Executed on .

Executed on _

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

CALIFORNIA 460 FORM of 45

BALLOT NO. OR LETTER JURISDI Identify the controlling officeholder, ca NAME OF OFFICEHOLDER, CANDIDATE, C	andidate, or state measure pro	
Identify the controlling officeholder, ca	andidate, or state measure pro	ponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, C	DR PROPONENT	
	š.	
). IF ANY
	ffeet all an Committee	
officeholder(s) or candidate(s) for which	this committee is primarily form	ned.
NAME OF OFFICEHOLDER OR CANDIDAT	E OFFICE SOUGHT OR HEL	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDAT	E OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDAT	E OFFICE SOUGHT OR HEL	D SUPPORT
NAME OF OFFICEHOLDER OR CANDIDAT	E OFFICE SOUGHT OR HEL	D SUPPORT
	Officeholder(s) or candidate(s) for which NAME OF OFFICEHOLDER OR CANDIDAT NAME OF OFFICEHOLDER OR CANDIDAT NAME OF OFFICEHOLDER OR CANDIDAT NAME OF OFFICEHOLDER OR CANDIDAT	Primarily Formed Candidate/Officeholder Committee Lofficeholder(s) or candidate(s) for which this committee is primarily form NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD Attach continuation sheets if necessary

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.

Statement covers period from 01/01/2021 CALIFORNIA 460 FORM through 04/30/2011 Page 3 of 45

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

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

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

MBR member communications

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

SCHEDULE E Statement covers period **CALIFORNIA FORM** U

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE	through_00/30/00	Page 7 of 7
NAME OF FILER		I.D. NUMBER
ABDUL WAIHID		

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	consultants (explain nonmonetary)* ons (illing/ballot fees events events texpenditure supporting/opposing others (explain)* se MTG meetings a office experiments petition circ phone band polling and postage, de professions professions			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 Staff/spouse travel, lodging, and meals TSF transfer between committees of the sam VOT voter registration WEB information technology costs (internet, et		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PA	YMENT	AMOUNT PAID	
YASMIN TIACY EN 9537	12	REFO	Refund of Contral	mpayr	225.58	
* Payments that are contributions or independent expenditures must also	be summarized on Sche	edule D.		SUBTOTAL	s 225.58	
Schedule E Summary						
1. Itemized payments made this period. (Include all Sched	iule E subtotals.)			\$ _		
2. Unitemized payments made this period of under \$100		•••••		\$ _		
3. Total interest paid this period on loans. (Enter amount f	rom Schedule B, Pa	rt 1, Column (e).)	\$ _	226.68	
4. Total payments made this period. (Add Lines 1, 2, and	Enter here and on	the Summary	Page, Column A, Line 6.)	TOTAL \$ _	<u> </u>	
				FRRA	E 400 (1 /2040)	

Schedule I		A		SCHEDUL		
Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period from 01/01 / 221	california 460 form		
			through 26/80/2021	Page 5 of 5		
SEE INSTRUCTION NAME OF FILER	ABDUL WAHID			I.D. NUMBER		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOI (IF COMMITTEE, ALSO ENTER I.D. NUMB		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
02/04/2021	City of Trany	Rej	find from Condidate statement	225.58		
Attach additi	onal information on appropriately labeled continuation	sheets.	SUBTOTAL	\$ 225.58		
Schedule I	-		\$_225.58			
	creases to cash this period					
	increases to cash of under \$100 this period			_		
3. Total of all in	nterest received this period on loans made to oth	ers. (Schedule H, Column (e).)		_		
4. Total miscel Summary P	llaneous increases to cash this period. (Add Linesage, Line 14.)	s 1, 2, and 3. Enter here and on the	TOTAL \$ 225-5	FPPC Form 460 (Jan/2016)		

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

Recipient Committee				COVER PAGE
Campaign Statement Cover Page		(S)	PMate Signa 4 8	CALIFORNIA 460
	Statement covers period from 10/18/2020	Date of election if applicable (Month, Day, Year)	RECEIVED JAN 2 8 2021	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through	11/03/2020	CITY CLERK TRACY CA	
1. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	PIE CO	
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 Terminati Amendment (Explain below)	☐ Sp	narterly Statement ecial Odd-Year Report
3. Committee Information	D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Abdul Wahid		Abdul Wahid		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	-	CITY	STATE ZIP	CODE AREA CODE/PHONE
		Tracy	CA 953	377
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF A	NY	
Tracy CA 95377 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
MAILING ABBRESS (II SII FERENT) NO. AND STREET SKY.S. BOX	•	WAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		W
4. Verification		<u> </u>		
I have used all reasonable diligence in preparing and reviewing			and in the attached s	chedules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and o	correct.		
Executed on Ahaay 11, 2021	Ву.	Signature of Treasurer or Assistant Treasurer	r	
Executed onDate	By Signature of Control	olling Officeholder, Candidate, State Measure Proponent of	r Responsible Officer of Spo	nsor
Executed on	Bysi	grature of Controlling Officebolder Candidate, State Mea-	sure Proponent	
January 11 2021	By Abdul Wahid	o' Maranian	- And Front	
Executed on Date	By Si	gnature of Controlling Officeholder, Candidate, State Meas	sure Proponent	

COVER PAGE

CALIFORNIA 460
FORM

Page 2 of 4

Officeholder or Candidate Controlled Committee				6.	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE						NAME OF BALLOT MEASURE				
Abdul Wahid										-0.191
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF	APPLIC	ABLE)			BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
Tracy Mayor							1			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C		STATE	ZIP 95377			Identify the controlling office	holder, candid	late, or state	measure pro	ponent, if any.
	Tracy	CA	955//			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this Statement that are controlled by you or contributions or make expenditures on behalf of your cand	r are primarily for					OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER									
NAME OF TREASURER	CONTROLLED	СОММ		7.	•	Primarily Formed Cand officeholder(s) or candidate(s,	didate/Offico	eholder Co committee is	ommittee L primarily form	list names of med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.						NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	SUPPORT OPPOSE
CITY STATE ZIP C	CODE AF	REA CO	DE/PHONE			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	D □ SUPPORT □ OPPOSE
NAME OF TREASURER	CONTROLLED VES	COMM				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	D □ SUPPORT □ OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP C		REA CO	DE/PHONE			Atta	ach continuatio	on sheets if n	necessary	The state of the s

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM 12/31/2020

SEE INSTRUCTIONS ON REVERSE		through _		. ugo
NAME OF FILER				I.D. NUMBER
Abdul Wahid			<i>-</i>	
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ \frac{0}{0} \\ \$ \fra	\$ \frac{5105.00}{5105.00}\$\$ \$ \frac{5105.00}{5105.00}\$\$	1/1 ti	\$\$
Expenditures Made 6. Payments Made		\$ 5105.00 \$ 5105.00		Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$ \frac{605}{0} \\ 0 \\ 605 \\ 5 \\ 0 \\ 605 \\ \$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	*Amounts in this section reported in Column B.	\$may be different from amounts
18. Cash Equivalents	\$ <u>0</u> \$ <u>0</u>	any).	FPPC Advice: adv	FPPC Form 496 (Feb/2019 vice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Sch	nedule	E
Pay	ments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period from 10/18/2020

through 12/31/2020

Page 4 of 4

I.D. NUMBER

			(0.1-		41 41
SEE INSTRUCTIONS ON REVERSE			through 12/31/2020	Page _	$\frac{9}{2}$ of $\frac{4}{2}$
NAME OF FILER			/ /	I.D. NUM	/BER
ABDUC WAHID					
CODES: If one of the following codes accurately describes the payment, ye	ou may ent	er the code. Other	wise, describe the payment.		
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)* MTG meetings and office expens petition circul petition circul polling and supporting and supporting and supporting of the supporting and s	Remember communications Reflectings and appearances Reflectings and appearances Reflectings and appearances Reflectings and appearances Reflecting returned contributions Reflec				ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESC	CRIPTION OF PAYMENT		AMOUNT PAID
facebook	web	digital media			250
Team	ofc	Cleanup, food for n	nembers, posters etc		355
			15		
* Payments that are contributions or independent expenditures must also be summarized on Sche	dule D.		SU	BTOTAL	\$
Schedule E Summary					
1. Itemized payments made this period. (Include all Schedule E subtotals.)				\$_	605
Unitemized payments made this period of under \$100					
3. Total interest paid this period on loans. (Enter amount from Schedule B, Par					
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	the Summa	ary Page, Column A	A, Line 6.) TO	TAL \$_	505



D 1 1 1 0 111					COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp		FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 09/20//2020 through 10/20/2020	Date of election if applicable: (Month, Day, Year)		Pa	ge 1 of 5 For Official Use Only
1. Type of Recipient Committee: All Committees - Com	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		7	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rrimarily Formed Ballot Measure committee Controlled Sponsored to Complete Part 6) trimarily Formed Candidate/ officeholder Committee	✓ Preelection Statement Semi-annual Statement □ Termination Statement (Also file a Form 410 Te □ Amendment (Explain be		Quarterly	Statement dd-Year Report
3. Committee Information). NUMBER	Treasurer(s)			La de
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Abdul Wahid STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER Abdul Wahid MAILING ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX)		CITY Tracy	CA	95377	AREA CODE/PHONE
CITY STATE ZIP CO. Tracy CA 95377 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		NAME OF ASSISTANT TREASUR	ER, IF ANY		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRE	SS		
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on 10/21/2020 Executed on Date Executed on Date Executed on Executed on Date	California that the foregoing is true and of By Abdul Wahid By Abdul Wahid Signature of Control By Sky	orrect. Ing Offiteholder, Candidate, State Measure Property of Controlling Officeholder, Candidate, Candid	oponent or Responsible Office		es is true and complete. I
Date	-, Sig	nature of Controlling Officeholder, Candidate, S	State Measure Proponent		EDDC Form 406 (Fob /2010)

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CALIFORNIA 460

Page 2 of 5

NAME OF BALLOT MEASURE BALLOT NO. OR LETTER Identify the controlling office NAME OF OFFICEHOLDER, CA	JURISDICTION		SUPPORT OPPOSE
Identify the controlling office			
Identify the controlling office			
	eholder, candidate, or sta		OPPOSE
	eholder, candidate, or sta		
NAME OF OFFICEHOLDER, CA		ate measure propo	nent, if any.
	NDIDATE, OR PROPONEN	Т	
OFFICE SOUGHT OR HELD		DISTRICT NO. I	F ANY
water the state of			
7. Primarily Formed Cane	didate/Officeholder	Committee Lis	t names of
oπicenoider(s) or candidate(s,) for which this committee	is primarily formed	1.
NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE S	SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE S	SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT
			☐ OPPOSE
	7. Primarily Formed Can officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	7. Primarily Formed Candidate/Officeholder officeholder(s) or candidate(s) for which this committee NAME OF OFFICEHOLDER OR CANDIDATE OFFICE STANDED OFFICE	7. Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD

	A Contributions Received ons on reverse		ts may be rounded whole dollars.	Statement cov from 09/20/2020 lo through 10/20/2020	11712,20		
ABDUL WA	HID					PENDI	ING
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \() (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
10/19/2020	121 INDIVIDUALS WITH \$5.00 OR LESS CONTRIBUTIONS	IND COM OTH SCC	VARIOUS	\$605.00	\$5105.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$			
Amount re (Include al Amount re Total mone	A Summary ceived this period – itemized monetary contributions I Schedule A subtotals.) ceived this period – unitemized monetary contribution etary contributions received this period.	ns of less tha	n \$100\$ <u>60</u>		IND COI OTH PTY	(other I – Other (' – Politica C – Small (al ent Committee than PTY or SCC) (e.g., business entity) al Party Contributor Committee
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Co	iuiiiii A, Line 1	1.) TOTAL \$	F	PPC Advice: adv		C Form 496 (Feb/2019) .ca.gov (866/275-3772) www.fppc.ca.gov

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from 09/20/2020 FORM 460

through 10/20/2020 Page 3 of 5

I.D. NUMBER PENDING

Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) * **605.00** ** **605.00** ** **605.00** 0	**Example 1.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date
\$ 605.00	0 5105.00	20. Contributions Received \$ \$ 5105.00 21. Expenditures Made \$ \$ 4987.28
\$ 447.66 0 447.66	\$ 4987.28 0 4987.28	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
\$ 950.38 605.00 447.66 \$ 1107.72 \$ 0 \$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 496 (Feb/2019 FPPC Advice: advice@fppc.ca.gov (866/275-3772
	0 605.00 \$ 447.66 0 447.66 \$ 950.38 605.00 447.66 \$ 1107.72	\$ 447.66 \$ 4987.28 \$ 447.66 \$ 4987.28 \$ 447.66 \$ 4987.28 \$ 50.38 \$ 605.00 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).

Schedule E	
Payments Mag	de

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA FORM** 09/20/2020 in Page

through 10/20/2 SEE INSTRUCTIONS ON REVERSE NAME OF FILER **ABDUL WAHID PENDING**

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID	
STAPLES	LIT	CAMPAIGN LITERATURE .	315.00	
STAPLES	OFC	OFFICE EXPENSES - PRINTING	7.66	
FACEBOOK ADD	WEB	DIGITAL MEDIA	25.00	
* Pourmonte that are contributions or independent expanditures must also be summarized an Schedule D.				

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

SUBTOTAL \$ 447.66

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)......\$ 2. Unitemized payments made this period of under \$100......\$

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Recipient Committee Campaign Statement Cover Page			Date Stamp	EU F	IFORNIA 460
	Statement covers period 67/01/2020	Date of election if applicable: (Month, Day, Year)	2020 SEP 22	Page	1 of 6 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through09/19/2020	11/03/2020	CITY OF T		
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored So Complete Part 6) rimarily Formed Candidate/ officeholder Committee So Complete Part 7)	✓ Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	t [ermination)	☐ Quarterly Stat☐ Special Odd-\	
3 COMMITTED INTORMATION	NUMBER ENDING	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) ABDUL WAHID		NAME OF TREASURER ABDUL WAHID MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY TRACY	STATE A	ZIP CODE 95377	AREA CODE/PHONE
TRACY STATE ZIP COL		NAME OF ASSISTANT TREASURE			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS		
4. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of 0 Executed on	BySignature of Control	ling Officeholder, Candidate, State Meetre Pro	oponent or Responsible Office		true and complete. I
Date Executed on	Sig	nature of Controlling Officeholder, Candidate, S	State Measure Proponent		
Date College Off	Oy	mature of Controlling Officeholder Candidate	State Measure Preparent		

COVER PAGE

CALIF	460
Page _	 _f 6

Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballot	t Measure Co	mmittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
ABDUL WAHID							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION			SUPPORT OPPOSE
MAYOR TRACY				<u> </u>			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) TRAC	CITY STATE ZIP		Identify the controlling office			ure propo	nent, if any.
			NAME OF OFFICEHOLDER, CANI	DIDATE, OR PROP	ONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DIST	RICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER				I		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Office	nolder Comm	ittee Lis	t names of
NAME OF TREASURER	YES NO		omicenoider(s) or candidate(s)	ior winch this co	mmillee is prima	iny ionnec	-
COMMITTEE ADDRESS STREET ADDRESS (NO P.C			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT C	OR HELD	SUPPORT
•	·						OPPOSE
CITY STATE ZI	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT C	OR HELD	
							SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (OR HELD	
			Will St. St. Hollielbert St.				SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (OR HELD	
	YES NO						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)						<u> </u>
	P CODE AREA CODE/PHONE						

Campaign Disclosure Statement

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 07/01/2020 FORM from . 09/19/2020 Page ___ through_ I.D. NUMBER

Summary Page SEE INSTRUCTIONS ON REVERSE NAME OF FILER **PENDING ABDUL WAHID**

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ \frac{0}{4500}	\$ 4500 \$ 0 \$ 4500	1/1 through 6/30 7/1 to Date 20. Contributions Received \$
Expenditures Made 6. Payments Made	\$ 3549.62 	\$ 3549.62 0 \$ 0 \$ 0 \$ 3549.62	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) / \$
Current Cash Statement 12. Beginning Cash Balance	\$0 \$0 \$0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016)
19. Outstanding Debts Add Line 2 + Line 9 in Coldini 6 above	Ψ		FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	to	whole dollars.	Statement coverage 07/01	ers period /2020	CALI F	FORNIA 460 DRM
EE INSTRUCTION	NS ON REVERSE			through09/1	9/2020	Page	4 of6
IAME OF FILER ABDUL WA						I.D. NU PEND	
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)
08/03/2020	ROBERT ASUNION	☑IND □COM □OTH □PTY □SCC	BEAR ELECTRICAL SOLUTION	\$250.00	\$250.	00	
08/03/2020	BEAR ELECTRICAL SOLUTIONS	☐IND ☐COM ØOTH ☐PTY ☐SCC		\$450.00	\$450.	00	
09/19/2020	1000 INDIVIDUALS WITH \$5 OR LESS CONTRIBUTIONS	☑IND □COM □OTH □PTY □SCC	VARIOUS	\$3800.00	\$3800.	00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL \$	4500.00			
	A Summary					tributor (1
 Amount re (Include al 	ceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	700.00			ient Committee than PTY or SCC)
•	eceived this period – unitemized monetary contribution			3800.00			(e.g., business entity)
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			4500.00			Contributor Committee

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA**

Payments Made	from07/01/2020	FORM
SEE INSTRUCTIONS ON REVERSE	through09/19/2020	Page5 of6
NAME OF FILER		I.D. NUMBER
ABDUL WAHID		PENDING

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
FPPC FOR	FIL	FORM 410	\$50.00
WIX	WEB	WEB TECHNOLOGY	\$25.00
WIX	WEB	FACEBOOK EMAIL REQUIREMENT	\$6.75

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 81.75

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	3499.62
2. Unitemized payments made this period of under \$100	\$ \$	50.00
	¢	0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)		3549.62

	(FD				

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	
SEE INSTRUCTIONS ON REVERSE		

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

ABDUL WAHID

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Statement covers period	CALIFORNIA 160
from07/01/2020	FORM 400
through 09/19/2020	Page6 of6
	I.D. NUMBER
	PENDING

· · · · · · · · · · · · · · · · · · ·						
			mmunications RAD radio airtime and production costs nd appearances RFD returned contributions nses SAL campaign workers' salaries ulating TEL t.v. or cable airtime and production costs ts TRC candidate travel, lodging, and meals			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID		
CITY OF TRACY		FIL	FILING FEES	\$25.00		
ELECTION COMMISSION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FIL	CANDIDATE VOTER INFORMATION PUBLICATION	\$1500.00		
STAPLES, TRACY		LIT	CAMPAIGN LITERATURE AND FLYERS	\$1892.87		

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

3417.87

SUBTOTAL \$