

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Yes on Tracy Measure Y 2020</b>			Date of This Filing 9/30/20	Date Stamp <b>RECEIVED CITY CLERK'S OFFICE 2020 OCT -5 PM 3:31 CITY OF TRACY TRACY, CA</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) Not Yet Received		Report No. 93020		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Tracy	STATE CA	ZIP CODE 95376	No. of Pages _____		

## 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
9.29.20	Don A. Cose [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	Self Employed Don A. Cose & Assoc. Real Estate	\$5,000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
9.29.20	Dino Margaros [REDACTED] Tracy, CA 95376	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tracy Inn Inc.	\$5,000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
9.29.20	Jasbir Nijjar [REDACTED] San Ramon, CA 94582	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Business Person	\$9,500 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

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 <b>Yes on Tracy Measure Y 2020</b>			Date of This Filing <u>9/30/20</u>	Date Stamp   <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">             CALIFORNIA FORM <span style="font-size: 2em;">497</span> </div> For Official Use Only
AREA CODE/PHONE NUMBER <div style="background-color: black; width: 100%; height: 15px;"></div>	I.D. NUMBER (if applicable) <b>Not Yet Received</b>		Report No. <u>93020</u>	
STREET ADDRESS <div style="background-color: black; width: 100%; height: 15px;"></div>			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Tracy	STATE CA	ZIP CODE 95376	No. of Pages _____	

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
NONE	NONE			

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