497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER William Muetzenberg for City Council 2020			Date of This Filing		Date Stamp CALIFORNIA 497		
AREA CODE/PHONE NU	•	I.D. NUMBER (if applicate	h/a)			THEY CLEMES	DRM TO
AREA CODE/PHONE NO	WIDER	1429166	bie)	Report No			or Official Use Only
STREET ADDRESS				-		2020 SEP 28 AM 9: 00) '
STREET ADDRESS				☐ Amendmen	nt	STEW OF TOACH	
CITY		STATE	ZIP CODE	to Report No. (explain below)		CITY OF TRACY	
Tracy		CA	95376	No. of Pages	1	S Bergelon in	
1. Contribution(s	s) Received						
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AI (IF COMMITTEE, ALSO E	ND ZIP CODE OF CONTRIB ENTER I.D. NUMBER)	UTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/26/2020	Dotty Nygard				☑ IND	RN, Sutterhealth	\$1,100.00
03/20/2020	Tracy, CA 95376	_			OTH PTY SCC		☐ Check if Loan
					☐ SCC		Provide interest rate
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					scc		Provide interest rate
Reason for Amendn	nent:					* Contributor Codes IND - Individual COM - Recipient Committee (oth OTH - Other (e.g., business enti PTY - Political Party SCC - Small Contributor Committee	ty)
						300 - Small Contributor Commi	
			<u></u>			ED	PC Form 497 (Feb/2019)
						FPPC Advice: advice@fpp	

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497	Con	trib	ution	Report
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Amounts may be rounded to whole dollars.

NAME OF FILER William Muetenberg for City Council 2020		Date of Ostation Date of This Filing	9/30/2020	Date Stamp CALIFORNIA 497	
MBER	I.D. NUMBER (if applicable) 1429166	Report No. 2		2020 OCT - AM 9: 50	Official Use Only
	STATE ZIP CODE CA 95376	to Report No. (explain below)	1	TRACY, CA	
s) Received		-			
FULL NAM	ME, STREET ADDRESS AND ZIP CODE OF CON' (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
FPPC#780657 555 Capitol Mall, S	Suite 400	tee (CNA-PAC)	☐ 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
nent:				OTH - Other (e.g., business entity) PTY - Political Party	
	S) Received FULL NAM California Nurses FPPC#780657 555 Capitol Mall, 9	I.D. NUMBER (if applicable) 1429166 STATE ZIP CODE CA 95376 S) Received FULL NAME, STREET ADDRESS AND ZIP CODE OF CON' (IF COMMITTEE, ALSO ENTER I.D. NUMBER) California Nurses Association Political Action Commit FPPC#780657 555 Capitol Mall, Suite 400 Sacramento, CA 95814	This Filing On This Filing II.D. NUMBER (If applicable) 1429166 MBER	This Filling I.D. NUMBER (frapplicable) 1429166	### Pry Scc Screen Scree

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497 Contribu	ution Report Amou	nts may be rounded to	whole dollars.		
NAME OF FILER William Muetzen	berg	Date of 1	0/22/2020	Date Stamp CALIFO	
AREA CODE/PHONE N	UMBER (if applicable) 1429166	Report No. 3		For	Official Use Only
STREET ADDRESS CITY Tracy	STATE ZIP CODE CA 95376	(explain below)	nt	TRACK	
1. Contribution	(s) Received			33 3	56
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER LD. NUMBER)	NTRIBUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/21/20	Miraliit Kaler Tracy, CA 95304		☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$3,000.00 Check if Loan Provide interest rate
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
Reason for Amend	ment:			* Contributor Codes IND - Individual COM - Recipient Committee (other OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee	

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497 Contribution R	e	pc	ort
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NAME OF FILER William Muetzent	erg for City Council 2020	,	Date of 10	0/30/2020		LIFORNIA 497
AREA CODE/PHONE NU		(if applicable)	Report No. 4	2	2020 OCT 30 PM 4: 27	For Official Use Only
CITY Tracy		TATE ZIP CODE CA 95376	☐ Amendmen to Report No. (explain below) No. of Pages	1	TRACY, CA	
1. Contribution(s) Received		*			
DATE RECEIVED		DRESS AND ZIP CODE OF CONTRIBU' EE, ALSO ENTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYE (IF SELF-EMPLOYED, ENTER NAME OF BUSINE	
10/29/2020	Teamsters Joint Council 25 Louisiana Avenue NV Washington, DC 20001-2		ee	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	FEC ID#C00032979	\$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 Amendr	nent:	• ,	1		* Contributor Codes IND - Individual COM - Recipient Committee (OTH - Other (e.g., business e PTY - Political Party SCC - Small Contributor Com	ntity)

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