				COVER PAGE
Recipient Committee Campaign Statement			Date Stamp	FORM 460
Cover Page		Date of election if applicable:	LELV CROCKSTAN AND	Page 1 of 5
*	Statement covers period from 7/1/2021	(Month, Day, Year)	ACCUPATION DOWN	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2021	NOV-08-2020	2022 JAN 27 PM 2: 2	29
. Type of Recipient Committee: All Committees - Cor		2. Type of Statement:	TRACY, GA	
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6)	☐ Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te ☐ Amendment (Explain be	: ☐ Special	ly Statement Odd-Year Report
Sponsored Contributor Committee	Primarily Formed Candidate/ Officeholder Committee Also Complete Parl 7)			
	D. NUMBER 427577	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER Amrik Wander		
Amrik Wander for Tracy City Council 2020		MAILING ADDRESS		
			STATE ZIP COD	E AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX)		CITY	CA 95337	
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
Tracy CA 953 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	37 ox	MAILING ADDRESS		
CITY STATE ZIP C		CITY	STATE ZIP COD	DE AREA CODE/PHONE
OPTIONAL: FAX/E-MAILADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State	wing this statement and to the best of my of California that the foregoing is true an	knowledge the information contained correct	d herein and in the attached sche	edules is true and complete. I
Executed on 01/26/2022	Ву		Proponent of Responsible United of Sponsor	
Executed on Oate		ntrolling Officeholder, Candidate, State Measure		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate		
Executed on	Ву	Signature of Controlling Officeholder, Candidate	e, State Measure Proponent	FPPC Form 460 (Jan/2016)

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE - PART 2
CALIFORN FORM	^{IA} 460
Dage 2	of 5

Officeholder or Candidate Controlled C	ommittee		6.	Primarily Formed Ballot	: Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Amrik Wander								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Tracy City Council								PPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	ET) CITY	STATE ZIP						
	Tracy	CA 95337		Identify the controlling office	holder, candid	date, or state measure	propon	ent, if any.
				NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT		
Related Committees Not Included in thi not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily fo			OFFICE SOUGHT OR HELD		DISTRIC	CT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLE	COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office	eholder Committe	e List	names of
WANT OF THE POONER	☐ YES	□ NO						
COMMITTEE ADDRESS STREET ADDRESS (N	_			NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT
CITY STATE	ZIP CODE A	REA CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR	HELD	
								SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR O	NDIDATE	OFFICE SOUGHT OR	HELD	0,1002
				NAME OF OFFICEROLDER OR	ANDIDATE	OFFICE GOOGIN ON	11620	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLE	COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT
	☐ YES	□ NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O. BOX)					1		
OLTY	ZID CODE	REA CODE/PHONE						
CITY STATE	ZIP CODE A	IKEA CODE/PHONE		Attac	en continuatio	on sheets if necessary	у	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{07/1/2021}{1}$ CALIFORNIA 460 FORM Page $\frac{3}{2}$ of $\frac{5}{2}$

OFF WOTDUCTIONS ON DEVERSE	through J2/31/2 <u>021</u>	Page <u>3</u> of <u>5</u>
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER
NAME OF FILER		
Amrik Wander for Tracy City Council 2020		1427577

22.05 0.00 22.05 0.00 122.05 491.08 0.00 191.08	\$\frac{347.62}{0.00}\$ \$\frac{347.62}{0.00}\$ \$\frac{347.62}{0.00}\$ \$\frac{1,037.08}{0.00}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$ Expenditure Limit Summary for State Candidates
0.00	0.00	Candidates
).00).00 491.08	\$\frac{1,037.08}{0.00} \frac{0.00}{1,037.08}	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) / \$
369.03 122.05 0.00 491.08 0.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377
36 12 19 19	91.08 59.03 22.05 00 91.08 00	39.03 22.05 300 300 300 300 300 300 300

Monetary	Monetary Contributions Received		o whole dollars.	Statement co	· · · · · · · · · · · · · · · · · · ·	CALI	FORNIA 46
SEE INSTRUCT	IONS ON REVERSE			through 2/3/	12021	Page	4 of 5
Amrik Wan	R der for Tracy City Council 2020			-		I.D. NU 142757	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
9/29/2021	Amrik Wander 4449 English Oak Avenue Tracy, CA 95337	☑IND □COM □OTH □PTY □SCC	Software Engineer Wells Fargo Bank	122.05	122.05		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL \$				
1. Amount red	A Summary ceived this period – itemized monetary contribution Schedule A subtotals.)	S.	\$	2.05	IND	,	ıl nt Committee
	ceived this period – unitemized monetary contributi		•		PTY	I – Other (e – Political	nan PTY or SCC) e.g., business entity) Party ontributor Committee

FPPC Form 460 (Jan/2016))

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

Schedule E **Payments Made**

campaign literature and mailings

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

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** 7/1/2021 from I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1427577 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.

RAD radio airtime and production costs MBR member communications campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants CNS SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals TRS POL polling and survey research fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)* VOT voter registration legal defense

PRO professional services (legal, accounting) WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Reid & Associates 24560 N. Jack Tone Road Acampo, CA 95220	СМР	Campaign Filing	305.54
GoDaddy 14455 N. Hayden Road, Ste. 219 Scottsdale, AZ 85260	WEB		102.54

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).).....\$

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

SUBTOTAL \$

Recipient Committee Campaign Statement Cover Page		**	Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from $\frac{01/01/2021}{}$ through $\frac{06/30/2021}{}$	Date of election if applicable: (Month, Day, Year)	TY-GLERK'S CFFICE 21 AUG -2 PM 4:29 GITY OF TRACY	Page 1 of 5 For Official Use Only
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:	THACK CA	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored So Complete Part 6) rimarily Formed Candidate/ fficeholder Committee So Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	t	terly Statement ial Odd-Year Report
7 Committee Intermation	NUMBER 27577	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	21311	NAME OF TREASURER		
Amrik Wander for Tracy City Council 2020		Amrik Wander MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DE AREA CODE/PHONE
£:		Tracy	CA 9537	7
CITY STATE ZIP COL	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY	
Tracy CA 95377 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE ZIP CC	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS	
4. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Control of Control of the State of Control of the State of Control of Cont	By	Correct. Olginatory py ingustricity sensitivity Illing Omceriolicity, Candidate State Wessure 1 P	Openent of Responsible Officer of Sponso	
Date	Sig	gnature of Controlling Officeholder, Candidate,	State inteasure Proponent	FPPC Form 460 (Jan/2016))

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER P	PAGE - PART 2
CALIFORNIA FORM	460
Page <u>2</u>	of _5

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Amrik Wander						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	TRICT NUMBER IF APPLIC	CABLE)	BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
Tracy City Council						OPPOSE
-	CITY STATE Tracy CA	95377	Identify the controlling office			onent, if any.
	Tracy		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PF	ROPONENT	
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your car	or are primarily formed to	mmittees o receive	OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER					
			7. Primarily Formed Cand	lidate/Office	holder Committee 11	ot names of
NAME OF TREASURER	CONTROLLED COMM	NITTEE?	officeholder(s) or candidate(s)	for which this	committee is primarily forme	ed.
NAME OF TREASURER	CONTROLLED COMM	NITTEE?	officeholder(s) or candidate(s)	for which this o	committee is primarily forme	d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	YES N	NITTEE?	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR	for which this o	OFFICE SOUGHT OR HELD	SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	YES NO. BOX)	NITTEE?	officeholder(s) or candidate(s)	CANDIDATE	committee is primarily forme	SUPPOR OPPOSE SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	YES NO	0	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR SUPPOR SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	YES NO. BOX)	ODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP COMMITTEE NAME	P YES NO. NO. BOX) CODE AREA CO I.D. NUMBER CONTROLLED COMM	ODE/PHONE	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR SUPPOR OPPOSE SUPPOR

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE		through	06/30/2021	Page of	
WANTE OF FILED		·		I.D. NUMBER 1427577	
Amrik Wander for Tracy City Council 2020 Aw				To the standard of the standar	
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidate 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{225.57}{0.00}\$ \$\frac{225.57}{0.00}\$ \$\frac{225.57}{225.57}\$	\$\frac{225.57}{0.00}\$ \$\frac{225.57}{0.00}\$ \$\frac{225.57}{0.57}\$	20. Contributions Received \$ 21. Expenditures	\$\$	
Expenditures Made 6. Payments Made	\$\frac{546.00}{0.00}\$ \$\frac{546.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{546.00}{0.00}\$	\$\frac{546.00}{0.00}\$ \$\frac{546.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{546.00}{0.00}\$		Summary for State ve Expenditures Made* voluntary Expenditure Limit) Total to Date \$	
Current Cash Statement 12. Beginning Cash Balance	\$\frac{689.46}{225.57}\frac{546.00}{0.00}\frac{369.03}	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	*Amounts in this section reported in Column B.	may be different from amounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above		from Lines 2, 7, and 9 (if any).	FPPC Advice: ad	FPPC Form 460 (Jan/2016) vice@fppc.ca.gov (866/275-3772 www.fppc.ca.gov	

Schedule Monetary	e A / Contributions Received	Amounts may be rounde to whole dollars.		Statement cov from 01/01/2021 through 06/30/20		FC	CALIFORNIA 460 FORM Page 4 of 5		
SEE INSTRUCTI	IONS ON REVERSE			through		I.D. NU			
Amrik Wand	der for Tracy City Council 202 0					142757			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)		
3/30/21	City of Tracy 333 Civic Center Plaza Tracy, CA 95376 (candidate statement refund)	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		225.57					
		☐IND☐COM☐OTH☐PTY☐SCC			10				
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
			SUBTOTAL	\$ 225.57					
Amount re (Include a	e A Summary received this period – itemized monetary contribution all Schedule A subtotals.)				IND COM OTH PTY	(other I – Other ′ – Politica	ual bient Committee r than PTY or SCC) (e.g., business entity)		

3. Total monetary contributions received this period.

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

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Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA FORM** 01/01/2021 through 06/30/2021Page I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1427577 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. 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)* t.v. or cable airtime and production costs PET petition circulating CVC civic donations candidate travel, lodging, and meals TRC PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor **TSF** POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* IND voter registration PRO professional services (legal, accounting) VOT LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I.D. NUME	CODE	(OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Reid & Associates 24560 N. Jack Tone Road Acampo, CA 95220	СМР		Campaign filing	400.00

Schedule E Summary 400.00 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).).....\$

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

FPPC Form 460 (Jan/2016))

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

SUBTOTAL \$

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CALIFORNIA 4

Recipient Committee Campaign Statement Cover Page

Cover rage		200	EINED	Tol	ge 1 of 5
	Statement covers period	Date of election if applicable:	2001	₩ Pa	ā.
	from 10/18/2020	(Month, Day, Year)	26 2021	K F	For Official Use Only
	1	11/3/2020 CIT	TY CLEN	/a/	
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2020</u>	11/3/2020	26 2021 TRACY CA	(8)	
1. Type of Recipient Committee: All Committees - Col	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	1115	01	
State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)		Quarterly Special Oc	Statement Id-Year Report
Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee Nso Complete Part 7)				
(Committee information	0. NUMBER 427577	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Amrik Wander for Tracy City Council 2020		Amrik Wander			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX)		Tracy	CA	95377	AREAGODEN NORE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	CIT	70077	
Tracy CA 9537	7				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
		DITY	CTATE	ZIP CODE	AREA CODE/PHONE
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			
4. Verification					
I have used all reasonable diligence in preparing and reviewin			the attac	hed schedule	es is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and c	correct.			
Executed on 1/21/2021	Ву				
1/21/2021	0				
Executed onDate	BySignature of Control	lling Officeholder, Candidate, State Measure Proponent or Respo-	nsible Officer	of Sponsor	
Executed on	By — Sig	gnature of Controlling Officeholder, Candidate, State Measure Pro	ponent		
Executed on	Ву				
Date	Sig	gnature of Controlling Officeholder, Candidate, State Measure Pro	pponent		FPPC Form 460 (Jan/2016))
		,	FPPC Adv	ice: advice@	fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

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CALIFORNIA 46	0
Page 2 of 5	

Off	iceholder or Candidate Controlled Comr	nittee			6.	Primarily Formed Ballo	t Measure (Committee		
NAM	ME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
An	nrik Wander									
OFF	ICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER	R IF APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Co	uncilmember, City of Tracy									OPPOSE
RES	SIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP			Latelan and dis	l-tt-t	ro proper	ant if any
		Tracy	CA	95377		Identify the controlling office			re propoi	ient, ir any.
						NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
not	lated Committees Not Included in this Si included in this statement that are controlled by you tributions or make expenditures on behalf of your cal	or are primaril	List any con y formed to	nmittees receive		OFFICE SOUGHT OR HELD		DISTR	ICT NO. IF	ANY
CON	MMITTEE NAME	I.D. NUMBE	ER					1		
NAN	ME OF TREASURER	CONTROL	LED COMMI	TTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	didate/Office for which this	eholder Commit committee is primarii	tee List ly formed.	names of
147114	in the source.	☐ YES	□ NO)						·
CON	MMITTEE ADDRESS STREET ADDRESS (NO P.C). BOX)				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	KHELD	SUPPORT OPPOSE
CIT	Y STATE ZIP	CODE	AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
CON	MMITTEE NAME	I.D. NUMBI	ER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
	ME OF TREASURER	☐ YES	LED COMMI			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
	MMITTEE ADDRESS (NO P.C Y STATE ZIF	CODE	AREA CO	DE/PHONE		Att	ach continuatio	on sheets if necessa	ary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

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SEE INSTRUCTIONS ON REVERSE		through _	12/31/2020	Page _3 of _5
NAME OF FILER Amrik Wander for Tracy City Council 2020				i.d. number 1427577
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
 Monetary Contributions Loans Received Schedule A, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 	\$\frac{1,650.00}{0.00}\$ \$\frac{1,650.00}{0.00}\$ \$\frac{1,650.00}{1,650.00}\$	\$\frac{52,349.01}{0.00}\$\$ \$\frac{52,349.01}{0.00}\$\$ \$\frac{52,349.01}{52,349.01}\$\$	20. Contributions Received \$ 21. Expenditures	\$
Expenditures Made 6. Payments Made	0.00	\$\frac{51,659.05}{0.00}\$ \$\frac{51,659.05}{0.00}\$ \$\frac{0.00}{51,659.05}\$		Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance		To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section reported in Column B.	\$may be different from amounts
18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above			FPPC Advice: ad	FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772)

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	to	whole dollars.	Statement co from 10/18/2020		CALIF	ORNIA 460
SEE INSTRUCTI	ONS ON REVERSE			through 12/31/20	020	Page.	4 of _5
NAME OF FILER		-1/				I.D. NU 142757	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/22/20	Demand Express Inc. 1112 N Main Street #317 Manteca CA 95336	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00			
10/21/20	Hub Trans Inc. 2866 Fox Creek CT Stockton CA 95210	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00			
10/26/20	Shailvina Pannu Manteca CA 95336	☑ IND □ COM □ OTH □ PTY □ SCC	Self-Employed Accountant	500.00			
10/31/20	Mehtab Singh Khalon Atwater CA 95301	IND COM OTH PTY	Engineer Iron Systems Inc.	150.00			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	·				
			SUBTOTAL	\$ 1,650.00			
Amount re (Include a Amount re	A Summary eceived this period – itemized monetary contributions all Schedule A subtotals.) eceived this period – unitemized monetary contributions			550.00	IND CO OTI PT'	other) H – Other (Y – Politica	ent Committee than PTY or SCC) (e.g., business entity)
3. Total mon (Add Line	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line	1.)TOTAL \$ 1.0	550.00	FPPC Advice: adv		C Form 460 (Jan/2016)) c.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule E Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA 460
from	FORM 400
through <u>12/31/20</u>	Page of
	I.D. NUMBER
	1427577

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amrik Wander for Tracy City Council 2020

campaign literature and mailings

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

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services TSF

IND independent expenditure supporting/opposing others (explain)*
LEG legal defense

POS postage, delivery and messenger services professional services (legal, accounting)

VOT voter registration

PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR 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

Sche	dule	E S	umr	nary
------	------	-----	-----	------

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

			·	COVER PAGE
Recipient Committee Campaign Statement Cover Page	Type or print in	CT	Date Stamp RECEIVED Y CLERK'S OFFICE	california 460
(Government Code Sections 84200-84216.5)	Statement covers period from9/20/2020	(Month, Day, Year)	OCT 23 PM 2:53	Page 1 of 5 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/17/2020	11/03/2020	TRACY CO	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain belo	Specia Supplemination) Stater	erly Statement al Odd-Year Report emental Preelection nent - Attach Form 495
2 Committee Intormation	D. NUMBER 1427577	Treasurer(s) NAME OF TREASURER Amrik Wander MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		сітү Tracy	STATE ZIP CO CA 95377	
Tracy CA 9537 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	7	MAILING ADDRESS	R, IF ANY	
CITY STATE ZIP CO	DDE AREA CODE/PHONE	Same CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS	
1. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californian Executed on 10-22-2020 Date Executed on Date	By	ontrolling Officeholder, Candidate, State Measure Propor	nent or Responsible Officer of Sponsor	es is true and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State		
Executed on	Бу	Signature of Controlling Officeholder, Candidate, State	Measure Proponent	FPPC Form 460 (January/05)

Officeholder or Candidate Controlled	Committee		Primarily Formed Ballo				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Amrik Wander	PROTEIN AND ADDITION OF THE		BALLOT NO. OR LETTER	JURISDICTIO	DN	In	SUPPORT
FFICE SOUGHT OR HELD (INCLUDE LOCATION AND	D DISTRICT NUMBER IF APPLICABLE)						OPPOSE
Councilmember, City of Tracy	ET) CITY STATE ZIP			1	-		
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREI	L.,		Identify the controlling off	iceholder, cai	ndidate, or state	measure pi	roponent, if a
	Tracy, CA 95377		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Included in t not included in this statement that are controlled contributions or make expenditures on behalf of	d by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DIS	STRICT NO. IF	: ANY
OMMITTEE NAME	I.D. NUMBER						
Oldifati I) FFF Lander							
OWNER		7	Primarily Formed Can	didate/Offic	ceholder Com	mittee <i>Lis</i>	t names of
	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Offic	ceholder Comi	mittee Lis imarily forme	t names of ed.
IAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)	s) for which thi	ceholder Comis committee is pri	imarily forme	rd.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (I	CONTROLLED COMMITTEE?	7.	officeholder(s) or candidate(s	s) for which thi	is committee is pri	imarily forme	t names of
IAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (I	CONTROLLED COMMITTEE?	7.	officeholder(s) or candidate(s	candidate	is committee is pri	imarily forme	SUPPOI
IAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (I	CONTROLLED COMMITTEE? YES NO (NO P.O. BOX)	7.	NAME OF OFFICEHOLDER OR	candidate	OFFICE SOUGHT	T OR HELD	SUPPOR
AME OF TREASURER OMMITTEE ADDRESS STREET ADDRESS (I STATE OMMITTEE NAME	CONTROLLED COMMITTEE? YES NO (NO P.O. BOX) ZIP CODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR ON NAME OF OTHER OR OTHER OR ON NAME OF OTHER OR OTHER OR OTHER OTHER OR OTHER OTHER OR OTHER	candidate candidate candidate	OFFICE SOUGHT	T OR HELD T OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR OPPOSE
DOMMITTEE ADDRESS STREET ADDRESS (I	CONTROLLED COMMITTEE? YES NO (NO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER	7.	NAME OF OFFICEHOLDER OR ON NAME OF OT OT ON NAME OF OT OT ON NAME OF OT	candidate candidate candidate	OFFICE SOUGHT OFFICE SOUGHT OFFICE SOUGHT	T OR HELD T OR HELD	SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (I	CONTROLLED COMMITTEE? YES NO (NO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	7.	NAME OF OFFICEHOLDER OR ON NAME OF OT OT ON NAME OF OT OT ON NAME OF OT	candidate candidate candidate	OFFICE SOUGHT OFFICE SOUGHT OFFICE SOUGHT	T OR HELD T OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 9/20/2020 CALIFORNIA FORM FORM FORM FORM FORM FORM 10/17/2020 Page 3 of 5

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1427577 Amrik Wander for Tracy City Council 2020 **Calendar Year Summary for Candidates** Column B Column A TOTAL THIS PERIOD CALENDARYEAR Running in Both the State Primary and Contributions Received (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 9199.01 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date n 2. Loans Received Schedule B, Line 3 20. Contributions 9199.01 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 9199.01 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditure Limit Summary for State Expenditures Made** 42804.55 Candidates 6. Payments Made Schedule E, Line 4 \$ 21590.63 22. Cumulative Expenditures Made* 42804.55 21590.63 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ _____ Total to Date 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 42804.55 21590.63 **Current Cash Statement** 20286.08 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ______ To calculate Column B. add 9199.01 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts from Column B of your last 14 Miscellaneous Increases to Cash Schedule I, Line 4 reported in Column B. report. Some amounts in 21590.63 15. Cash Payments Column A, Line 8 above Column A may be negative 7894.46 figures that should be 16 ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ ____ subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ____ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded

		SCHEDULE A
Statement covers period		CALIFORNIA 460
from	9/20/2020	FORM TO U
through _	10/17/2020	Page 48 of 5
L		I.D. NUMBER

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1427577 Amrik Wander for Tracy City Council 2020 CUMULATIVE TO DATE PER ELECTION AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR TO DATE CONTRIBUTOR RECEIVED THIS CALENDAR YEAR OCCUPATION AND EMPLOYER DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) RECEIVED OF BUSINESS) See attached ПСОМ OTH ☐ PTY SCC IND ПСОМ ПОТН □ PTY □scc □IND □сом □ OTH ☐ PTY ☐SCC □IND ПСОМ ПОТН **□PTY** □scc MIND ПСОМ ПОТН ☐ PTY □scc SUBTOTAL\$ *Contributor Codes **Schedule A Summary** IND - Individual 1. Amount received this period – itemized monetary contributions. COM - Recipient Committee 9100.00 (Include all Schedule A subtotals.)\$ (other than PTY or SCC) OTH - Other (e.g., business entity) 99.01 2. Amount received this period – unitemized monetary contributions of less than \$100\$ PTY - Political Party SCC - Small Contributor Committee

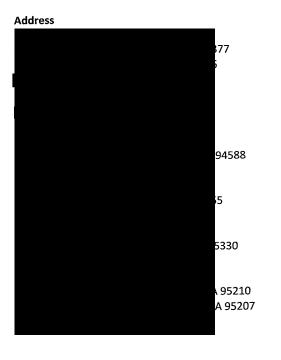
3. Total monetary contributions received this period. 9199.01

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
10/2/2020	Tracy Liquors Inc
9/28/2020	PJ Singh Dental Corp.
10/6/2020	Aman Truck Lines, LLC
10/5/2020	Harvinder Singh Gill
10/4/2020	Harry Transport Inc
10/4/2020	Raghbir Sandhu
10/7/2020	DS 135 INC. DBA Mountain Mikes Pizza
10/7/2020	ABT Trucking INC.
10/9/2020	City Dry Cleaners Inc.
10/11/2020	Elliott for Supervisor 2016
10/12/2020	Fast Shine Car wash Corp
10/14/2020	Chahal Dental Corporation
10/15/2020	Binning Enterprises Inc
10/15/2020	DBA Fiesta Auto Insurance CA
10/15/2020	Jumbo Logistics LLC
10/16/2020	Sunview Logistics Inc
10/16/2020	Gurdev Atwal
10/16/2020	West Lane Market & Liquor Mart
10/16/2020	Jhamat Insurance Agency
10/16/2020	Vanco Truck & Auto Plaza



Code C C C	Employer Spokeo	Occupation Software Engineer	\$500.00 \$100.00 \$1,000.00 \$500.00
C I	Lion Logistics Inc.	Owner	\$250.00 \$250.00
C C C PAC C	FPPC ID#1342946		\$500.00 \$750.00 \$300.00 \$500.00 \$200.00
C C C C C C	Diamond Trans. Logistics	Owner	\$1,000.00 \$250.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00
		Non-Itemized Itemized	\$99.01 \$9,100.00

Total

\$9,199.01

Schedule E

Type or print in ink.

		SCHEDULE
Statement covers period		CALIFORNIA 460
from	9/20/2020	FORM TOU
through _	10/17/2020	Page5 of5
		I.D. NUMBER
		1407577

Payments Made	to whole d			from	9/20/2020	FO	RM	400
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Amrik Wander for Tracy City Council 2020				through	10/17/2020	_ Page I.D. NUI 14275		5
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearances ises ilating	enger services	RAD radio RFD retu SAL cam TEL t.v. o TRC cano TRS staff TSF tran VOT vote	ribe the payment. o airtime and production rned contributions paign workers' salarie or cable airtime and producte didate travel, lodging, a f/spouse travel, lodging, sfer between committe r registration rmation technology cos	es roduction cost and meals g, and meals ees of the sa	me candida	ate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR		DESCRIPTION OF I	PAYMENT		AMOU	JNT PAID
	must also be summ	parized on Sch	edule D			SUBTOTALS	6	24500.62
* Payments that are contributions or independent expenditures	must also be summ	narized on Sch	eaule D.			SUB IU IAL:	p 	21590.63
Schedule E Summary						¢	2.	1590.63
Itemized payments made this period. (Include all Schedule Initemized payments made this period of under \$100								0

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).)......\$

21590.63

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

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

D 1 1 1 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1				COVER PAGE
Recipient Committee	Type or print in	ink.	Date Stamp	CALIFORNIA 460
Campaign Statement Cover Page		e e e e e e e e e e e e e e e e e e e	a managar sa da man	FORM 400
(Government Code Sections 84200-84216.5)		TIET THE TENT	JEIVED	5
(Government Code Sections 04200-04210.3)	Statement covers period	Date of election if applicable.	RH'S OFFICE	Page of _5
	from 7/1/2020	(Month, Day, Year)	23 PM 2:50	For Official Use Only
			(2) LU C. 00	
SEE INSTRUCTIONS ON REVERSE	through <u>09/19/2020</u>		OF TRACY	*
1. Type of Recipient Committee: All Committees - C	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	ALTERN	
	Primarily Formed Ballot Measure	✓ Preelection Statement	☐ Quar	terly Statement
O	Committee	Semi-annual Statement		al Odd-Year Report
O	○ Controlled○ Sponsored	☐ Termination Statement	. \ Supp	lemental Preelection
	(Also Complete Part 6)	(Also file a Form 410 Terminat	ion) State	ment - Attach Form 495
General Purpose Committee		Amendment (Explain below)		
Coporisored	Primarily Formed Candidate/ Officeholder Committee	×		
 Small Contributor Committee Political Party/Central Committee 	(Also Complete Part 7)			
O T Olitical T arty/octitud Committee			*	
3. Committee Information	.D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE	1427577	NAME OF TREASURER		
(0.000000000000000000000000000000000000	,	Amrik Wander		
		MAILING ADDRESS		
Amrik Wander for Tracy City Council 2020				
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DDE AREA CODE/PHONE
		Tracy	CA 95377	7
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF		
Tracy CA 9537	77			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS		
Same				
CITY STATE ZIP C	CODE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		-
4. Verification				
I have used all reasonable diligence in preparing and reviewing	ng this statement and to the best of my kn	owledge the information contained herein and	d in the attached schedul	es is true and complete. I certify
under penalty of perjury under the laws of the State of Californ	hia that the foregoing is true and correct.			
Executed on	, By			
Date	-,	organic or recourse or respective resustant		
Executed on 9/23/2020	Ву		D	
Date	Signature of Co	ontrolling Officeholder Candidate, State Measure Proponent or	Responsible Officer of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measi	ure Prononent	·
Date		orginalare of Controlling Critical Iolaet, Carlollate, Clate Meas		
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measi	ure Proponent	EDDC Form 460 (longon/05)

NAME OF OFFICEHOLDER OR CANDIDA	TE	NAME OF BALLOT MEASURE			
Amrik Wander			JURISDICTIO	N.	T_
OFFICE SOUGHT OR HELD (INCLUDE LO	OCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	N	SUPPORT OPPOSE
Councilmember, City of Tracy					
RESIDENTIAL/BUSINESS ADDRESS (NO		Identify the controlling offi	iceholder, can	didate, or state meas	re proponent, if any
	, Tracy, CA 95377	NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	OPONENT	
Related Committees Not Inc. not included in this statement that ar contributions or make expenditures of	luded in this Statement: List any committees re controlled by you or are primarily formed to receive on behalf of your candidacy.	OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER				
COMMITTEE NAME		7. Primarily Formed Cand	didate/Office	eholder Committe	List names of
COMMITTEE NAME NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE? YES NO	7. Primarily Formed Candofficeholder(s) or candidate(s)	s) for which this	s committee is primarily	formed.
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Cand officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C	s) for which this	eholder Committee s committee is primarily OFFICE SOUGHT OR HE	formed.
NAME OF TREASURER	CONTROLLED COMMITTEE?	officeholder(s) or candidate(s	CANDIDATE	s committee is primarily	LD SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET	CONTROLLED COMMITTEE? YES NO FADDRESS (NO P.O. BOX)	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE LD SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET CITY	CONTROLLED COMMITTEE? YES NO FADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR O	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE SLD SUPPORT OPPOSE SLD SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR	Calendar Year Summary for Candidates
		TOTALTO DATE	Running in Both the State Primary and General Elections
41500 0 41500 0 41500 21213.92 0 21213.92 0 0 21213.92	\$ \$ \$ \$ \$ \$	41500 0 41500 0 41500 21213.92 0 21213.92 0 0 21213.92	20. Contributions Received \$\$ 21. Expenditures Made \$\$ Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$\$
0 41500 0 21213.92 20286.08	amou corre from repor Colui figure subtr perio the fi for th carry from	ants in Column A to the sponding amounts Column B of your last t. Some amounts in mn A may be negative es that should be racted from previous d amounts. If this is rst report being filed his calendar year, only over the amounts Lines 2, 7, and 9 (if	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772
	0 41500 0 41500 21213.92 0 21213.92 0 21213.92 0 21213.92 0 21213.92 0 0 0 21213.92 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 41500 \$	0

Schedule A **Monetary Contributions Received**

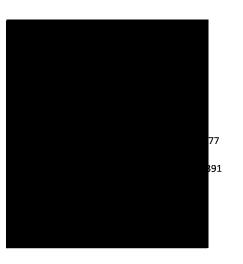
Type or print in ink. Amounts may be rounded to whole dollars. SCHEDULE A

Statement covers period

Monetary Contributions Received			Amounts may be rounded to whole dollars.		ers period	california 460		60
				through 09/19/2020		Page 4 of 5		
EE INSTRUCTION	DNS ON REVERSE		Marin Control of the			I.D. NUN		
	nder for Tracy City Council 2020					142757	7	
Amirik vvan	idel for fracy City Courier 2020		IE AN INDIVIDUAL ENTED	AMOUNT	CUMULATIVE TO	ODATE	PER ELECTI	ON
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)	RECEIVED THIS PERIOD	CALENDAR Y (JAN. 1 - DEC	YEAR	TO DATE (IF REQUIRE	
	see attached	□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	.\$				
1 Amount re	A Summary eceived this period – itemized monetary contributions.		_	41500	IND	ntributor C - Individua M – Recipie		
(Include a	all Schedule A subtotals.)					(other	than PTY or SC	
	eceived this period – unitemized monetary contribution	s of less than S	\$100 \$	0	PTY	/ – Political	(e.g., business of Party contributor Comm	
 Total mon (Add Line) 	etary contributions received this period. ss 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.)) TOTAL \$	41500		FPPC	Form 460 (Jan	 uary/05

	N	Address	ı/c	Employer	Occupation	Amount	Cume
Date	Name	Audi 655	1	Wells Fargo	Apps System Engineer	\$100	\$100
	020 Amrik Wander		i	Protek	Software Engineer	\$1,001	\$1,001
	020 Arvindram Ramraj		i	NONE	Retired	\$1,000	\$1,000
, .	020 Sikander Singh		c			\$500	\$500
	020 Blue Roan Trucking LLC		C			\$500	\$500
	D20 MHM Trucking Inc.	5209	5 C			\$1,500	\$1,500
	020 Gilson Trucking 020 Primelink Express		С			\$2,500	\$2,500
	020 Primestar Real Estate		С			\$3,000	\$3,000
	020 Committee to elect Miguel Villapudua Supervisor		Р		ID# 1374943	\$300	\$300
	020 Kulwinder jhamat and Doreen Jhamat		ı	Tesla	Production Associate	\$500	\$500
	020 Harnam Corporation		С			\$1,000	\$1,000
	020 Two Guys food and fuel inc		С			\$200	\$200
	020 Lovepreet S Riar and Amanjot K Gill		1	CK Gill Trucking	Owner Operator	\$500	\$500
-	020 Har Trucking INC.		С			\$250	\$250
	020 Tony Dhaliwal and Amanda Dhaliwal		1	Santa Clara County Transportation	Foreman	\$250	\$250
	020 Balwinder Singh		1	B & S Express	self employed	\$250	\$250
	020 Ravinder Singh		I	Bindra Truck lines	Owner Operator	\$250	\$250
	020 Chattarpal Pabla and Jyotika Pabla		l	Flex International	Sr. Quality Engineer	\$500	\$500
	020 Hardip Singh		١	J.R. Logistic Inc	self employed	\$250	\$250
	020 Sohi Trucking Inc		С			\$300	\$300
7/26/2	020 Arvinder Singh		1	Airfreight Transport Inc	Driver	\$200	\$200
	020 Mandeep Brar		l	DRT Strategis	Software Engineer	\$500	\$500
7/26/2	020 Jaswinder Singh		1	JD Trucklines INC	owner	\$200	\$200
7/29/2	020 Jarnail Singh Kang		1	Triple J Transport	Owner Operator	\$250	\$250
7/30/2	020 Sukhjinder Kaur		1	RKS Truck Trailer Repair	Owner	\$500	\$500 \$500
7/30/2	020 Sarwan Singh and Harmeet Kaur Sandhu		I	Yellow Transportation	Self employed	\$500	\$250
7/30/2	020 Tej Pal Singh and Sarwinder Kaur		1	Yellow Transportation	Truck Driver	\$250 \$300	\$300
7/30/2	020 Evergreen Trans Inc		С			\$300 \$750	\$750
7/30/2	020 Global Carrier INC.		С			\$500	\$500
8/1/2	020 Mann Bros Transport Inc.		С		Owner Oreston	\$500	\$500
	020 Sukhjinder Singh and Navneet Kaur			Dasmesh Trucking	Owner Operator	\$300 \$750	\$750
8/6/2	020 A & A Inermodal Terminal Inc		С			\$200	\$200
	020 Premium Spirits Inc		C	A ATT	owner	\$300	\$300
8/13/2	020 Gurwinder Mann and Navjot Aulakh		1	MTL	Owilei	\$500	\$500
8/13/2	020 JRP Real Estate & Mortgage		C	Dranhay Inc	Engineer	\$250	· · · · · · · · · · · · · · · · · · ·
	020 Daljeet Singh		1	Dropbox Inc Waraich Trucking Inc	owner	\$500	\$500
	020 Gurnam Singh		Ċ	Walaich Hucking me	owne.	\$250	
	020 Global Solution for Transportation Ilc		ı	Mission Trading Company	General Manager	\$200	
	020 Sukhdev Singh & Balwinder Kaur		1	GSPANN	Software Engineer	\$300	\$300
	020 Varinderpal S Brar & Hempreet K Sandhu		ı	Kaiser	Engineer	\$300	\$300
	1020 Sandeep Singh		C	Kalser	S .	\$100	\$100
	020 Tracy Market Inc		ı	GS Transport	owner	\$250	\$250
	2020 Gurdip Singh		C	35aspet		\$500	\$500
	1020 American Freight Corporation		ı	Guidewire	Sr. Program Manager	\$200	\$200
	2020 Sharandeep Singh		Ċ		-	\$500	\$500
	2020 Waskk shop 2020 Bakhshish S Bajwa & Harjinder k Bajwa		ı	NONE	RETIRED	\$200	\$200
	2020 Baknsnish S Bajwa & Harjinder k Bajwa 2020 Gurinder S. Grewal & Gurmail Kour Grewal		1	San Joaquin Cardiology Med. Grp.	Medical Doctor	\$500	\$500
	2020 Guringer S. Grewai & Gurinali Koul Grewai 2020 Prabhjot Singh & Jaspreet Kaur		ı	Raja Chandi Group	Owner	\$1,500	\$1,500
	2020 Praphjot Singh & Jaspieet Raul 2020 Jasbir S. Tatla		1	Toshiba	sr. Quality Director	\$2,000	\$2,000
	2020 Jasoff S. Tatia 2020 Kulbir Randhawa		l	Servpro	Owner	\$99	
	2020 Ruibii Randhawa 2020 Port Freight Corp		С	•		\$400	
	2020 Port Preight Corp 2020 Kuljit Singh Pannu		1	KS Trucking	Owner	\$200	
	2020 KB Cargo Inc		С			\$500	\$500
3/ 10/ 2	SOLO ND Gargo mo						

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 Cusine
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



ı	Cisco	Project Manager	\$200	\$200
ı	Dakha Trucking	Owner	\$500	\$500
С	3		\$500	\$500
c			\$250	\$250
ı	ALR Business Services	Owner	\$1,000	\$1,000
	Cheema Dental Services		\$1,000	\$1,000
	Daman Gill DDS	Dentist	\$200	\$200
C			\$1,000	\$1,000
c			\$500	\$500
ı	DS Trucking	owner	\$1,000	\$1,000
1	GRIN INVESTMENTS INC	Owner	\$1,000	\$1,000
ı	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 7/1/2020	california 460
SEE INSTRUCTIONS ON REVERSE		through <u>09/19/2020</u>	Page of <u>5</u>
IAME OF FILER			I.D. NUMBER
Amrik Wander for Tracy City Council 2020			1427577
CODES: If one of the following codes accurately d	lescribes the payment, you may enter the code	e. Otherwise, describe the payment.	

СТВ	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		RFD SAL TEL TRC TRS TSF VOT	SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals				
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
see	e attached								
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.					SUBTOTAL\$				
	hedule E Summary								
1. Itemized payments made this period. (Include all Schedule E subtotals.)						\$			
2. Unitemized payments made this period of under \$100						\$			
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)						S.) TO	TAL \$		

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	Sponsor ad facebook 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