				COVER F	PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 46	0
SEE INSTRUCTIONS ON REVERSE	Statement covers period from $\frac{10/18/2020}{12/31/2020}$ through $\frac{02/01/2020}{02/01/2021}$	Date of election if applicable: (Month, Day, Year) November 3, 2020	2021 FEB - 1 PM	Page 1 of 5 For Official Use Only	
State Candidate Election Committee Recall Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Uso Complete Part 6) Crimarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	nt 🔲 Ši t ermination)	Quarterly Statement pecial Odd-Year Report	
S Committee Information	0. NUMBER 434169	Treasurer(s) NAME OF TREASURER Bennie Barker MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO Tracy CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	5	Tracy NAME OF ASSISTANT TREASUR	CA 95	P CODE AREA CODE/PH	ONE
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX/E-MAIL ADDR		P CODE AREA CODE/PH	ONE
I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on 2/1/2021 Executed on 2/1/3021				schedules is true and complete.	1

Executed on _

Executed on _

Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

nsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
california 460							
Page 2 of 5							

	Officeholder or Candidate Controlled Committee		Primarily Formed Ballo	t Measure C	Committee					
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE						
ND DISTRICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT			
							OPPOSE			
	STATE ZIP		Identify the controlling office	holder, candid	late, or state m	easure propo	nent, if any.			
Tracy	GII 75576		NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT					
by you or are primarily fo	any committees ormed to receive		OFFICE SOUGHT OR HELD		ľ	DISTRICT NO. IF	ANY			
I.D. NUMBER					1.,,					
CONTROLLE	O COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	lidate/Office	eholder Con committee is pr	nmittee List	names of			
YES	□ NO									
(NO P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHI OK HELD	SUPPORT OPPOSE			
ZIP CODE A	REA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE			
I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT			
					1		OPPOSE			
	Tracy this Statement: List by you or are primarily for your candidacy. I.D. NUMBER CONTROLLED YES (NO P.O. BOX)	Tracy CA 95376 this Statement: List any committees by you or are primarily formed to receive your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? YES NO (NO P.O. BOX) ZIP CODE AREA CODE/PHONE	Tracy CA 95376 this Statement: List any committees by you or are primarily formed to receive your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? YES NO (NO P.O. BOX) ZIP CODE AREA CODE/PHONE	Tracy CA 95376 CA 95376 Chis Statement: List any committees by you or are primarily formed to receive your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? YES NO (NO P.O. BOX) CODE AREA CODE/PHONE Identify the controlling office NAME OF OFFICEHOLDER, CANDERS OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD 7. Primarily Formed Cander officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR	Ind district number if applicable) REET) CITY STATE ZIP Tracy CA 95376 Chis Statement: List any committees by you or are primarily formed to receive your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? YES NO (NO P.O. BOX) IND. NUMBER 7. Primarily Formed Candidate/Office officeholder(s) or candidate(s) for which this in NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	Identify the controlling officeholder, candidate, or state model in the controlling officeholder, c	Identify the controlling officeholder, candidate, or state measure proportions. Statement: List any committees by you or are primarily formed to receive your candidacy. I.D. NUMBER			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA 46 Statement covers period from 10/18/2020

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OFF INOTIONS ON DEVEDSE	through	Page of
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER
NAME OF FILER		
Jennifer Bilbrey for Mayor 2020		1434169

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	\$\frac{0}{0}\$ \$\frac{0}{17.00}\$ \$\frac{17.00}{17.00}\$	\$\frac{1,417.00}{0}\$ \$\frac{1,417.00}{1,259.33}\$ \$\frac{2,676.33}{1}\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$					
Expenditures Made 6. Payments Made	\$\frac{1,400.00}{0}\$ \$\frac{1,400.00}{0}\$ \$\frac{1,400.00}{0}\$ \$\frac{17.00}{1,417.00}\$	\$\frac{1,400.00}{0}\$ \$\frac{1,400.00}{0}\$ \frac{0}{17.00}\$ \$\frac{1,417.00}{0}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)					
Current Cash Statement 12. Beginning Cash Balance	\$\frac{1,417.00}{0} \frac{0}{0} \frac{1,417.00}{0} \$\$\frac{0}{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 may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)					

Schedu Nonmo	le C netary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers period from 10/18/2020			CALIFORNIA 460		
	CTIONS ON REVERSE				thro	ough 02/01/2021		Page 4	of		
Jennifer Bil	ER brey for Mayor 2020							1434169			
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)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	DA CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)		
11/01/20 20	Bennie Barker Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Contractor SASCO	Sign Supplies		17.00	1,259.33		1,259.33		
		□ IND □ COM □ OTH □ PTY □ SCC									
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC									
		☐IND ☐COM ☐OTH ☐PTY ☐SCC									
Attach ad	ditional information on appropriately labeled	l continuation	sheets.	SUBT	OTAL	\$ _{1,259.33}					
1. Amount (Include	e C Summary received this period – itemized nonmoneta e all Schedule C subtotals.)		•••••			17.00 0	IND COI OTH PTY	other the d – Other (e e – Political	nt Committee nan PTY or SCC) e.g., business entity)		

3. Total nonmonetary contributions received this period.

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

SCC - Small Contributor Committee

Scł	nedu	ıle	E
Pay	/me	nts	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from	FORM 400
through <u>02/01/2021</u>	Page of
1,1,10,10,100 Ann	I.D. NUMBER
	1434169

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jennifer Bilbrey for Mayor 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 petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* LEG legal defense

professional services (legal, accounting) PRT print ads

TSF transfer between committees of the same candidate/sponsor VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	CODE OR DESCRIPTION OF PAYMENT		
Robert & Nicole Rocha PO Box 444 Tracy, CA 95378	RFD	Returned Contribution	1,000.00	
Dr. Hong K. Kim, MD PO Box 993 Tracy, CA 95378	RFD	Returned Contribution	300.00	
Jennifer Bilbrey Tracy, CA 95376	RFD	Returned Contribution	100.00	

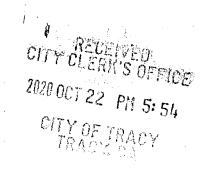
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1 Itemized nav	ments made this period. (Include all Schedule E subtotals.)\$	1,400.00
, ,		0
Unitemized p	payments made this period of under \$100\$	
3. Total interes	t paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0
4. Total payme	nts made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	1,400.00

1.400.00



Ca	ecipient Committee Impaign Statement Over Page	nmittee atement				CALIFORNIA 460		
	-	Statement covers period from 9/20/2020	Date of election if applicable: (Month, Day, Year)		Pa	ge1 of4 For Official Use Only		
SEE	INSTRUCTIONS ON REVERSE	through 10/17/2020	November 3, 2020					
1.	Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:					
	State Candidate Election Committee Recall (Mso Compiler Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Uso Complete Part 6) rimarily Formed Candidate/ officeholder Committee Uso Complete Part 7)		ermination)	Quarterly Special O	Statement 1d-Year Report		
3.	Committee Information	D. NUMBER	Treasurer(s)					
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	· · · · · ·	NAME OF TREASURER					
	Jennifer Bilbrey for Mayor 2020	Bennie Barker			·			
			MAILING ADDRESS					
	STREET ADDRESS (NO P.O. BOX)			STATE	ZIP CODE	AREA CODE/PHONE		
	STREET ABBRESS (NOTION BOX)		Tracy	CA	95376	AKENOOBBITIONE		
_	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		70070			
	Tracy CA 9537	6						
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS					
	CITY STATE ZIP CO	DE AREA CODE/PHONE	СІТҮ	STATE	ZIP CODE	AREA CODE/PHONE		
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS				
	Verification I have used all reasonable diligence in preparing and reviewle certify under penalty of perjury under the laws of the State of Executed on 10 10 10 20 Executed on 10 10 10 10 10 10 10 10 10 10 10 10 10	California that the foregoing is true and By	Correct.	oponent or responsible Officer		es is true and complete. I		
	Date	-,	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	·			
	Executed onDate	ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		EDDC Corm 460 /Jon /2016\\		

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
CALIFORNIA 460
FORM
Page 2 of 4

Officeholder or Candidate Controlled Committee				6.	Primarily Formed Ballo	t Measure C	Committee			
NAME OF OFFICEHOLDER	OR CANDIDATE				NAME OF BALLOT MEASURE					
Jennifer Bilbrey	•									
OFFICE SOUGHT OR HELD	FFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				BALLOT NO. OR LETTER	JURISDICTIO	N	1 -	☐ SUPPORT	
Tracy Mayor						<u> </u>				
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY Tracy		95376		Identify the controlling office	holder, candid	late, or state measure	propone	ent, if any.		
	1	racy CA	953/6		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT			
not included in this statem	Not Included in this State ent that are controlled by you or enditures on behalf of your candi	are primarily formed to			OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF A	ANY	
COMMITTEE NAME		I.D. NUMBER								
NAME OF TREASURER	STREET ADDRESS (NO P.O. B	CONTROLLED COMM		7.	Primarily Formed Canc officeholder(s) or candidate(s)	for which this	eholder Committe committee is primarily OFFICE SOUGHT OR	formed.		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. B	(OX)			Jennifer Bilbrey		Mayor		SUPPORT OPPOSE	
CITY	STATE ZIP CO		DDE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT	
COMMITTEE NAME		I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE	
NAME OF TREASURER		CONTROLLED COMM			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. E		ODE/PHONE		Atta	nch continuatio	on sheets if necessary	y		

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

Campaign	Disclosure	Statement
Summary !	Page	

Amounts may be rounded to whole dollars.

Statement covers period from Sept 20,2020 CALIFORNIA 460

through Oct. 17,2020 Page 3 of 5

SUMMARY PAGE

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SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Jennifer Bilbrey for Mayor 2020 Calendar Year Summary for Candidates Column B CALENDAR YEAR TOTAL TO DATE Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Contributions Received Running in Both the State Primary and General Elections 1,417.00 1,317.00 1. Monetary Contributions...... Schedule A, Line 3 1/1 through 6/30 0 0 Loans Received Schedule B, Line 3 20. Contributions 1,317.00 1,417.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received 1,242.33 1,242.33 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 2,659.33 2,559.33 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** Candidates 6. Payments Made..... Schedule E, Line 4 0 0 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made* 0 0 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (if Subject to Voluntary Expenditure Limit) 0 0 Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 0 0 10. Nonmonetary Adjustment......Schedule C, Line 3 s .0 0 11. TOTAL EXPENDITURES MADE **Current Cash Statement** 100.00 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, 1,317.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 0 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 0 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may <u>1,4</u>17.00 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See Instructions on reverse FPPC Form 460 (Jan/2016)) 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A			its may be rounded		SCHEDULE A			
Monetary Contributions Received		to	whole dollars.	Statement cov	•	FORNIA 460		
,						F	FORM TOO	
SEE INSTRUCTION	ONS ON REVERSE					Page	. 4, of	
NAME OF FILER				,		I,D, N	UMBER	
Jennifer Bilb	rey for Mayor 2020							
	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	O DATE	PER ELECTION	
DATE	CONTRIBUTOR	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER	RECEIVED THIS	CALENDAR Y		TO DATE	
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	(IF SELF-EMPLOYED, ENTER NAME	PERIOD	(JAN. 1 - DEC. 31)		(IF REQUIRED)	
10/09/2020	Robert Rocha	☑ IND	Self Employed	1,000.00	1,000.00		1,000.00	
	Nicole Rocha	□сом □отн						
	Nicole Rocha	PTY			1			
	田	□scc						
		□IND			1			
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		·	SUBTOTAL	\$				
Schedule	A Summary				(*Coi	ntributor	Codes	
					,, ,	– Individ		
I, Amount re	eceived this period – Itemized monetary contributions II Schedule A subtotals.)	•	\$ ¹ ,	000.00	COM		pient Committee or than PTY or SCC)	
(IIIGIGGE a	iii Concadie / Caustotala.)				ОТН		r (e.g., business entity)	
2. Amount re	eceived this period – unitemized monetary contribution	ns of less tha	ın \$100\$	17.00	PTY	/ → Politic	cal Party	
					sco	J → Smal	Contributor Committee	
Total mon	etary contributions received this period.		1.	317.00			DO F 4CO (1 (2045))	
(Add Line	s 1 and 2. Enter here and on the Summary Page, Co	iumn A, Line	1.)IOIAL \$ =		EDDC Advices adv		PC Form 460 (Jan/2016)) oc.ca.gov (866/275-3772)	
					FFFC MUVICE: BUV	.ce@.ht	www.fppc.ca.gov	
							• • • •	

Schedule C Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers period from Sept 20,2020			CALIFORNIA 460		
	CTIONS ON REVERSE				through Oct 17, 2020			Page 5 of 5		
Jennifer Bil	ER brey for Mayor							I,D. NUM	BER	
DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTE, ALSO ENTER 1.D. NUMBER)		CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) DESCRIPTION OF GOODS OR SERV				CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
10/09/20 20	Bennie Barker Tracy Ca 95376	☑IND □COM □OTH □PTY □SCC	Contractor SASCO	Campaign signs		\$1,242.33 \$1,242.		3	\$1,242.33	
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach ad	Iditional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$ 1,242.33				
Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)								al ent Committee han PTY or SCC) e.g., business entity) Party		
3. Total no (Add Li	onmonetary contributions received this periones 1 and 2. Enter here and on the Summa	d. y Page, Colu	mn A, Lines 4 and 10.)	тот	AL\$.		Advice: adv		Form 460 (Jan/2016)) a.gov (866/275-3772) www.fppc.ca.gov	

Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460 FORM of 4
	Statement covers period from 07/01/2020	Date of election if applicable: (Month, Day, Year)	2020 SEP 22 A	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>09/19/2020</u>	November 3, 2020	CITY OF TR	(ACY
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	IRAGY,	E.A.
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	et Ermination)	Quarterly Statement Special Odd-Year Report
3. Committee Information	D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Jennifer Bilbrey for Mayor 2020		Bennie Barker		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE
STREET ADDRESS (NO F.S. BOX)		Tracy	CA	95376
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
Tracy CA 9533	76			= -
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	X	MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification I have used all reasonable diligence in preparing and review	ing this statement and to the best of my	knowledge the information contained	d herein and in the attacl	hed schedules is true and complete. I
certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and	d correct.		
Executed on 9/21/2020	Ву	/		
Date Date	_,	Cionatura of Transpurer or Assistar	nt Treasurer	
Executed on	By Signature of Con	ntrolling Officeholder Candidate, State Measure P	roponent or Responsible Officer	of Sponsor
Executed on	Ву	Oi to Contailing Official day On didate	State Maggire Propagat	
Date	-	Signature of Controlling Officeholder, Candidate,	State ivicasure Proportent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

FPPC Form 460 (Jan/2016))

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

COVE	R PAGE - PART 2
CALIFORM FORM	NIA 460
Page 2	of <u>4</u>

Officeholder or Candidate Controlled Committee			Primarily Formed Ballo	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Jennifer Bilbrey				JURISDICTION	ON	
OFFICE SOUGHT OR HELD (INCLUDE LOCA	TION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT OPPOSE
Tracy Mayor						
RESIDENTIAL/BUSINESS ADDRESS (NO. A	ND STREET) CITY STATE ZIP		Identify the controlling office	eholder, candi	date, or state measure p	roponent, if any.
	Tracy CA 95376		NAME OF OFFICEHOLDER, CA			
Related Committees Not Include not included in this statement that are contributions or make expenditures on below.	d in this Statement: List any committees trolled by you or are primarily formed to receive half of your candidacy.		OFFICE SOUGHT OR HELD	and the second s	DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
		7	Primarily Formed Can	didate/Offic	eholder Committee	List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	• • •	officeholder(s) or candidate(s) for which this	committee is primarily fo	rmed.
	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	ELD _
COMMITTEE ADDRESS STREET ADD	ORESS (NO P.O. BOX)				Marror	✓ SUPPORT
			Jennifer Bilbrey		Mayor	OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT
	DRESS (NO P.O. BOX)				ion objects if possessary	
CITY	STATE ZIP CODE AREA CODE/PHONE		Att	acn continuat	ion sheets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{07/01/2020}{}$	california 460				
through 09/19/2020	Page _3 of _4				
	I.D. NUMBER				

Jennifer Bilbrey for Mayor 2020						
Contributions Received	(F	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sun Running in Both th General Elections	nmary for Candidates ne 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	\$ \$	100.00 0 100.00 0 100.00	\$ \$	100.00 0 100.00 0 100.00	20. Contributions Received \$ 21. Expenditures	through 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 8. Schedule F, Line 3 11. TOTAL EXPENDITURES MADE 8. Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) 9. Schedule F, Line 3 11. TOTAL EXPENDITURES MADE 12. Add Lines 8 + 9 + 10		0 0 0 0 0	\$	0 0 0 0 0	Candidates 22. Cumulat	Summary for State tive Expenditures Made* to Voluntary Expenditure Limit) Total to Date \$
Current Cash Statement 12. Beginning Cash Balance	\$	100.00 0 100.00	A au of au b sl sl p th fii	o calculate Column B, dd amounts in Column to the corresponding mounts from Column B if your last report. Some mounts in Column A may e negative figures that hould be subtracted from revious period amounts. If his is the first report being led for this calendar year, nly carry over the amounts om Lines 2, 7, and 9 (if ny).	*Amounts in this section reported in Column B.	may be different from amounts
 18. Cash Equivalents		0			FPPC Advice: a	FPPC Form 460 (Jan/2016)) dvice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

Monetary Contributions Received		to	whole dollars.	from <u>07/01/2020</u>			CALIFORNIA 460 FORM Page 4 of 4	
SEE INSTRUCTION	ONS ON REVERSE			through <u>09/19/20</u>	120	Page _		
NAME OF FILER Jennifer Bilbi	rey for Mayor 2020					I.D. NUI	MBER	
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)	
	Jennifer Bilbrey Tracy, CA 95376	✓ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Member Services Tracy Golf & Country Club	100.00				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL	\$		1		
Amount re (Include a	A Summary eceived this period – itemized monetary contribution II Schedule A subtotals.)		······································	0.00	IND COI OTI PT	other) I – Other (Y – Politica	al ent Committee than PTY or SCC) e.g., business entity)	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, 0			00.00	FPPC Advice: adv		C Form 460 (Jan/2016)) .ca.gov (866/275-3772)	