IAME OF FILER AMRIK WANDE	R	Date of This Filing 10	/07/2020	Date Stamp	For Official Use Only	
STREET ADDRESS CITY TRACY	IUMBER I.D. NUMBER (if applicable) 1427577 STATE ZIP CODE CA 95377	Report No. 5 Amendmen to Report No. (explain below) No. of Pages	t	OCT 15 AM 10:51 TY OF TRACY TRACY, CA		
1. Contribution	(s) Received			*		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF C (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
10/14/2020	CHAHAL DENTAL CORPORATION 2217 COFFEE RD SUITE A MODESTO, CA 95355		☐ IND☐ COM☐ OTH☐ PTY☐ SCC	CHAHAL DENTAL CORPORATION	_ *	1000.00 ☐ Check if Loan
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan % Provide interest rate
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan

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

Provide interest rate

497 Contribu	ution Report		Amounts	s may be rounded to	whole dollars.			
NAME OF FILER AMRIK WANDER	R			Date of 10 This Filing	0/07/2020	CALIFORNIA 497		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1427577				Report No. 4		2020 QCT -7 AM II: 57		
STREET ADDRESS				☐ Amendmer to Report No.		CITY OF TRACY TRACY, CA		
CITY TRACY	STATE ZIP CODE (explain below) CA 95377 No. of Pages				1	IF Ethalms har II a. 154 (MA		
1. Contribution	(s) Received							
DATE RECEIVED	FULL NAME	E, STREET ADDRESS A	ND ZIP CODE OF CONT ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
10/06/2020	AMAN TRUCK LIN 1852 W 11TH STREE TRACY, CA 95376				☐ IND☐ COM☐ OTH☐ PTY☐ SCC	AMAN TRUCK LINES LLC	1000.00 ☐ Check if Loan	
	~				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan% Provide interest rate	
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan % Provide interest rate	
Reason for Amend	ment:					* Contributor Codes IND - Individual COM - Recipient Committee (othe OTH - Other (e.g., business entity PTY - Political Party SCC - Small Contributor Committee	·)	

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497 Contrib	ution Report		Amounts	s may be rounded to	whole dollars.	87897		
NAME OF FILER AMRIK WANDE	R			Date of 09	/19/2020	Date Stamp	IFORNIA 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1427577			Report No. 3 Report No. 3 For Official I					
STREET ADDRESS				Amendmen to Report No.		CITY CLL		
CITY TRACY		STATE CA	ZIP CODE 95377	(explain below) No. of Pages	2	CA (E. 0)		
1. Contribution	(s) Received		-	, •				
DATE RECEIVED	FULL NAME	E, STREET ADDRESS A (IF COMMITTEE, ALSO)	ND ZIP CODE OF CONT ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
09/18/2020	Strategy Trans Inc. 1935 Lovejoy Avenue Manteca, CA 95377				☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Strategy Trans Inc.	2000.00 Check if Loan Provide interest rate	
09/18/2020	Gurpartap Singh Mountain House, CA	95391			IND COM OTH PTY SCC	OWNER GRIN INVESTMENTS INC	1000.00 Check if Loan Provide interest rate	
09/18/2020	Dilbag S Sandhu Selma, CA 93662				☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OWNER DS Trucking	1000.00 Check if Loan Provide interest rate	
Reason for Amend	lment:				, ,	* Contributor Codes IND - Individual COM - Recipient Committee (oth OTH - Other (e.g., business enti PTY - Political Party SCC - Small Contributor Commi	ty)	

497 Contribu	ution Report		Amount	s may be rounded to v	whole dollars.	5678910	14	
NAME OF FILER AMRIK WANDE	R			Date of O9	/19/2020		CALIFORNIA 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (<i>if applicable</i>) 4088760443 1427577			Report No. 3		SEP 1 9 2020	Official Use Only		
STREET ADDRESS 4449 ENGLISH O CITY TRACY	AK AVENUE	STATE CA	ZIP CODE 95377	Amendmen to Report No. (explain below)	2	CITY CA		
1. Contribution	(s) Received							
DATE RECEIVED	FULL NAM	IE, STREET ADDRESS A	ND ZIP CODE OF CONT ENTER I.D. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
09/18/2020	Varinder Singh & Sa Tracy, CA 95376	ndeep Kaur			☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Western Food and Fuel	1000.00 Check if Loan Provide interest rate	
09/18/2020	Jagroop Singh Manteca, CA 95337				IND COM OTH PTY SCC	Branch Manager Welcome Home Realty Inc.	1000.00 Check if Loan Provide interest rate	
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan % Provide interest rate	
Reason for Amend	dment:					* Contributor Codes IND - Individual COM - Recipient Committee (othe OTH - Other (e.g., business entity PTY - Political Party SCC - Small Contributor Committee	y)	

497 Contribution Report Amounts may be rounded to whole dollars. Date Stamp CALIFORNIA NAME OF FILER Date of 09/18/2020 This Filing AMRIK WANDER **FORM** AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) For Official Use Only Report No. 1427577 CITY CLERK'S OFFICE STREET ADDRESS ☐ Amendment 2020 SEP 18 AM 11: 14 to Report No. (explain below) CITY STATE ZIP CODE TRACY No. of Pages _ CA 95377

1. Contribution(s) Received

Reason for Amendment: __

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
09/17/2020	MILLEN EXPRESS INC 2926 OTTUMWA DR SACRAMENTO CA 95835-1815	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	MILLEN EXPRESS INC	1000.00 Check if Loan **Provide interest rate**
09/17/2020	AMARDEEP SANDHU TRACY, CA 95377	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OWNER ALR BUSINESS SERVICES	1000.00 Check if Loan ** **Provide interest rate**
09/17/2020	SABINA BHULLAR LATHROP, CA 95330	IND COM OTH PTY SCC	DENTAL HYGIENIST CHEEMA DENTAL SERVICES	1000.00 ☐ Check if Loan — % Provide interest rate

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PTY - Political Party

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497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER AMRIK WANDER			Date of 08	3/31/2020	FO	ORNIA 497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1427577		Report No. 1		CITY CLERY'S OFFISE FOR	Official Use Only	
STREET ADDRESS			Amendment to Report No.		2020 AUG 31 PM 4: 15	
CITY TRACY		STATE ZIP CODE CA 95377	(explain below) No. of Pages	1	CITY OF TRACY TRACK SA	
1. Contribution(s) Received					
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/31/2020	PRABHJOT SINGH and JASPREET KAUR TURLOCK, CA 95381			IND COM OTH PTY SCC	OWNER RAJA CHANDI GROUP	1500.00 Check if Loan Provide interest rate
08/31/2020	JASBIR S. TATLA SUNNYVALE, CA 94085			IND COM OTH PTY SCC	SR. QUALITY DIRECTOR TOSHIBA	2000.00 Check if Loan ** Provide interest rate
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan Provide interest rate
Reason for Amendm	nent:			· · · · · · · · · · · · · · · · · · ·	* Contributor Codes IND - Individual COM - Recipient Committee (othe OTH - Other (e.g., business entity PTY - Political Party SCC - Small Contributor Committee)

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