com		OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	that the foregoing is true and correct. By	Signature of Treasurer or Assistant Treasurer of Treasurer or Assistant Treasurer of Treasurer o	ceasurer conent or Responsible Officer of Sponsor ate Measure Proponent	ules is true and complete. I certify

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

COVER PAGE

	COVER P.	AGE-PAR	Т2
CALIF FC	FORNIA DRM	460)
Page _		of5	_]

Officeholder or Candidate Controlled Committee	•	6.	Primarily Formed Bal	lot Measure	Committee)	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NU	MBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		Identify the controlling o	fficeholder, ca	ındidate, or s	tate measure	proponent, if an
			NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT		
Related Committees Not Included in this Statem not included in this statement that are controlled by you or are contributions or make expenditures on behalf of your candidate.	primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME I.D.	NUMBER					<u> </u>	
NAME OF TREADORER	NTROLLED COMMITTEE?	7.	Primarily Formed Cal	ndidate/Offi (s) for which th	ceholder Co	ommittee s primarily for	List names of med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D.	NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	NTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				-			
CITY STATE ZIP CODE	AREA CODE/PHONE		Att	ach continuat	ion sheets if	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

1230611

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tracy Firefighters Association PAC

Tracy Firefighters Association PAC					1250011
Contributions Received	(F	Column A TOTAL THIS PERIOD ROMATTACHED 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	\$	0.00	\$	0.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4		0.00	\$	0.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	10,045.06	\$	11,935.06	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	10,045.06	\$	11,935.06	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	10,045.06	\$	11,935.06	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	28,563.96		calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		0.00		nounts in Column A to the rresponding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	reported in Column B.
15. Cash Payments Column A, Line 8 above		10,045.06		oort. Some amounts in Slumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	18,518.90		ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.			ре	riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for ca	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts		0.00		m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse			ĺ		1
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			EDDO Farre 400 (las
			•		FPPC Advice: advice@fppc ca gov (866/27)

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

Schedule D SCHEDULE D **Summary of Expenditures** Statement covers period **CALIFORNIA** Amounts may be rounded **Supporting/Opposing Other FORM** to whole dollars. 10/01/2012 **Candidates, Measures and Committees** Page _ SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1230611 Tracy Firefighters Association PAC PER ELECTION CUMULATIVE TO DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS TO DATE CALENDAR YEAR TYPE OF PAYMENT DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) OR COMMITTEE 5,450.00 5,000.00 10/04/2012 Roger Birdsall X Monetary City Council Member Contribution City of Tracy □ Nonmonetary Contribution Independent Expenditure Oppose X Support 4,000.00 5,000.00 10/04/2012 Charles Manne X Monetary City Council Member Contribution City of Tracy ☐ Nonmonetary Contribution Independent Expenditure ☐ Oppose X Support Signs 1,000.00 5,000.00 Charles Manne 10/15/2012 City Council Member Contribution City of Tracy X Nonmonetary Contribution ☐ Independent Expenditure Oppose X Support 10,000.00 SUBTOTAL \$ **Schedule D Summary** 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)......\$ 2. Unitemized contributions and independent expenditures made this period of under \$100......\$

Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA 460
from10/01/2012	FORM TOO
through10/20/2012	Page5 of5
<u> </u>	I.D. NUMBER

COUEDINE E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1230611 Tracy Firefighters Association PAC CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants office expenses SAL campaign workers' salaries contribution (explain nonmonetary)* CTB t.v. or cable airtime and production costs PET petition circulating CVC civic donations candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees 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)* professional services (legal, accounting) voter registration PRO legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE DESCRIPTION OF PAYMENT OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Birdsall for City Council - 2012 (ID# 1347833) 5,000.00 CTB Tracy, CA 95376 Signs, In-Kind Contribution to Charles Manne for City 1,000.00 CTB Firefighters Print and Design Council 2012 (ID #1348028) 1780 Creekside Oaks Drive Sacramento, CA 95833 4.000.00 CTB Charles Manne for City Council 2012 (ID# 1348028) Tracy, CA 95376 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 10,000.00 Schedule E Summary 10,000.00 2. Unitemized payments made this period of under \$100\$ 45.06 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

FPPC Form 460 (Jan/2016)

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Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from07/01/2012 through09/30/2012	Date of election if applicable: (Month, Day, Year) 11/06/2012	PECEIVED AUG - 1 2018 CITY CLERK TRACY	CALIFORNIA 460 FORM Page1
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure Committee Committee Controlled Controlled Complete Part 6 Complete Part 6 Complete Part 7	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Quart Speci Suppl ermination)	erly Statement al Odd-Year Report lemental Preelection ment - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Tracy Firefighters Association PAC STREET ADDRESS (NO P.O. BOX) 835 Central Avenue CITY STATE ZIP CO		Treasurer(s) NAME OF TREASURER Eric Oliveri MAILING ADDRESS 835 Central Avenue CITY Tracy NAME OF ASSISTANT TREASURE	STATE ZIP CO CA 9530 RER, IF ANY	000 001 (=00
Tracy CA 9537 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B PO Box 185 CITY STATE ZIP CO Tracy CA 9537 OPTIONAL: FAX / E-MAIL ADDRESS tracyfirefighterspac@gmail.com	DE AREA CODE/PHONE	MAILING ADDRÉSS CITY OPTIONAL: FAX / E-MAIL ADDR	STATE ZIP CO	DE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	a that the foregoing is true and correct. By	Signature of Treasurer or Assistant trolling Officeholder, Candidate, State Measure Programmer of Controlling Officeholder, Candidate, State Signature of Controlling Officeholder, Candidate, State S	reasurer conent or Responsible Officer of Sponsor ate Measure Proponent	es is true and complete. I certify FPPC Form 460 (Jan/2016)

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

COVER PAGE

CALIFORNIA 460						
Page _	<u>2</u> (of <u>6</u>				

ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Clauded in this statement that are controlled by you or are primarily formed to receive included in this statement that are controlled by your candidacy. DIAMITTEE NAME		NAME OF BALLOT MEASURE BALLOT NO. OR LETTER Identify the controlling of		ndidate, or state		SUPPORT OPPOSE
elated Committees Not Included in this Statement: List any committees of included in this statement that are controlled by you or are primarily formed to receive ontributions or make expenditures on behalf of your candidacy.		Identify the controlling of	ficeholder, ca	ndidate, or state		SUPPORT OPPOSE
elated Committees Not Included in this Statement: List any committees of included in this statement that are controlled by you or are primarily formed to receive ontributions or make expenditures on behalf of your candidacy.						
ot included in this statement that are controlled by you or are primarily formed to receive ontributions or make expenditures on behalf of your candidacy.		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PR		measure p	proponent, if an
ot included in this statement that are controlled by you or are primarily formed to receive ontributions or make expenditures on behalf of your candidacy.				ROPONENT		
)MMITTEE NAME I.D. NUMBER		OFFICE SOUGHT OR HELD		DIS	TRICT NO. I	F ANY
				<u> </u>		
	7.	Primarily Formed Can	didate/Offic	ceholder Comi	nittee <i>Li</i> s	st names of
AME OF TREASURER CONTROLLED COMMITTEE?		officeholder(s) or candidate(s) for which thi			ed.
DMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
TY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
DMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
AME OF TREASURER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
DMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)						
TY STATE ZIP CODE AREA CODE/PHONE						

Campaign Disclosure Statement Summary Page

Amounts may be rounded

CALIFORNIA Statement covers period **FORM** 07/01/2012 Page ___3 __ of __6 09/30/2012 I.D. NUMBER

SUMMARY PAGE

to whole dollars. through _ SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1230611 Tracy Firefighters Association PAC

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	\$	0.00	\$	0.00	1/1 through 6/30 7/1 to Date		
2. Loans Received Schedule B, Line 3		0.00		0.00			
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00	20. Contributions Received \$\$		
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4			\$	0.00	Made \$ \$		
Expenditures Made					Expenditure Limit Summary for State		
6. Payments Made Schedule E, Line 4			\$	1,890.00	Candidates		
7. Loans Made Schedule H, Line 3				0.00	22. Cumulative Expenditures Made*		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,890.00	\$	1,890.00	(If Subject to Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election Total to Date		
10. Nonmonetary Adjustment				0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE	\$	1,890.00	\$	1,890.00	\$		
Current Cash Statement					\$		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	30,453.96		calculate Column B, add			
13. Cash Receipts Column A, Line 3 above		0.00		nounts in Column A to the presponding amounts	*Amounts in this section may be different from amounts		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	om Column B of your last	reported in Column B.		
15. Cash Payments Column A, Line 8 above		1,890.00	Co	port. Some amounts in olumn A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	28,563.96		ures that should be btracted from previous			
If this is a termination statement, Line 16 must be zero.			ре	eriod amounts. If this is			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	са	r this calendar year, only arry over the amounts			
Cash Equivalents and Outstanding Debts		-		om Lines 2, 7, and 9 (if ny).			
18. Cash Equivalents See instructions on reverse	\$			•			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00					
			ı		FPPC Form 460 (Jan/) FPPC Advice: advice@fppc.ca.gov (866/275-		

16)

Supporti	y of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be to whole doll:		Statement covers	CALIF	CALIFORNIA 460		
SEE INSTRUCT	IONS ON REVERSE			through09/30/20	Page _	4 of 6 MBER		
	fighters Association PAC				12306	11		
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)		
09/27/2012	Roger Birdsall City Council Member City of Tracy X Support	Monetary Contribution Nonmonetary Contribution Independent Expenditure		450.00	450.00			
09/23/2012	Michael Maciel City Council Member City of Tracy X Support			500.00	500.00			
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL	\$ 950.00				
1. Contribut	e D Summary ions and independent expenditures made this perio							
	ed contributions and independent expenditures made							
3. Total con	tributions and independent expenditures made this	period. (Add Lines 1 a	and 2. Do not enter on the	Summary Page.)	TOTAL \$_	950.00		

Schedule E **Payments Made**

Amounts may be rounded

Statement covers period	CALIFORNIA 460			
from07/01/2012	FORM TOO			
through09/30/2012	Page5 of6			
	I.D. NUMBER			
	1220611			

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Tracy Firefighters Association PAC 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 PET CVC civic donations TRC candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees FIL 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)* ND voter registration professional services (legal, accounting) legal defense LEG WEB information technology costs (internet, e-mail) print ads PRT campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 450.00 Birdsall for City Council - 2012 (ID# 1347833) CTB Tracy, CA 95376 500.00 CTB Maciel for Tracy Council 2012 (ID# 1307261) Tracy, CA 95376 840.00 Crab Feed Fundraiser Tracy Firefighters IAFF 3355 835 Central Avenue Tracy, CA 95376 SUBTOTAL\$ 1,790.00 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 1,890.00 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).)......\$ 0.00

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Schedule	E
(Continua	tion Sheet)
Payments	Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	OCHEDOLL L (OCK)
Statement covers period	CALIFORNIA 460
from07/01/2012	FORM TOO
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Tracy Firefighters Association PAC

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

CMP campaign paraphernalia/misc.

MBR member communications meetings and appearances RFD returned contributions

campaign consultants MTG meetings and appearances CNS SAL campaign workers' salaries office expenses CTB contribution (explain nonmonetary)* OFC PET petition circulating t.v. or cable airtime and production costs CVC civic donations candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees 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 TSF independent expenditure supporting/opposing others (explain)* IND voter registration professional services (legal, accounting) VOT PRO LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads LIT

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tracy Firefighters IAFF 3355 835 Central Avenue Tracy, CA 95376		Breakfast Fu	ndraiser	100.00

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

SUBTOTAL \$

100.00