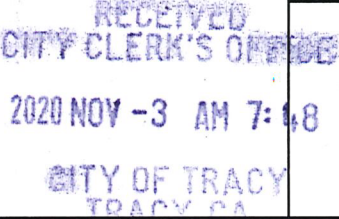


# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER DAN ARRIOLA FOR TRACY MAYOR 2020			Date of This Filing 11/03/2020	Date Stamp  	<b>CALIFORNIA FORM 497</b>  For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1431604		Report No. 2020-06		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY TRACY	STATE CA	ZIP CODE 95376	No. of Pages 1 OF 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
11/02/2020	NORTH VALLEY LABOR FEDERATION 555 CAPITOL MALL, SUITE 400 SACRAMENTO, CA 95814 (FPPC #: 1328933)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,000.00  <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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER DAN ARRIOLA FOR TRACY MAYOR 2020		Date of This Filing 10/22/2020	Date Stamp 2020 OCT 22 PM 3:33	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)	Report No. 2020-05		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY TRACY	STATE CA	ZIP CODE 95376	No. of Pages 1 OF 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
10/21/2020	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	QUALITY DIRECTOR, TOSHIBA	\$ 2,500.00  <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
10/21/2020	ANMOL & SURJIT MAHAL [REDACTED] FREMONT, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DOCTORS, SELF-EMPLOYED (MEDICAL ASSOCIATES OF FREMONT, INC.)	\$ 2,500.00  <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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

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 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER DAN ARRIOLA FOR TRACY MAYOR 2020		Date of This Filing 10/20/20	Date Stamp RECEIVED CITY CLERK'S OFFICE 2020 OCT 20 PM 1:59 CITY OF TRACY TRACY, CA	<b>CALIFORNIA FORM 497</b> <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1431604	Report No. _____		
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. 2020-04 <small>(explain below)</small>		
CITY TRACY	STATE CA	ZIP CODE 95376	No. of Pages 1 OF 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
10/16/2020	ALYCE EVERSOLE [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	RETIRED, RETIRED	\$ 500.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
09/23/2020	ALYCE EVERSOLE [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	RETIRED, RETIRED	\$ 100.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
09/09/2020	ALYCE EVERSOLE [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	RETIRED, RETIRED	\$ 500.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

\* 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

Reason for Amendment: 09/23/20 CONTRIBUTION WAS BELIEVED TO BE A REFUNDED PAYMENT, BUT AFTER REVIEW, IT WAS DETERMINED TO BE A CANCELED RECURRING PAYMENT.

**497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER DAN ARRIOLA FOR TRACY MAYOR 2020		Date of This Filing 10/19/20	Date Stamp <b>RECEIVED</b> CITY CLERK'S OFFICE 2020 OCT 19 PM 2:18 CITY OF TRACY TRACY, CA	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1431604	Report No. 2020-04		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY TRACY	STATE CA	ZIP CODE 95376	No. of Pages 1 OF 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
10/16/2020	ALYCE EVERSOLE [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	RETIRED, RETIRED	\$ 500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/09/2020	ALYCE EVERSOLE [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	RETIRED, RETIRED	\$ 500.00  <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

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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER DAN ARRIOLA FOR TRACY MAYOR 2020			Date of This Filing 10/15/2020	Date Stamp 2020 OCT 15 PM 4:03 CITY OF TRACY, CA	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1431604		Report No. 2020-03		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1 OF 1	
CITY TRACY	STATE CA	ZIP CODE 95376			

## 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	SHEET METAL WORKERS LOCAL NO. 104 2610 CROW CANYON RD., STE. 300 SAN RAMON, CA 94583 (FPPC #: 850381)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/15/2020	SHAREEF EL-SISSI [REDACTED] FREMONT, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGEMENT, EDEN ENTERPRISES	1,000.00  <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

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

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 SCC - Small Contributor Committee

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER DAN ARRIOLA FOR TRACY MAYOR 2020			Date of This Filing 10/05/2020	Date Stamp RECEIVED CITY CLERK'S OFFICE 2020 OCT -5 PM 1:40 CITY OF TRACY TRACY, CA	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1431604		Report No. 2020-02		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY TRACY	STATE CA	ZIP CODE 95376			

## 1. Contribution(s) Received

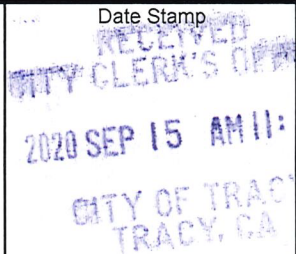
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/04/2020	RONI ROBERTS [REDACTED] OAKDALE, CA 95361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, GUARANTY HOLDINGS OF CALIFORNIA INC.	2,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/04/2020	TAJINDER KAUR [REDACTED] TRACY, CA 95304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SA FARMS	5,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/04/2020	SINGH FARMS INC. [REDACTED] MANTECA, CA 95337	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

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

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# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER DAN ARRIOLA FOR TRACY MAYOR 2020		Date of This Filing 09/15/2020	Date Stamp 	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) PENDING	Report No. 2020-01		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY TRACY	STATE CA	ZIP CODE 95376	No. of Pages 1 OF 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
09/14/2020	LANCE WAITE [REDACTED] ENCINITAS, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRINCIPAL, INTEGRAL COMMUNITIES	1,250.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/14/2020	JOHN STANEK [REDACTED] NEWPORT BEACH, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRINCIPAL, INTEGRAL COMMUNITIES	1,250.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/14/2020	CHARLES EVAN KNAPP [REDACTED] NEWPORT BEACH, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRINCIPAL, INTEGRAL COMMUNITIES	1,250.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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

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 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER DAN ARRIOLA FOR TRACY MAYOR 2020			Date of This Filing 09/15/2020	Date Stamp RECEIVED CITY CLERK'S OFFICE 2020 SEP 15 AM 11:40 CITY OF TRACY TRACY, CA	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) PENDING		Report No. 2020-01		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY TRACY	STATE CA	ZIP CODE 95376			

## 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
09/14/2020	CRAIG MANCHESTER [REDACTED] NEWPORT BEACH, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGING PARTNER, INTEGRAL COMMUNITIES	1,250.00 <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: \_\_\_\_\_

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 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee