Amounts may be rounded to whole dollars.

NAME OF FILER DAN ARRIOLA FO	OR TRACY MAYOR 2020	Date of This Filing 11	/03/2020	Date Stamp CALIFORNIA FORM 497			
AREA CODE/PHONE NU	MBER I.D. NUMBER (if applicable) 1431604	Report No. 20	20-06	RECEIVED For Official Use Only CITY CLERK'S OFFICE			
STREET ADDRESS  CITY  TRACY	STATE ZIP CODE CA 95376	Amendment to Report No. (explain below)  No. of Pages	1 OF 1	2020 NOV -3 AM 7: 48			
1. Contribution(	s) Received						
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ГOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED		
11/02/2020	NORTH VALLEY LABOR FEDERATION 555 CAPITOL MALL, SUITE 400 SACRAMENTO, CA 95814 (FPPC #: 1328933)		☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$ 1,000.00  Check if Loan  % Provide interest rate		
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan		
		×	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan		
Reason for Amendn	nent:			* Contributor Codes IND - Individual COM - Recipient Committee (other OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee			

NAME OF FILER DAN ARRIOLA FO	R TRACY MAYOR 202	0		Date of 10	Date Stamp CALIFO	ORNIA 497	
AREA CODE/PHONE NUM	MBER	I.D. NUMBER (if applica	ble)	Report No. 2020-05		RECEIVE FOR	Official Use Only
CITY STATE ZIP CODE TRACY CA 95376			☐ Amendmen to Report No. (explain below)  No. of Pages	1 OF 1	2020 OCT 22 PN 3: 33  OTY OF TRACY TRACY CA		
1. Contribution(s	s) Received						
DATE RECEIVED	FULL NAME,	STREET ADDRESS A	ND ZIP CODE OF CONTI NTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/21/2020	JASBIR S. TATLA SUNNYVALE, CA 940	085			☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	QUALITY DIRECTOR, TOSHIBA	\$ 2,500.00  Check if Loan  Provide interest rate
10/21/2020	ANMOL & SURJIT M FREMONT, CA 94539				☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	DOCTORS, SELF-EMPLOYED (MEDICAL ASSOCIATES OF FREMONT, INC.)	\$ 2,500.00  Check if Loan  Provide interest rate
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan
Reason for Amendm	ent:					* Contributor Codes IND - Individual COM - Recipient Committee (other OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee	

Amounts may be rounded to whole dollars.

NAME OF FILER DAN ARRIOLA FOR TRACY MAYOR 2020			Date of This Filing	20/20	Date Stamp CALIFORNIA		197	
AREA CODE/PHONE N		I.D. NUMBER (if applica 1431604	ble)	Report No	G	TY CLERK'S OFFICE	FORM For Official Use 0	Only
STREET ADDRESS CITY TRACY		STATE CA	ZIP CODE 95376	Amendment to Report No. (explain below)  No. of Pages _	2020-04 1 OF 1	CITY OF TRACY TRACY, CA	. '	
1. Contribution	(s) Received							
DATE RECEIVED	FULL NAME	E, STREET ADDRESS A (IF COMMITTEE, ALSO E	ND ZIP CODE OF CONTRIBU ENTER I.D. NUMBER)	ITOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMF (IF SELF-EMPLOYED, ENTER NAME OF		
10/16/2020	ALYCE EVERSOLE Tracy, CA 95376				☑ IND □ COM □ OTH □ PTY □ SCC	RETIRED, RETIRED	\$ 500.00	if Loan
09/23/2020	ALYCE EVERSOLE Tracy, CA 95376				☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED, RETIRED	\$ 100.00	if Loan
09/09/2020	ALYCE EVERSOLE Tracy, CA 95376				☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED, RETIRED	\$ 500.00	if Loan %
	Iment: 09/23/20 CONTRI				NT, BUT	* Contributor Codes IND - Individual COM - Recipient Commit OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor	ess entity)	or SCC)

### **497 Contribution Report** Amounts may be rounded to whole dollars. NAME OF FILER **CALIFORNIA** Date of 10/19/20 This Filing DAN ARRIOLA FOR TRACY MAYOR 2020 **FORM** AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) Report No. <u>2020-04</u> For Official Use Only 1431604 STREET ADDRESS ☐ Amendment to Report No.

STATE

CA

ZIP CODE

95376

(explain below)

No. of Pages -

1 OF 1

### 1. Contribution(s) Received

Reason for Amendment: \_

CITY

TRACY

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
10/16/2020	ALYCE EVERSOLE Tracy, CA 95376	✓ IND  ☐ COM  ☐ OTH  ☐ PTY  ☐ SCC	RETIRED, RETIRED	\$ 500.00  Check if Loan  Provide interest rate
09/09/2020	ALYCE EVERSOLE Tracy, CA 95376	IND COM OTH PTY SCC	RETIRED, RETIRED	\$ 500.00  Check if Loan  Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan % Provide interest rate

\* 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

Amounts may be rounded to whole dollars.

NAME OF FILER DAN ARRIOLA FO	OR TRACY MAYOR 20:	20	*	Date of 10 This Filing	/15/2020	Date Stamp	CALIFO FOR	
AREA CODE/PHONE NU	MBER	I.D. NUMBER (if applicable) 1431604		Report No. 20	20.00	DCT 15 PM 4:03	For	Official Use Only
CITY TRACY			ZIP CODE 95376	☐ Amendmento Report No. (explain below)  No. of Pages	1 OF 1	TY OF TRACY TRAGY, GA		
1. Contribution(s	s) Received						*	
DATE RECEIVED	FULL NAME	, STREET ADDRESS AND Z (IF COMMITTEE, ALSO ENTER		ΓOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME O		AMOUNT RECEIVED
10/14/2020	SHEET METAL WOO 2610 CROW CANYO SAN RAMON, CA 94 (FPPC #: 850381)		04		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			2,000.00  Check if Loan  % Provide interest rate
10/15/2020	SHAREEF EL-SISSI FREMONT, CA 9453	9			☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MANAGEMENT, EDEN ENTERPRISES		1,000.00  Check if Loan  Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
Reason for Amendm	nent:					* Contributor Codes IND - Individual COM - Recipient Comm OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributo	ness entity)	

#### Amounts may be rounded to whole dollars. **497 Contribution Report** Date Stamp NAME OF FILER **CALIFORNIA** Date of 10/05/2020 DAN ARRIOLA FOR TRACY MAYOR 2020 This Filing **FORM** AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) Report No. \_\_\_\_ For Official Use Only 1431604 STREET ADDRESS ☐ Amendment to Report No. (explain below) STATE ZIP CODE CITY 1 OF 1 No. of Pages . TRACY CA 95376 1. Contribution(s) Received IF AN INDIVIDUAL, FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR ENTER OCCUPATION AND EMPLOYER **AMOUNT** DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE\* (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RECEIVED RECEIVED **IND** RONI ROBERTS SELF-EMPLOYED, 2,000.00 ☐ COM **GUARANTY HOLDINGS OF** 10/04/2020 □ OTH ☐ Check if Loan OAKDALE, CA 95361 CALIFORNIA INC. ☐ PTY □ scc Provide interest rate **▼** IND

TAJINDER KAUR

TRACY, CA 95304

SINGH FARMS INC.

MANTECA, CA 95337

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

10/04/2020

10/04/2020

*	Conti	ribu	ıtor	(	C	des	,

IND - Individual

SELF-EMPLOYED,

SA FARMS

☐ COM

☐ OTH

☐ PTY □ scc

☐ COM

**▼** OTH

☐ PTY □ scc

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

5,000.00

5,000.00

☐ Check if Loan

Provide interest rate

☐ Check if Loan

Provide interest rate

Amounts may be rounded to whole dollars.

NAME OF FILER DAN ARRIOLA FO	OR TRACY MAYOR 20	20	Date of This Filing	09/15/2020	Date Stamp  CALIFORNIA FORM  For Official Use Only		
AREA CODE/PHONE NU	IMBER	I.D. NUMBER (if applicable) PENDING	Report No.	2020-01	2020 SEP 15 AM 11: 40 For	Official Use Only	
CITY TRACY		STATE ZIP CODE CA 95376	Amendmento Report No (explain below) No. of Page:	1 OF 2	CHTY OF TRACY	). ).	
1. Contribution(	s) Received						
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AND ZIP CODE ( (IF COMMITTEE, ALSO ENTER I.D. NUMBE		CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
09/14/2020	LANCE WAITE ENCINITAS, CA 920	24		☑ IND □ COM □ OTH □ PTY □ SCC	PRINCIPAL, INTEGRAL COMMUNITIES	1,250.00  ☐ Check if Loan	
09/14/2020	JOHN STANEK NEWPORT BEACH,	CA 92660		✓ IND  ☐ COM ☐ OTH ☐ PTY ☐ SCC	PRINCIPAL, INTEGRAL COMMUNITIES	1,250.00  Check if Loan  Provide interest rate	
09/14/2020	CHARLES EVAN KN			✓ IND  ☐ COM ☐ OTH ☐ PTY ☐ SCC	PRINCIPAL, INTEGRAL COMMUNITIES	1,250.00  ☐ Check if Loan	
Reason for Amenda	nent:				* Contributor Codes IND - Individual COM - Recipient Committee (other OTH - Other (e.g., business entity PTY - Political Party SCC - Small Contributor Committee	)	

IAME OF FILER DAN ARRIOLA FO	R TRACY MAYOR 20	(9)		Date of O9/15/2020 This Filing		RECEIVED	FORM 497	
RFA CODF/PHONE NUI	ИВЕR	I.D. NUMBER (if applicant PENDING	ble)	Report No. 2020-01		2020 SEP 15 AM 11: 40	For Official Use Only	
STREET ADDRESS SITY TRACY		STATE CA	ZIP CODE 95376	Amendmen to Report No. (explain below)  No. of Pages	2 OF 2	CATY OF TRACY TRACY, GA		
1. Contribution(s	) Received							
DATE RECEIVED	FULL NAMI	E, STREET ADDRESS AI	ND ZIP CODE OF CONT	RIBUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYE (IF SELF-EMPLOYED, ENTER NAME OF BUSINE		
09/14/2020	CRAIG MANCHEST				✓ IND  ☐ COM ☐ OTH ☐ PTY ☐ SCC	MANAGING PARTNER, INTEGRAL COMMUNITIES	1,250.00  ☐ Check if Loan	
	» °				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan  ———————————————————————————————————	
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan	

Reason for Amendment: \_

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party

SCC - Small Contributor Committee

IND - Individual