Recipient (Committee
Campaign	Statement
Cover Pag	е

Recipient Committee Campaign Statement Cover Page			RECEIVI	ED P	FORM 460
	Statement covers period from 10-18-2020	Date of election if applicable: (Month, Day, Year)	DEC 28	ZUZU	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12-28-2020	11/3/2020	Col INC.		
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	2345		
State Candidate Election Committee Recall (Also Complete Part 5)	rimarily Formed Ballot Measure committee Controlled Sponsored	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	ermination)	Quarterly S Special Odd	tatement d-Year Report
Small Contributor Committee	rimarily Formed Candidate/ officeholder Committee				
3. Committee Information	NUMBER 1428216	Treasurer(s)			
Mateo Bedolla for Tracy Ci	ty council 2020	MAHUNGADDRESS	1(a		
STREET ADDRESS (NO P.O. BOX)	_	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Tracy	CA	9537	
Tracy STATE ZIPCO	76	NAME OF ASSISTANT TREASUR	ER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	and the second second	OPTIONAL: FAX / E-MAIL ADDRE	ESS		
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on 12/28/2020 Executed on Date Executed on Date	California that the foregoing is true and o	esistant	Treasurer oponent or Responsible Offic		s is true and complete. I
Executed on	By ————————————————————————————————————	gnature of Controlling Officeholder, Candidate, S	State Measure Proponent		
Executed onDate	By ————————————————————————————————————	gnature of Controlling Officeholder, Candidate, S	State Measure Proponent		FPPC Form 496 (Feb/2019)

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM

Page 2 of 6

5.	Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	t Measure	Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	Mateo Bedolla				_			
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
	Council Member, Tracy						Į.	OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	racy CA 95376		Identify the controlling office			measure proj	ponent, if any.
NAME OF OFFIC				NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
	Related Committees Not Included in this Sta	tement: List any committees						
	not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO). IF ANY
	COMMITTEE NAME	I.D. NUMBER					l.	
			7	Primarily Formed Can	hidate/Offic	eholder Co	mmittee /	ist names of
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	officeholder(s) or candidate(s) for which this	committee is	primarily form	ed.
		YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	5 1
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEROLDER OR	OANDIDATE	01110200	JOHN ON 1122	SUPPORT OPPOSE
	CITY STATE ZIPC	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	D SUPPORT
		YES NO						OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)						
	CITY STATE ZIPC	CODE AREA CODE/PHONE		Att	ach continuati	on sheets if n	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period CALIFORNIA from 10-18-2020 **FORM** Page 3 I.D. NUMBER 1428 216

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mateo Bedolla for Tracy City Council 2020

Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 21,978.39 -22,000 \$ -21.61 0 \$ -21.61	\$ 2,528.39 \$ 2,528.39 \$ 2,528.39	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 6. Payments Made	\$\frac{1977.44}{0}\$ \$\frac{1977.44}{0}\$ 0 \$\frac{1977.44}{0}\$ \$\frac{1977.44}{0}\$	\$ \frac{24,528.39}{0}\$ \$ \frac{24,528.39}{0}\$ \$ \frac{0}{24,528.39}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$\frac{1999.05}{-21.61} 0 \frac{1977.11}{0}	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	*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	\$	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 496 (Feb/2019 FPPC Advice: advice@fppc.ca.gov (866/275-3772

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Schedule A	
Monetary Contributions	Received

to whole dollars.

Amounts may be rounded

Statement covers period from 10-18-2020

CALIFORNIA **FORM**

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Mater Bedolla for Tracy City Council 2020

I.D. NUMBER 1428216

1 1 1) Carrier 11 11 1 1 1 1 1 1 1					THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/20	Mater Bedolla Tracy, (A 95376	IND COM OTH PTY	Council Member, City of Tracy	13,978.39	13,978.39	
12/28/20	Maricela Morelos-Bedolla Tracy, CA 95376	IND COM OTH SCC	Kindergarten teacher, TUSD	8000	8000	
		□IND □COM □OTH □PTY □SCC				
		OTH SCC		-		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			CURTOTAL	21 978 29		

Schedule A Summary	
	V

Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$.	21	978.3
(include all Conedule A Subtotale.)			

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

3. Total monetary contributions received this period.

*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 496 (Feb/2019)

Sched	ule	B -	Part	1
Loans	Re	ceiv	ed	

Amounts may be rounded to whole dollars.

Statement covers period from 10-(8-2020	CALIFORNIA 460
through 12-28-2020	Page of
	LD NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

1428216

Mateo Bedolla for Tra	cy City Council	2020					14282	16
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD •	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mater Bedolla Tracy, CA 95376	Council Member, City of Tracy			\$ 21.61 \$ FORGIVEN	\$	RATE	\$ <u>5000</u>	\$PER ELECTION**
TIM IND COM OTH PTY SCC		\$ 5000	\$	\$4978-39	DATE DUE	s	1/7/20 DATE INCURRED	\$CALENDAR YEAR
Mateo Bedolla	Council Member, City of Tracy			\$FORGIVEN	\$	% RATE	\$ 9000	\$PER ELECTION**
Tracy, (A 95376		\$ 9000	so	\$ 9000	DATE DUE	\$	8/5/20 DATE INCURRED	\$CALENDAR YEAR
Maricela Morelos- Bedolla	Kindergarten teacher,			\$ FORGIVEN	s	% RATE	\$ 8000	\$PER ELECTION*
Tracy, CA 933 H	Tusp	\$_8000	s	\$ 8000	DATE DUE	s	9/9/20 DATE INCURRED	\$
		SUBTOTALS \$	0	\$ 22,000	\$	\$		
						(Enter (e) on Sched	ule E. Line 3)	

(Enter (e) on Schedule E, Line 3)

S	chedule B Summary
1.	Loans received this period
	(Total Column (b) plus uniterized loans of less than \$100.)

(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

...NET \$ -22,000

(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

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Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period

from 10 - 18 - 2020

through 12 - 28 - 2020

Page 6 of 6

SEE INSTRUCTIONS ON REVERSE

Schedule E Summary

NAME OF FILER

Mates Bedoller for Tracy City Council 2020

COL	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise,	describe the payment.
	t de menorale en constituir y reconstruir de constituir de la constituir d		member communications	RAD	
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	
	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
FND	fundraising events		polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services		•
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 O	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Tracy Press 95 W. 11th ST # 101, Tracy, CA 95376	PRT	:-	390.00
Wix.com LTD 100 Gansevoort ST, New York, NY 10014	WEB		13.00
Facebook, Inc. I Hacker Way, Menlo-Park, CA 94025	WEB		1574.11

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

SUBTOTAL\$ 1977.44

1. Itemized payments made this period. (Include all Schedule E subtotals.)	1977.44
1700 - SALES-AND SALES AND	Ø
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).)	1927 44
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	, 1777.17

FPPC Form 496 (Feb/2019)

FPPC Form 496 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

COVER PAGE

j.	Officeholder or Candidate Controlled Committee	6	. Primarily Formed Ballo	ot Measure C	Committee	
	NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
	Mateo Bedolla					.
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N	SUPPORT OPPOSE
	Tracy City Councilmember					<u> </u>
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP		Identify the controlling offic	eholder, candid	ate, or state measure p	roponent, if any.
l	Tracy CA 95376		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT	
	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.		OFFICE SOUGHT OR HELD		DISTRICT	NO, IF ANY
	COMMITTEE NAME I.D. NUMBER CONTROLLED COMMITTEE?	7	7. Primarily Formed Can	didate/Office	eholder Committee	List names of
	NAME OF TREASURER CONTROLLED COMMITTEE?					
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
	CITY STATE ZIP CODE AREA CODE/PHONE	\	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
	COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
	NAME OF TREASURER CONTROLLED COMMITTEE? YES NO	`	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE				on sheets if necessary	
	CITY STATE ZIP CODE AREA CODE/PHONE		Att	acıı conunuau	in sneets ii necessary	

MWB

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 9-20-2020 FORM 460

through 10-17-2020 Page 3 of 1.D. NUMBER 1428216

SEE INSTRUCTIONS ON REVERSE		through L		Page or
NAME OF FILER				I.D. NUMBER 1428216
Mateo Bedolla for Tracy City Council 2020				
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both th General Elections	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ [100	\$ [2,550] \$ [2,550] \$ [0] \$ [2,550]	20. Contributions Received \$ 21. Expenditures Made	\$\$
Expenditures Made 6. Payments Made	[7 100 19	\$ [22,550.95] [0] \$ [22,550.95] [0] [0] [22,550.95]		ve Expenditures Made* voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	100 [0 7,100.19 \$ [1,999.05] \$ [0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section reported in Column B.	may be different from amounts MM 3
18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	(7) (10)		FPPC Advice: ad	FPPC Form 496 (Feb/2019) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	Α		ts may be rounded whole dollars.			Vanishing and the	SCHEDULE A
	Contributions Received	ιο	Wildie udilais.	Statement cov [9-20-2020	ers period	CALIF	ORNIA 460
J				from		FC	ORM 100
				through 10-17-20	720	B4	4 0 4
EE INSTRUCTIO	ONS ON REVERSE			through		Page !	
IAME OF FILER						I.D. NU	
Mateo Bedoll	a for Tracy City Council 2020					172021	<u> </u>
	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE T	1	PER ELECTION
DATE	CONTRIBUTOR	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER	RECEIVED THIS	CALENDAR	1	TO DATE
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	(IF SELF-EMPLOYED, ENTER NAME	PERIOD	(JAN. 1 - DEC	0. 31)	(IF REQUIRED)
9-22-2020	Alice Welch, Calif.	☑ IND	none	50	50		
	95219	□ COM □ OTH					
		PTY					
		scc					
10-2-2020	Angelina Flores Fujii, 4 Circle,	I IND	Educator	50	50		
	Stockton, Calif. 95219	□сом	TUSD				
		□OTH □PTY					
		scc	,				
		DIND	/				
		СОМ					
		□отн				- 11	
		□ PTY					
		□scc					
		☐ IND ☐ COM					
		ОТН					
		☐ PTY					
		□scc			4 L		
		☑ IND	7				
		□COM □OTH	I <i>V</i>			11	
		PTY	И				
		scc /					
		7	SUBTOTAL	\$ [100			
Oabadula	A Cummoni	MM	Κ		(*C°	ntributor C	codes
_	A Summary	1	•	00		– Individu	
1. Amount re	ceived this period – itemized monetary contributions	· /		00	co		ient Committee than PTY or SCC)
	ll Schedule A subtotals.)				от		(e.g., business entity)
2 Amountro	ceived this period - unitermized monetary contribution	ons of less tha	n \$100\$ <mark></mark>		PT	Y - Politica	al Party
Z. AITIOUITE	ceived this period – unitemized monetary contribution				sc	C - Small	Contributor Committee
3 Total mone	etary contributions received this period.		Tī.	00			
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line	1.)TOTAL \$⊑		rnne Adulus - d		PC Form 496 (Feb/2019)
•					rrrc Advice: adi	vice@ibbc	c.ca.gov (866/275-3772)

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Sched	ule	B -	Part	1
Loans	Re	ceiv	ed	

Amounts may be rounded

SCHEDULE B - PART 1

Schedule B – Part 1		to whole dollars	•		Statement cove	ers period	CALIFORN	^{IIA} 460 1
Loans Received					from 19-20-2020		FORM	
					through 10-17-2	020	Page 5	
SEE INSTRUCTIONS ON REVERSE					through I		I.D. NUMBER	
NAME OF FILER								
Mateo Bedolla for Tracy City Council 2020							1428216	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mateo Bedolla, Lane 95376	Construction management SHLP-Northern California		ya	PAID \$	s 5,000	% RATE	\$ 5,000	s 14,000
TIND □ COM □ OTH □ PTY □ SCC		\$ 5,000	\$ 0	\$	DATE DUE	\$	DATE INCURRED	\$
Mateo Bedolla, Lane 95376	Construction management SHLP-Northern California			PAID \$ FORGIVEN	s 9,000	% RATE	\$ [9,000	CALENDAR YEAR \$ 14,000 PER ELECTION**
TO IND COM OTH PTY SCC		\$ 9,000	\$	\$	DATE DUE	\$	DATE INCURRED	\$ CALENDAR YEAR
Maricela Morelos-Bedolla, 95376	Kindergarten teacher TUSD			\$ FORGIVEN	s 8,000	% RATE	\$	\$
TIND □ COM □ OTH □ PTY □ SCC		s 8,000	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0	\$	\$ 22,000	\$		
Schedule B Summary 1. Loans received this period	ns of less than \$100.) 00 paid or forgiven.) at are also itemized on Schoole 2 from Line 1.)	edule A.)		\$ 0	(May be a negative number)	- III	Contributor Code: ND – Individual COM – Recipient C (other than DTH – Other (e.g., PTY – Political Pal	Committee PTY or SCC) , business entity)

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

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				SCHEDULE E
Schedule E Amounts may be rounded Statement cover to whole dollars.			Statement covers period C/	ALIFORNIA 460
Payments Made	fo milote	donais.	from 9-20-2020	FORM TOO
			through 10-17-2020 P	age 6 of 7
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				D. NUMBER
Mateo Bedolla for Tracy City Council 2020				1428216
CODES: If one of the following codes accurately campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (expending to the supporting defense campaign literature and mailings	MBR member of meetings a OFC office expe PET petition circ PHO phone bank POL polling and plain)*	ommunications and appearances enses culating iks	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and means TRS staff/spouse travel, lodging, and means	n costs als neals ne same candidate/sponsor
NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I.D. NUME		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Creative Vision Printing 2232 Stewart Street, Stockton,	CA 95205			754.25
Anedot Inc., 1340 Poydras Street Suite 1770 New Orle	ans, LA 70112	PRO		6.90
Wix.com LTD 100 Gansevoort Street, New York, NY 1	0014	WEB		6.50
* Payments that are contributions or independent expenditures	must also be summarized on Sc	chedule D.	SUBTO	OTAL \$ 767.65
Schedule E Summary				7.100.19
Itemized payments made this period. (Include a	Il Schedule E subtotals.)			\$
2. Unitemized payments made this period of unde	r \$100			\$
Total interest paid this period on loans. (Enter a	mount from Schedule B. P	Part 1, Column (e).)		\$
o. tota, intotoce paid the period on totaller (•			7 100 10

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER [Mateo Bedolla for Tracy City Council 2020]	from	LIFORNIA 460 FORM Age of I	
CODES: If one of the following codes accurately des CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research	RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production candidate travel, lodging, and mea staff/spouse travel, lodging, and mea roses TSF transfer between committees of the voter registration WEB information technology costs (inter	uls leals e same candidate/sponsor rnet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) USPS Post Office, 125 W 9th St, Tracy, CA 95376 Facebook, Inc. 1 Hacker Way Menlo Park, CA 94025	POS WEB	DESCRIPTION OF PAYMENT	5,107.54 [1,225
* Payments that are contributions or independent expenditures must a	also be summarized on Schedule D.	SUBTC	OTAL \$ 6,332.54

MMB

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Desirient Committee		The second secon	۲٠.	COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	california 460
	Statement covers period from $17-1-2020$ through $19-19-2020$	Date of election if applicable: Y CL (Month, Day, Year)	ECEIVED LERK'S OFFICE 24 AM 8: 49	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through	MITY	A NE TRACY	
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	RACY, CA	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored lso Complete Part 6) rimarily Formed Candidate/ ffficeholder Committee lso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminatio Amendment (Explain below)	☐ Specia	erly Statement al Odd-Year Report
	NUMBER 428216	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Mateo Bedolla for Tracy City Council 2020		NAME OF TREASURER Mateo Bedolla MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		Tracy	STATE ZIP COL	
Tracy STATE ZIP COL	6	NAME OF ASSISTANT TREASURER, IF AN		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	,	MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP COD	DE 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 certify under penalty of perjury under the laws of the State of Certify under penalty of perjury under the laws of the State of Certify under the laws of the State of Certific under the laws of the laws of the laws of the State of Certific under the laws of the l	California that the foregoing is true and c By By Signature of Contro By		Responsible Officer of Sponsor	
Executed on	By ————————————————————————————————————	gnature of Controlling Officeholder, Candidate, State Meas	ure Proponent	

FPPC Form 496 (Feb/2019)

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Recipient Committee Campaign Statement Cover Page — Part 2

С	OVER PA	GE - PART 2
	ORNIA	460
FO	RM	
Page [2		1 9

5.	Officeholder or Candidate Controlled Commi	ttee	6.	6. Primarily Formed Ballot Measure Committee					
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
	Mateo Bedolla								
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	1	SUPPORT OPPOSE	
	Tracy City Councilmember						L	L 01 1 00E	
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	racy CA 953/6		Identify the controlling office	eholder, candi	date, or state	measure pro	ponent, if any.	
	Li			NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT			
	Related Committees Not Included in this Statement included in this statement that are controlled by you or contributions or make expenditures on behalf of your candit	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY	
	COMMITTEE NAME	I.D. NUMBER					Access of the second		
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can- officeholder(s) or candidate(s	didate/Offic) for which this	eholder Co committee is	ommittee <i>Descriprimarily form</i>	List names of ned.	
		YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	UGHT OR HEL	D	
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	OX)		NAME OF OUT IOUR IOUDER ON	CANDIDATE			SUPPORT OPPOSE	
	CITY STATE ZIP C	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	UGHT OR HEL	D SUPPORT OPPOSE	
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HEL	D SUPPORT OPPOSE	
	NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HEL	D SUPPORT OPPOSE	
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E			Att	ach continuati	ion sheets if r	necessary		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 7-1-2020 FORM CALIFORNIA 460

through 9-19-2020 Page 3 of 9

I.D. NUMBER 1428216

SEE INSTRUCTIONS ON REVERSE		tnrougn	I.D. NUMBER
Mateo Bedolla for Tracy City Council 2020			1428216
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ [2,450] [22,000] \$ [24,450] [24,450] \$ [24,450]	\$ <u>[22,000</u> \$ \$	20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$ [15,450.76] [0] \$ [15,450.76] [0] [0] [15,450.76]	\$ \$ \$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	[24,450] [0] [15,450.76] [8,999.24]	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$ [0	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 496 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A		Amoun			SCHEDULE A		
	Contributions Received	το	whole dollars.	Statement cov	rers period	CALI	FORNIA 460
				from 7-1-2020		F	ORM -
				through 9-19-202	20	Page	4 of 9
	ONS ON REVERSE					_	JMBER
NAME OF FILER Mateo Bedo	lla for Tracy City Council 2020					14282	16
	THE NAME STREET ADDRESS AND 7ID CODE OF		IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE T	O DATE	PER ELECTION
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	OCCUPATION AND EMPLOYER	RECEIVED THIS	CALENDAR	/EAR	TO DATE
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME	PERIOD	(JAN. 1 - DEC	2. 31)	(IF REQUIRED)
8-31-2020	Josefina Uribe,	☑ IND	none	50	50	 1	
0-31 2020	bosomia ciros,	□сом					
		□отн					
		☐ PTY☐ SCC					
9-1-2020	Maria Chávez, 2	☐ ☑ IND	none	I 50	150		
J-1-2020	Within Chartes, 2	СОМ					
		□отн				- 11	
		□ PTY					
		□scc		1100	100	==	
9-2-2020	Rosa Vega	☑ IND	none			- 11	
		ОТН					
		☐ PTY					
		□scc					
9-6-2020	Martha Aguilera,	☑ IND	none	50	50		
		□ сом □ отн					
		PTY					
L		scc			l L		
9-6-2020	Gayle Holmgren,	ZIND	none	20	20		
		∥ □сом					
		□OTH □PTY					
		scc					
			SUBTOTAL	\$ [270			
Schedule	A Summary					ntributor (Individ	1
	eceived this period – itemized monetary contribution			450			pient Committee
(Include a	all Schedule A subtotals.)		\$ ==				than PTY or SCC)
			- 6100			·l – Other ∕ – Politic	(e.g., business entity)
2. Amount re	eceived this period – unitemized monetary contribu	utions of less tha	n ⊅1∪U5⊑				Contributor Committee
2 Total man	netary contributions received this period.		Pogra	4.70	_		
J. IU(al HOI)	netary contributions received this period. s 1 and 2. Enter here and on the Summary Page.	Column A. Line	1.)TOTAL \$\frac{2}{2}	430		FP	PC Form 496 (Feb/2019)

FPPC Form 496 (Feb) 2019)
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www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		(O WHOLE C	ionais.	20	FORM 460		
NAME OF FILER						I.D. NUN 142821	
Mateo Bedol	la for Tracy City Council 2020					142021	<u> </u>
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
9-6-2020	Oliver Solorzano, 1	IND COM OTH PTY	none	80	80		
9-15-2020	Jasmeen Sandhu, 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Business consultant Ernst & Young	2,000	2,000		
9-18-2020	Javier González,	IND COM OTH PTY SCC	none	50	50		
9-19-2020	Maria Ramos,	IND COM OTH PTY SCC	Educator TUSD	50	50		
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 2,180			

*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 B – Part 1 Loans Received	Amounts may be rounded to whole dollars. Statement covers period from 7-1-2020				schedule B - PAR CALIFORNIA 46(FORM			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through 9-19-20	20	Page 6 I.D. NUMBER 1428216	of 9
Mateo Bedolla for Tracy City Council 2020							1428216	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Mateo Bedolla, 1	Construction management SHLP-Northern California			\$ FORGIVEN	\$ 5,000	% RATE	s 5,000	s 14,000 per election*
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ 0	\$ 5,000	\$	DATE DUE	\$	7-7-2020 DATE INCURRED	\$CALENDAR YEAR
Mateo Bedolla, I	Construction management SHLP-Northern California	0	9,000	\$	\$ <mark>9,000</mark>	RATE	\$ <u>9,000</u> 8-5-2020	s 14,000 PER ELECTION*
MIND COM OTH PTY SCC		\$	s <u>====</u>	,	DATE DUE	\$ 	DATE INCURRED	
Maricela Morelos-Bedolla,	Kindergarten teacher TUSD			PAID \$	s 8,000	% RATE	\$_ <u>8,000</u>	\$ 8,000
MIND COM OTH PTY SCC		\$ 0	\$ <u>8,000</u>	FORGIVEN	DATE DUE	s	9-9-2020 DATE INCURRED	PER ELECTION'
BEJ 1110 Load COM Loa	S	UBTOTALS \$	22,000	\$ \$	\$ 22,000	\$		
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loar	ns of less than \$100.)			\$ 22	,000	(Enter (e) on Sched	ule E, Line 3)	

[SCC

(May be a negative number)

†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

^{*}Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E Payments Made	Amounts may be rounded to whole dollars.	from	FORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 9-19-2020 Page	of 9
NAME OF FILER			UMBER
Mateo Bedolla for Tracy City Council 2020		1428	3216
CODES: If one of the following codes accurately des CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research	herwise, describe the payment. RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production co- candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the salarity voter registration WEB information technology costs (internet	s ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DI	ESCRIPTION OF PAYMENT	AMOUNT PAID
Creative Vision Printing 2232 Stewart Street, Stockton, CA 9.	DS205 LIT		1,616.25
Creative Vision Printing 2232 Stewart Street, Stockton, CA 9	D5205		1,190.64
Wix.com LTD 100 Gansevoort Street, New York, NY 10014	WEB		84
* Payments that are contributions or independent expenditures must a	also be summarized on Schedule D.	SUBTOTAL	L \$ 2,890.89
Schedule E Summary			II5.450.76
1. Itemized payments made this period. (Include all Sch	edule E subtotals.)	\$	15,750.70
2. Unitemized payments made this period of under \$100			
3. Total interest paid this period on loans. (Enter amount			H1 1
4. Total payments made this period. (Add Lines 1, 2, and			15,450.76

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Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be to whole do		Statement covers period [7-1-2020 from	CALIFORNIA 460 FORM Page of 9 I.D. NUMBER [1428216
Mateo Bedolla for Tracy City Council 2020 CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks	nmunications d appearances ses lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging	n costs duction costs nd meals
independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	POS postage, deli	very and messenger services services (legal, accounting)	TSF transfer between committee VOT voter registration WEB information technology cos DESCRIPTION OF PAYMENT	es of the same candidate/sponsor ts (internet, e-mail) AMOUNT PAID
Wix.com LTD 500 Terry A Francois Boulevard Sixth Floor San 94158	Francisco, CA	WEB		9.90
Wix.com LTD 100 Gansevoort Street, New York, NY 10014		WEB		6.50
Facebook, Inc. 1 Hacker Way Menlo Park, CA 94025		WEB		25
Facebook, Inc. 1 Hacker Way Menlo Park, CA 94025		WEB		25
Anedot Inc., 1340 Poydras Street Suite 1770 New Orleans, LA	70112	PRO		[15.80
* Payments that are contributions or independent expenditures must also	be summarized on Sch	edule D.		SUBTOTAL \$ 82.20

Amounts may be rounded to whole dollars. Payments Made EE INSTRUCTIONS ON REVERSE AME OF FILER Mateo Bedolla for Tracy City Council 2020			SCHED Statement covers period 7-1-2020 from through 9-19-2020 Page I.D. NUMBER 1428216				
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications I appearances es ating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and production TRC candidate travel, lodging, staff/spouse travel, lodging	on costs roduction costs and meals g, and meals ees of the same cal			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Creative Vision Printing 2232 Stewart Street, Stockton, CA 9520 Facebook, Inc. 1 Hacker Way Menlo Park, CA 94025		CODE OR LIT WEB	DESCRIPTION OF PAYMENT		2,452.67		

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

SUBTOTAL \$ 12,477.67