

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER AMRIK WANDER		Date of This Filing 10/07/2020	Date Stamp <b>RECEIVED</b> CITY CLERK'S OFFICE 2020 OCT 15 AM 10:51 CITY OF TRACY TRACY, CA	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1427577	Report No. 5		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY TRACY	STATE CA	ZIP CODE 95377		
		No. of Pages 1		

## 1. Contribution(s) Received

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
10/14/2020	CHAHAL DENTAL CORPORATION 2217 COFFEE RD SUITE A MODESTO, CA 95355	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAHAL DENTAL CORPORATION	1000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

\* 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

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NAME OF FILER AMRIK WANDER		Date of This Filing 10/07/2020	Date Stamp <b>RECEIVED</b> CITY CLERK'S OFFICE 2020 OCT -7 AM 11:57 CITY OF TRACY TRACY, CA	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1427577	Report No. 4		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY TRACY	STATE CA	ZIP CODE 95377	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/06/2020	AMAN TRUCK LINES LLC 1852 W 11TH STREET #101 TRACY, CA 95376	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AMAN TRUCK LINES LLC	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER AMRIK WANDER			Date of This Filing 09/19/2020		<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1427577		Report No. 3		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY TRACY	STATE CA	ZIP CODE 95377	No. of Pages 2		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/18/2020	Strategy Trans Inc. 1935 Lovejoy Avenue Manteca, CA 95377	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Strategy Trans Inc.	2000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
09/18/2020	Gurpartap Singh [REDACTED] Mountain House, CA 95391	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER GRIN INVESTMENTS INC	1000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
09/18/2020	Dilbag S Sandhu [REDACTED] Selma, CA 93662	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER DS Trucking	1000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

Reason for Amendment: \_\_\_\_\_

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NAME OF FILER AMRIK WANDER		Date of This Filing 09/19/2020		<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 4088760443	I.D. NUMBER (if applicable) 1427577	Report No. 3		
STREET ADDRESS 4449 ENGLISH OAK AVENUE		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY TRACY	STATE CA	ZIP CODE 95377		

## 1. Contribution(s) Received

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
09/18/2020	Varinder Singh & Sandeep Kaur [REDACTED] Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Western Food and Fuel	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/18/2020	Jagroop Singh [REDACTED] Manteca, CA 95337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Branch Manager Welcome Home Realty Inc.	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER AMRIK WANDER		Date of This Filing 09/18/2020	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1427577	Report No. 2	RECEIVED CITY CLERK'S OFFICE 2020 SEP 18 AM 11:14 CITY OF TRACY TRACY, CA	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY TRACY	STATE CA	ZIP CODE 95377	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/17/2020	MILLEN EXPRESS INC 2926 OTTUMWA DR SACRAMENTO CA 95835-1815	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MILLEN EXPRESS INC	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/17/2020	AMARDEEP SANDHU [REDACTED] TRACY, CA 95377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER ALR BUSINESS SERVICES	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/17/2020	SABINA BHULLAR [REDACTED] LATHROP, CA 95330	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DENTAL HYGIENIST CHEEMA DENTAL SERVICES	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER <b>AMRIK WANDER</b>			Date of This Filing 08/31/2020	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1427577		Report No. 1	RECEIVED CITY CLERK'S OFFICE 2020 AUG 31 PM 4:45 CITY OF TRACY TRACY, CA	
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY TRACY	STATE CA	ZIP CODE 95377	No. of Pages 1		

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08/31/2020	PRABHIOT SINGH and JASPREET KAUR [REDACTED] TURLOCK, CA 95381	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER RAJA CHANDI GROUP	1500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/31/2020	JASBIR S. TATLA [REDACTED] SUNNYVALE, CA 94085	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SR. QUALITY DIRECTOR TOSHIBA	2000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate

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