

# Recipient Committee Campaign Statement Cover Page

Date Stamp	<b>CALIFORNIA FORM 460</b>
RECEIVED CITY CLERK'S OFFICE 2022 JAN 27 PM 2:29 CITY OF TRACY TRACY, CA	
Page <u>1</u> of <u>5</u>	For Official Use Only

Statement covers period from <u>7/1/2021</u> through <u>12/31/2021</u>	Date of election if applicable: (Month, Day, Year) <u>Nov-08-2020</u>
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SEE INSTRUCTIONS ON REVERSE

### 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

### 2. Type of Statement:

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" type="checkbox"/> Semi-annual Statement                                       | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

### 3. Committee Information

I.D. NUMBER  
1427577

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Amrik Wander for Tracy City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Tracy</u>	<u>CA</u>	<u>95337</u>	<u>[REDACTED]</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER

Amrik Wander

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Tracy</u>	<u>CA</u>	<u>95337</u>	<u>[REDACTED]</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/26/2022  
Date

Executed on 01/26/2022  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_

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

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Amrik Wander

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Tracy City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Tracy CA 95337

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*



# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/1/2021</u> through <u>12/31/2021</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER 1427577

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amrik Wander for Tracy City Council 2020

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 122.05	\$ 347.62
2. Loans Received..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 122.05	\$ 347.62
4. Nonmonetary Contributions..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 122.05	\$ 347.62

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 491.08	\$ 1,037.08
7. Loans Made..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 491.08	\$ 1,037.08
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..... Add Lines 8 + 9 + 10	\$ 491.08	\$ 1,037.08

## Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 369.03
13. Cash Receipts..... Column A, Line 3 above	122.05
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0.00
15. Cash Payments..... Column A, Line 8 above	491.08
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ _____
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## 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 any).

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 7/1/2021  
through 12/31/2021

**CALIFORNIA  
FORM 460**

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amrik Wander for Tracy City Council 2020

I.D. NUMBER

1427577

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2021	Amrik Wander 4449 English Oak Avenue Tracy, CA 95337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Engineer Wells Fargo Bank	122.05	122.05	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 122.05
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 122.05

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

FPPC Form 460 (Jan/2016)

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

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>7/1/2021</u> through <u>12/31/2021</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>5</u>
	I.D. NUMBER <u>1427577</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amrik Wander for Tracy City Council 2020

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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
Reid & Associates 24560 N. Jack Tone Road Acampo, CA 95220	CMP	Campaign Filing	305.54
GoDaddy 14455 N. Hayden Road, Ste. 219 Scottsdale, AZ 85260	WEB		102.54

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

**SUBTOTAL \$**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 408.08
2. Unitemized payments made this period of under \$100	\$ 83.00
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.)	<b>TOTAL \$ 491.08</b>

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp	<b>CALIFORNIA FORM 460</b>
RECEIVED CITY CLERK'S OFFICE 2021 AUG -2 PM 4:29 CITY OF TRACY TRACY, CA	
Page 1 of 5	For Official Use Only

Statement covers period  
from 01/01/2021  
through 06/30/2021

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" type="checkbox"/> Semi-annual Statement                                   | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

**3. Committee Information**

I.D. NUMBER  
1427577

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Amrik Wander for Tracy City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Tracy CA 95377

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Amrik Wander  
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Tracy CA 95377

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/29/2021 Date  
Executed on 07/29/2021 Date  
Executed on \_\_\_\_\_ Date  
Executed on \_\_\_\_\_ Date

By \_\_\_\_\_  
By \_\_\_\_\_  
By \_\_\_\_\_  
By \_\_\_\_\_

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Amrik Wander

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Tracy City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Tracy CA 95377

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

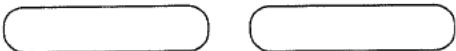
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*



# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2021</u>	<b>CALIFORNIA FORM 460</b>
through <u>06/30/2021</u>	
Page <u>3</u> of <u>5</u>	
I.D. NUMBER 1427577	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amrik Wander for Tracy City Council 2020 *AW*

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>225.57</u>	\$ <u>225.57</u>
2. Loans Received..... Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>225.57</u>	\$ <u>225.57</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>225.57</u>	\$ <u>225.57</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>546.00</u>	\$ <u>546.00</u>
7. Loans Made..... Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>546.00</u>	\$ <u>546.00</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>546.00</u>	\$ <u>546.00</u>

## Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>689.46</u>
13. Cash Receipts..... Column A, Line 3 above	<u>225.57</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>546.00</u>
15. Cash Payments..... Column A, Line 8 above	<u>0.00</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>369.03</u>

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.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ \_\_\_\_\_

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ _____



# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2021</u> through <u>06/30/2021</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Amrik Wander for Tracy City Council 2020 <i>AW</i>	I.D. NUMBER 1427577
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/30/21	City of Tracy 333 Civic Center Plaza Tracy, CA 95376 (candidate statement refund)	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		225.57		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 225.57**

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 225.57
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 225.57

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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2021</u> through <u>06/30/2021</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>5</u>
	I.D. NUMBER 1427577

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Amrik Wander for Tracy City Council 2020 *AW*

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| 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
Reid & Associates 24560 N. Jack Tone Road Acampo, CA 95220	CMP	Campaign filing	400.00

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

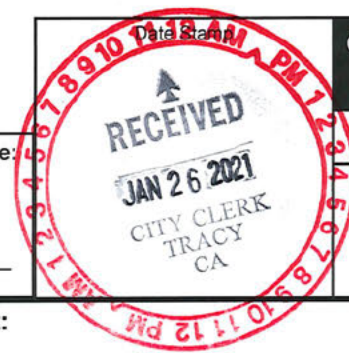
**SUBTOTAL \$**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 400.00
2. Unitemized payments made this period of under \$100.....	\$ 146.00
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.).....	<b>TOTAL \$ 546.00</b>



**Recipient Committee  
Campaign Statement  
Cover Page**



Statement covers period  
from 10/18/2020  
through 12/31/2020

Date of election if applicable:  
(Month, Day, Year)  
11/3/2020

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.
- 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 Termination)
  - Amendment (Explain below)
  - Quarterly Statement
  - Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1427577

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Amrik Wander for Tracy City Council 2020

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Tracy CA 95377 [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Amrik Wander

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Tracy CA 95377 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/21/2021 Date By [REDACTED]

Executed on 1/21/2021 Date By [REDACTED]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent



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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Amrik Wander

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Councilmember, City of Tracy

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Tracy CA 95377

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*



# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER 1427577

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Amrik Wander for Tracy City Council 2020

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 1,650.00	\$ 52,349.01
2. Loans Received..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 1,650.00	\$ 52,349.01
4. Nonmonetary Contributions..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 1,650.00	\$ 52,349.01

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 8,854.50	\$ 51,659.05
7. Loans Made..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 8,854.50	\$ 51,659.05
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..... Add Lines 8 + 9 + 10	\$ 8,854.50	\$ 51,659.05

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 7,894.46
13. Cash Receipts..... Column A, Line 3 above	1,650.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0.00
15. Cash Payments..... Column A, Line 8 above	8,854.50
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 689.96

If this is a termination statement, Line 16 must be zero.

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.

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	\$ _____

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/18/2020</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2020</u>	
Page <u>4</u> of <u>5</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Amrik Wander for Tracy City Council	I.D. NUMBER 1427577
--	------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/20	Demand Express Inc. 1112 N Main Street #317 Manteca CA 95336	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
10/21/20	Hub Trans Inc. 2866 Fox Creek CT Stockton CA 95210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
10/26/20	Shailvina Pannu [REDACTED] Manteca CA 95336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Accountant	500.00		
10/31/20	Mehtab Singh Khalon [REDACTED] Atwater CA 95301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Iron Systems Inc.	150.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				1,650.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,650.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1,650.00

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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>10/18/20</u> through <u>12/31/20</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>5</u>
	I.D. NUMBER 1427577

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Amrik Wander for Tracy City Council 2020

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

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

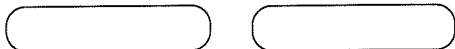
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Strategic Research 3333 W. Country Club Blvd. Stockton, CA 95204	LIT	Campaign Mailers	7,322.50
Strategic Research 3333 W. Country Club Blvd. Stockton, CA 95204	WEB	Facebook Advertising	1,500.00

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

**SUBTOTAL \$ 8,822.50**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 8,822.50
2. Unitemized payments made this period of under \$100	\$ 32.00
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.)	<b>TOTAL \$ 8,854.50</b>



**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp <b>RECEIVED CITY CLERK'S OFFICE 2020 OCT 23 PM 2:53 CITY OF TRACY TRACY, CA</b>	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>5</u>	
For Official Use Only	

Statement covers period from <u>9/20/2020</u>  through <u>10/17/2020</u>	Date of election if applicable (Month, Day, Year) <u>11/03/2020</u>
---	---

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement                                   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
1427577

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Amrik Wander for Tracy City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Tracy</u>	<u>CA</u>	<u>95377</u>	<u>[REDACTED]</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Amrik Wander

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Tracy</u>	<u>CA</u>	<u>95377</u>	<u>[REDACTED]</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

Same

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-22-2020  
Date

By [REDACTED]

Executed on 10-22-2020  
Date

By [REDACTED]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer or Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent



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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 5

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Amrik Wander

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Councilmember, City of Tracy

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Tracy, CA 95377

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT  
 OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER <u>1427577</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amrik Wander for Tracy City Council 2020

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>9199.01</u>	\$ <u>50699.01</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>9199.01</u>	\$ <u>50699.01</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>9199.01</u>	\$ <u>50699.01</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>21590.63</u>	\$ <u>42804.55</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>21590.63</u>	\$ <u>42804.55</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>21590.63</u>	\$ <u>42804.55</u>

**Expenditure Limit Summary for State  
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
<u>    </u> / <u>    </u> / <u>    </u>	\$ _____
<u>    </u> / <u>    </u> / <u>    </u>	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>20286.08</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>9199.01</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>21590.63</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>7894.46</u>

If this is a termination statement, Line 16 must be zero.

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.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 9/20/2020  
through 10/17/2020

**CALIFORNIA  
FORM 460**

Page 48 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amrik Wander for Tracy City Council 2020

I.D. NUMBER

1427577

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	See attached	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 9100.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 99.01
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 9199.01

**\*Contributor Codes**

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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Amrik Wander for City Council 2020 ID#1427577**  
**Contributions 9/20 - 10/17**

Date	Name	Address	Code	Employer	Occupation	Amount
10/2/2020	Tracy Liquors Inc		C			\$500.00
9/28/2020	PJ Singh Dental Corp.		C			\$100.00
10/6/2020	Aman Truck Lines, LLC		C			\$1,000.00
10/5/2020	Harvinder Singh Gill		I	Spokeo	Software Engineer	\$500.00
10/4/2020	Harry Transport Inc		C			\$250.00
10/4/2020	Raghbir Sandhu		I	Lion Logistics Inc.	Owner	\$250.00
10/7/2020	DS 135 INC. DBA Mountain Mikes Pizza		C			\$500.00
10/7/2020	ABT Trucking INC.		C			\$750.00
10/9/2020	City Dry Cleaners Inc.	94588	C			\$300.00
10/11/2020	Elliott for Supervisor 2016		PAC	FPPC ID#1342946		\$500.00
10/12/2020	Fast Shine Car wash Corp		C			\$200.00
10/14/2020	Chahal Dental Corporation	5	C			\$1,000.00
10/15/2020	Binning Enterprises Inc DBA Fiesta Auto Insurance CA		C			\$250.00
10/15/2020	Jumbo Logistics LLC	5330	C			\$500.00
10/16/2020	Sunview Logistics Inc		C			\$500.00
10/16/2020	Gurdev Atwal		I	Diamond Trans. Logistics	Owner	\$500.00
10/16/2020	West Lane Market & Liquor Mart	A 95210	C			\$500.00
10/16/2020	Jhamat Insurance Agency	A 95207	C			\$500.00
10/16/2020	Vanco Truck & Auto Plaza		C			\$500.00
					<b>Non-Itemized</b>	\$99.01
					<b>Itemized</b>	\$9,100.00
					<b>Total</b>	\$9,199.01

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>5</u>	I.D. NUMBER <b>1427577</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amrik Wander for Tracy City Council 2020

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

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

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

**SUBTOTAL \$** 21590.63

**Schedule E Summary**

- |  |                 |          |   |
|--|-----------------|----------|---|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$              | 21590.63 | 0 |
| 2. Unitemized payments made this period of under \$100   | \$              | 0        |   |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$              | 0        |   |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$</b> | 21590.63 |   |

**Amrik Wander for City Council 2020 ID#1427577**  
**Expenditures 9/20 - 10/17**

<b>Date</b>	<b>Name</b>	<b>Address</b>	<b>CODE</b>	<b>Amount</b>
9/28/2020	Strategic Research/slates	3333 Country Club Blvd. Stkn, CA	LIT	\$5,035.00
9/28/2020	godaddy		WEB	\$44.04
9/28/2020	godaddy		WEB	\$23.88
10/2/2020	Strategic Research/Mailers	3333 Country Club Blvd. Stkn, CA	LIT	\$13,487.71
10/13/2020	Strategic Research/Facebook Ad	3333 Country Club Blvd. Stkn, CA	<del>PRO/WEB</del>	\$3,000.00
		<b>Total for period</b>		<b>\$21,590.63</b>

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	<b>CALIFORNIA FORM 460</b>
RECEIVED CITY CLERK'S OFFICE 2020 SEP 23 PM 2:50 CITY OF TRACY TRADE CENTER	Page _____ of 5
	For Official Use Only

Statement covers period from <u>7/1/2020</u> through <u>09/19/2020</u>	Date of election if applicable (Month, Day, Year) <u>11/03/2020</u>
--	---

SEE INSTRUCTIONS ON REVERSE

### 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee  |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled   |
| <input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i>                 | <input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i>   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored   |   |
| <input type="checkbox"/> Small Contributor Committee                             |   |
| <input type="checkbox"/> Political Party/Central Committee                       |   |

### 2. Type of Statement:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement                                   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

### 3. Committee Information

I.D. NUMBER  
1427577

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Amrik Wander for Tracy City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Tracy</u>	<u>CA</u>	<u>95377</u>	<u>[REDACTED]</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Same</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER

Amrik Wander

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Tracy</u>	<u>CA</u>	<u>95377</u>	<u>[REDACTED]</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/23/2020  
Date

Executed on 9/23/2020  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

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

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460 Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Amrik Wander. OFFICE SOUGHT OR HELD: Councilmember, City of Tracy. RESIDENTIAL/BUSINESS ADDRESS: [Redacted], Tracy, CA 95377.

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

Table with 2 columns: Committee Name, I.D. Number, Name of Treasurer, Controlled Committee?, Committee Address, Street Address, City, State, Zip Code, Area Code/Phone.

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE. Table with columns: Ballot No. or Letter, Jurisdiction, Support/Oppose checkboxes. Identify the controlling officeholder, candidate, or state measure proponent.

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

Table with 3 columns: Name of Officeholder or Candidate, Office Sought or Held, Support/Oppose checkboxes.

Attach continuation sheets if necessary



**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7/1/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM</b> <b>460</b>
Page <u>3</u> of <u>5</u>	I.D. NUMBER 1427577

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amrik Wander for Tracy City Council 2020

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>41500</u>	\$ <u>41500</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>41500</u>	\$ <u>41500</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>41500</u>	\$ <u>41500</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ <u>21213.92</u>	\$ <u>21213.92</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>21213.92</u>	\$ <u>21213.92</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>21213.92</u>	\$ <u>21213.92</u>

**Expenditure Limit Summary for State  
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>0</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>41500</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>21213.92</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>20286.08</u>

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.

*If this is a termination statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
--	-------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 7/1/2020  
through 09/19/2020

**CALIFORNIA  
FORM 460**

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amrik Wander for Tracy City Council 2020

I.D. NUMBER  
1427577

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	see attached	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 41500

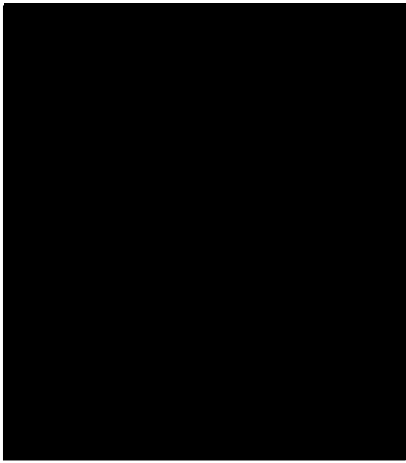
2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 41500

**\*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

Date	Name	Address	I/C	Employer	Occupation	Amount	Cume
7/1/2020	Amrik Wander		I	Wells Fargo	Apps System Engineer	\$100	\$100
7/7/2020	Arvindram Ramraj		I	Protek	Software Engineer	\$1,001	\$1,001
7/7/2020	Sikander Singh		I	NONE	Retired	\$1,000	\$1,000
7/7/2020	Blue Roan Trucking LLC		C			\$500	\$500
7/7/2020	MHM Trucking Inc.		C			\$500	\$500
7/7/2020	Gilson Trucking	5205	C			\$1,500	\$1,500
7/7/2020	Primelink Express		C			\$2,500	\$2,500
7/12/2020	Primestar Real Estate		C			\$3,000	\$3,000
7/13/2020	Committee to elect Miguel Villapudua Supervisor		P		ID# 1374943	\$300	\$300
7/14/2020	Kulwinder jhamat and Doreen Jhamat		I	Tesla	Production Associate	\$500	\$500
7/14/2020	Harnam Corporation		C			\$1,000	\$1,000
7/20/2020	Two Guys food and fuel inc		C			\$200	\$200
7/21/2020	Lovepreet S Riar and Amanjot K Gill		I	CK Gill Trucking	Owner Operator	\$500	\$500
7/22/2020	Har Trucking INC.		C			\$250	\$250
7/23/2020	Tony Dhaliwal and Amanda Dhaliwal		I	Santa Clara County Transportation	Foreman	\$250	\$250
7/25/2020	Balwinder Singh		I	B & S Express	self employed	\$250	\$250
7/25/2020	Ravinder Singh		I	Bindra Truck lines	Owner Operator	\$250	\$250
7/25/2020	Chattarpal Pabla and Jyotika Pabla		I	Flex International	Sr. Quality Engineer	\$500	\$500
7/25/2020	Hardip Singh		I	J.R. Logistic Inc	self employed	\$250	\$250
7/25/2020	Sohi Trucking Inc		C			\$300	\$300
7/26/2020	Arvinder Singh		I	Airfreight Transport Inc	Driver	\$200	\$200
7/26/2020	Mandeep Brar		I	DRT Strategis	Software Engineer	\$500	\$500
7/26/2020	Jaswinder Singh		I	JD Trucklines INC	owner	\$200	\$200
7/29/2020	Jarnail Singh Kang		I	Triple J Transport	Owner Operator	\$250	\$250
7/30/2020	Sukhjinder Kaur		I	RKS Truck Trailer Repair	Owner	\$500	\$500
7/30/2020	Sarwan Singh and Harmeet Kaur Sandhu		I	Yellow Transportation	Self employed	\$500	\$500
7/30/2020	Tej Pal Singh and Sarwinder Kaur		I	Yellow Transportation	Truck Driver	\$250	\$250
7/30/2020	Evergreen Trans Inc		C			\$300	\$300
7/30/2020	Global Carrier INC.		C			\$750	\$750
8/1/2020	Mann Bros Transport Inc.		C			\$500	\$500
8/5/2020	Sukhjinder Singh and Navneet Kaur		I	Dasmesh Trucking	Owner Operator	\$500	\$500
8/6/2020	A & A Inermodal Terminal Inc		C			\$750	\$750
8/12/2020	Premium Spirits Inc		C			\$200	\$200
8/13/2020	Gurwinder Mann and Navjot Aulakh		I	MTL	owner	\$300	\$300
8/13/2020	JRP Real Estate & Mortgage		C			\$500	\$500
8/17/2020	Daljeet Singh		I	Dropbox Inc	Engineer	\$250	\$250
8/19/2020	Gurnam Singh		I	Waraich Trucking Inc	owner	\$500	\$500
8/19/2020	Global Solution for Transportation llc		C			\$250	\$250
8/21/2020	Sukhdev Singh & Balwinder Kaur		I	Mission Trading Company	General Manager	\$200	\$200
8/22/2020	Varinderpal S Brar & Hempreet K Sandhu		I	GSPANN	Software Engineer	\$300	\$300
8/22/2020	Sandeep Singh		I	Kaiser	Engineer	\$300	\$300
8/23/2020	Tracy Market Inc		C			\$100	\$100
8/24/2020	Gurdip Singh		I	GS Transport	owner	\$250	\$250
8/24/2020	American Freight Corporation		C			\$500	\$500
8/28/2020	Sharandeep Singh		I	Guidewire	Sr. Program Manager	\$200	\$200
8/28/2020	Waskk shop		C			\$500	\$500
8/28/2020	Bakhshish S Bajwa & Harjinder k Bajwa		I	NONE	RETIRED	\$200	\$200
8/29/2020	Gurinder S. Grewal & Gurmail Kour Grewal		I	San Joaquin Cardiology Med. Grp.	Medical Doctor	\$500	\$500
8/31/2020	Prabhjot Singh & Jaspreet Kaur		I	Raja Chandi Group	Owner	\$1,500	\$1,500
8/31/2020	Jasbir S. Tatla		I	Toshiba	sr. Quality Director	\$2,000	\$2,000
9/8/2020	Kulbir Randhawa		I	Servpro	Owner	\$99	\$99
9/9/2020	Port Freight Corp		C			\$400	\$400
9/10/2020	Kuljit Singh Pannu		I	KS Trucking	Owner	\$200	\$200
9/10/2020	KB Cargo Inc		C			\$500	\$500

9/11/2020 Manpreet Singh Shahi & Harvinder K Shahi  
 9/11/2020 Charanjit Singh  
 9/11/2020 ABC PETROLEUM INC  
 9/15/2020 RB Food Inc.  
 9/17/2020 Amardeep Sandhu  
 9/17/2020 Sabina Bhullar  
 9/17/2020 Damanjit S Gill & Kamalpreet Gill  
 9/17/2020 Millen Express Inc  
 9/17/2020 Dhaba Express Inc DBA Dhaba Indian Cuisine  
 9/18/2020 Dilbag S Sandhu  
 9/18/2020 Gurpartap Singh  
 9/18/2020 Jagroop Singh  
 9/18/2020 Strategy Trans Inc.  
 9/18/2020 Varinder Singh & Sandeep Kaur  
 9/18/2020 Pannu Trans Inc.  
 9/19/2020 SB CPA INC



77

891

I	Cisco	Project Manager	\$200	\$200
I	Dakha Trucking	Owner	\$500	\$500
C			\$500	\$500
C			\$250	\$250
I	ALR Business Services	Owner	\$1,000	\$1,000
I	Cheema Dental Services		\$1,000	\$1,000
I	Daman Gill DDS	Dentist	\$200	\$200
C			\$1,000	\$1,000
C			\$500	\$500
I	DS Trucking	owner	\$1,000	\$1,000
I	GRIN INVESTMENTS INC	Owner	\$1,000	\$1,000
I	Realty Inc	Branch Manager	\$1,000	\$1,000
C			\$2,000	\$2,000
C			\$1,000	\$1,000
C			\$250	\$250
C			\$500	\$500
		Under 100	\$99	
		Over \$100	\$41,401	
		total	\$41,500	

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>7/1/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM</b> <b>460</b>
	Page _____ of <u>5</u>
I.D. NUMBER 1427577	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amrik Wander for Tracy City Council 2020

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

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

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ _____
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).)	\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b> _____

Expenditure	Description	Amount
Bank of America	Check Order	\$44.96
Strategic Research	PRO	\$1,500.00
City of Tracy	candidate statement	\$1,500.00
godaddy	WEB	\$31.32
Strategic Research	PRO	\$1,500.00
Strategic Research	LIT	\$272.60
Strategic Research	LIT	\$5,117.48
Strategic Research	LIT	\$1,933.26
Strategic Research	WEB	\$1,437.50
Stewart Digital Affairs	Sponsor ad facebook	\$507.00
Strategic Research	PRO	\$1,500.00
Stewart Digital Affairs	Sponsor ad facebook	\$200.00
Stewart Digital Affairs	<del>Sponsor ad facebook</del> TEXT MESSAGES	\$850.00
Strategic Research	LIT	\$3,282.84
Stewart Digital Affairs	Sponsor ad facebook	\$1,014.00
Home Depot	T-post and Zip ties	\$522.96
		\$21,213.92

Strategic Research	3333 Country Club Blvd.	Stockton, CA 95204
Stewart Digital Affairs	5055 Canyon Crest Drive	Riverside, CA 92507
Home Depot	2461 Naglee Rd	Tracy, CA 95304
City of Tracy	333 Civic Center Plaza	Tracy, CA 95376