

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

REC'D TRACY CITY CLERK 28 MAR 2024 PM1:36

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) **ARRIOLA** DANIEL **TAVARES** 1. Office, Agency, or Court Agency Name (Do not use acronyms) CITY OF TRACY Division, Board, Department, District, if applicable Your Position CITY COUNCIL **COUNCIL MEMBER** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: EAST BAY COMMUNITY ENERGY Position: ALTERNATE 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County ALAMEDA & SAN JOAQUIN COUNTIES County of City of TRACY Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left _____/_ December 31, 2023. (Check one circle.) -or-☐ The period covered is January 1, 2023, through the date The period covered is ______, through of leaving office. December 31, 2023. Assuming Office: Date assumed _____/____ The period covered is ____ the date of leaving office. Candidate: Date of Election ____ and office sought, if different than Part 1: ____ 4. Schedule Summary (required) ► Total number of pages including this cover page: 2 Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached Or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 333 CIVIC CENTER PLAZA TRACY CA 95376 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (209) 362-0292 DAN.ARRIOLA@CITYOFTRACY.ORG I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct Date Signed 03/28/2024 Signature

(File the originally signed paper statement with your hing official.)

CALIFORNIA FORM	
Name	
DANIEL TAVARES AF	RRIOLA

- · Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization
 or the "Speech" box if you made a speech or participated in a panel. Per Government Code
 Section 89506, these payments may not be subject to the gift limit. However, they may result
 in a disqualifying conflict of interest.
- · For gifts of travel, provide the travel destination.

NAME OF SOURCE (Not an Acronym) CALIFORNIA TEACHERS ASSOCIATION ADDRESS (Business Address Acceptable) 1705 MURCHISON DRIVE CITY AND STATE BURLINGAME, CA 94010 □ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE EDUCATORS LABOR UNION DATE(S): 10 / 26 / 23 10 / 29 / 23 AMT: \$ 507.63 ■ MUST CHECK ONE: □ Gift -or- ■ Income ■ Made a Speech/Participated in a Panel
1705 MURCHISON DRIVE CITY AND STATE BURLINGAME, CA 94010 ☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE EDUCATORS LABOR UNION DATE(S): 10, 26, 23
BURLINGAME, CA 94010 ☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE EDUCATORS LABOR UNION DATE(S): 10 / 26 / 23
EDUCATORS LABOR UNION DATE(S): 10 , 26 , 23
► MUST CHECK ONE: ☐ Gift -or- ■ Income
1
Made a Speech/Participated in a Panel
5-53 PG 2020 - FOSE P
Other - Provide Description
▶ If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/
► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel
Other - Provide Description
► If Gift, Provide Travel Destination
in a paratelementation (description of testablishes)

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NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

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ARRIOLA	DANIEL		TAVAR	
1. Office, Agency, or Court				08799
Agency Name (Do not use acronyms) CITY OF TRACY				
Division, Board, Department, District, if applicable		Your Position		
CITY COUNCIL		COUNCIL MEME	BER	
► If filing for multiple positions, list below or on an	attachment. (Do not use	acronyms)		
Agency: EAST BAY COMMUNITY ENER	RGY	Position: ALTERNA	ATE	
2. Jurisdiction of Office (Check at least one	e box)			
State		Judge, Retired Judge (Statewide Jurisdiction		ge, or Court Commissioner
Multi-County ALAMEDA & SAN JOAQU	JIN COUNTIES	County of		
City of TRACY		O#		
2. Type of Statement (Cl. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,				
 Type of Statement (Check at least one be Annual: The period covered is January 1, 200 December 31, 2022. 		Leaving Office: Da	te Left	
The period covered is	/, through	☐ The period cover leaving office.	ed is January	1, 2022, through the date of
Assuming Office: Date assumed				, through
Candidate: Date of Election	and office sought, if	different than Part 1:		
4. Schedule Summary (required) Schedules attached Schedule A-1 - Investments – schedule att		f pages including this		9: 2 Positions – schedule attached
Schedule A-2 - Investments – schedule att		Schedule D - Income - Gifts		
Schedule B - Real Property – schedule att		Schedule E - Income - Gifts	– Travel Payı	nents - schedule attached
1000 A-1 1100 AB 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 W 127			
-or- None - No reportable interests on	any schedule			
5. Verification	de timo d		OTATE	710.0005
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
333 CIVIC CENTER PLAZA	TRACY		CA	95376
DAYTIME TELEPHONE NUMBER (209) 362-0292		EMAIL ADDRESS	VOETDAC)	/ ODC
I have used all reasonable diligence in preparing thin herein and in any attached schedules is true and of	is statement. I have review			
I certify under penalty of perjury under the laws			and correct.	//
Date Signed 03/14/2023 (month, day, year)	Sig	natur		

CALIFORNIA FORM	
Name	
DANIEL TAVARES AF	RRIOLA

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 Section 89506, these payments may not be subject to the gift limit. However, they may result
 in a disqualifying conflict of interest.
- · For gifts of travel, provide the travel destination.

Tot girls of travely provide the travel accumums.	
► NAME OF SOURCE (Not an Acronym) LEAGUE OF CALIFORNIA CITIES	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 1400 K STREET	ADDRESS (Business Address Acceptable)
CITY AND STATE SACRAMENTO, CA	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE ADVOCACY FOR CITIES & THEIR RESIDENTS	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 01 101 22 12 31 22 AMT: \$ 1,685.43	DATE(S):
▶ MUST CHECK ONE: ☐ Gift -or- ■ Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description Travel, meals, & lodging for volunteer services as a member of League of CA Cities	Other - Provide Description
▶ If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):/
► MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	

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ARRIOLA	DANI	EL		TAVARE	(-1 PM 3:2	9 347 4
1. Office, Agency,	or Court			est)	OF THAMP	
Agency Name (Do I	not use acronyms)	1		F.E	1 892. 10. 11. 11.	
Division, Board, Dep	artment, District, if applicable		Your Position			
CITY COUNCIL			COUNCIL	MEMBER		
EASTE	e positions, list below or on an attachm IAY COMMUNITY ENERGY DAQUIN COUNCIL OF GOVE		ВС	DARD MEMBER DARD ALTERNA		
2. Jurisdiction of	Office (Check at least one box)					
State			Judge, Retire (Statewide Ju	ed Judge, Pro Tem Jud urisdiction)	dge, or Court Commis	sioner
Multi-County			County of	SAN JOAQUIN		
City of TRAC				ST BAY COMMU	NITY ENERGY J	J.P.A.
3. Type of Stater	nent (Check at least one box)					
Annual: The p	eriod covered is January 1, 2021, throunber 31, 2021.	gh	Leaving Of	ffice: Date Left (Check one		
	eriod covered is	, through	☐ The per leaving	iod covered is January office.	1, 2021, through the	date of
Assuming Office	ce: Date assumed/			of leaving office.	<u></u> ,	through
Candidate: Da	te of Election a	nd office sought,	if different than Part	1:		
4. Schedule Sum Schedules at		fotal number	of pages includi	ng this cover pag	ye:\	1
Schedule A-	1 - Investments - schedule attached		Schedule C - Incom	ne, Loans, & Business	Positions - schedule	attached
Schedule A-	2 - Investments - schedule attached	7 L		ne - Gifts - schedule		
Schedule B	- Real Property - schedule attached		Schedule E - Incon	ne – Gifts – Travel Paj	ments – schedule att	ached
-or- None - I	No reportable interests on any se	chedule				
5. Verification						
MAILING ADDRESS (Business or Agency Add	STREET ress Recommended - Public Document)	CITY		STATE	ZIP CODE	
333 CIVIC CEI		TRACY	,	CA	95376	
DAYTIME TELEPHONE N			EMAIL ADDRESS	OCITYOTTO: O	V 000	
(209) 362-0 I have used all reason	292 onable diligence in preparing this statem	ent. I have revier		d to the best of my kno		on contained
herein and in any at	tached schedules is true and complete.	I acknowledge	this is a public docum	nent.	0	0
I certify under pen-	alty of perjury under the laws of the	State of Californ	ia that the foregoing	g is true and correct.	//	1/
Date Signed	04/01/2022 (month, day, year)	Si	gnatur			
	V		1110	James y cagnou pupor citate	and omorally	



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Please type or print in ink. (MIDDLE) / APR NAME OF FILER (LAST) (FIRST) **ARRIOLA** DANIEL **TAVARES** 1. Office, Agency, or Court Agency Name (Do not use acronyms) CITY OF TRACY Division, Board, Department, District, if applicable Your Position CITY COUNCIL **COUNCIL MEMBER** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) **BOARD MEMBER**; EAST BAY COMMUNITY ENERGY: Agency: SAN JOAQUIN COUNCIL OF GOVERNMENTS Position: BOARD ALTERNATE 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of SAN JOAQUIN Multi-County City of TRACY Other EBCE J.P.A. 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2020, through Leaving Office: Date Left _ December 31, 2020. (Check one circle.) -or-☐ The period covered is January 1, 2020, through the date of The period covered is ____/__ leaving office. December 31, 2020. -or-The period covered is _ Assuming Office: Date assumed ____/_ the date of leaving office. Candidate: Date of Election ___ and office sought, if different than Part 1:_ Schedule Summary (must complete) ► Total number of pages including this cover page: 2 Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached Or- None - No reportable interests on any schedule 5. Verification STATE ZIP CODE MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) 333 CIVIC CENTER PLAZA TRACY CA 95376 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (209) 362-0292 DAN.ARRIOLA@CITYOFTRACY.ORG I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and comect. Date Signed 04/01/2021 Signature (month, day, year) VEIto the originally signed paper statement with your sing official.

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

Name

DANIEL ARRIOLA

▶	NAME OF BUSINESS ENTITY	▶	NAME OF BUSINESS ENTITY
	THE WALT DISNEY COMPANY		
	GENERAL DESCRIPTION OF THIS BUSINESS	1	GENERAL DESCRIPTION OF THIS BUSINESS
	MEDIA & ENTERTAINMENT	1	
	FAIR MARKET VALUE	ı	FAIR MARKET VALUE
	▼ \$2,000 - \$10,000	ı	\$2,000 - \$10,000 \$10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000	1	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	l	NATURE OF INVESTMENT
	Stock Other	l	Stock Other
	(Describe)	ı	(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	01 29 20 11 09 20	1	
_	ACQUIRED DISPOSED		ACQUIRED DISPOSED
•	NAME OF BUSINESS ENTITY	▶	NAME OF BUSINESS ENTITY
		l	OFFICE ALL DESCRIPTION OF THE SHOWERS
	GENERAL DESCRIPTION OF THIS BUSINESS	l	GENERAL DESCRIPTION OF THIS BUSINESS
		1	
	FAIR MARKET VALUE	ı	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	1	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	ı	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	ı	NATURE OF INVESTMENT
	Stock Other	1	☐ Stock ☐ Other
	(Describe)	1	(Describe)
	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	1	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	Income Received of 4500 of More (Report on Schedule C)	1	Income Received of \$500 of More (Report of Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
		1	
	ACQUIRED DISPOSED	1	ACQUIRED DISPOSED
<u> </u>	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	1	GENERAL DESCRIPTION OF THIS BUSINESS
	GENERAL DESCRIPTION OF THIS BUSINESS	1	GENERAL DESCRIPTION OF THIS BUSINESS
			<u> </u>
	FAIR MARKET VALUE	1	FAIR MARKET VALUE
	\$2,000 - \$10,000	1	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	1	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	1	NATURE OF INVESTMENT
	Stock Other (Describe)	1	Stock Other (Describe)
	Partnership Income Received of \$0 - \$499	1	☐ Partnership ☐ Income Received of \$0 - \$499
	☐ Income Received of \$500 or More (Report on Schedule C)		☐ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
		1	
	ACQUIRED DISPOSED	1	ACQUIRED DISPOSED

Comments: __



STATEMENT OF ECONOMIC INTERESTS

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A PUBLIC DOCUMENT Please type or print in ink. (FIRST) NAME OF FILER (LAST) ARRIOLA DANIEL 1. Office, Agency, or Court Agency Name (Do not use acronyms) CITY OF TRACY Division, Board, Department, District, if applicable Your Position MAYOR CANDIDATE N/A ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: _ Position: _ 2. Jurisdiction of Office (Check at least one box) ☐ State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) ☐ Multi-County . County of _____ ★ City of TRACY 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2019, through Leaving Office: Date Left ____/_ December 31, 2019. (Check one circle.) -01-O The period covered is January 1, 2019, through the date of The period covered is ______, through -or- leaving office. December 31, 2019. O The period covered is ___ Assuming Office: Date assumed _____/___ the date of leaving office. and office sought, if different than Part 1: MAYOR 11/03/2020 X Candidate: Date of Election Schedule Summary (must complete) > Total number of pages including this cover page: _ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D · Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached Or- None - No reportable interests on any schedule 5. Verification ZIP CODE MAILING ADDRESS STREET CITY STATE (Business or Agency Address Recommended - Public Document) TRACY CA 95376 DAYTIME TELEBUONE NUMBER EMAIL ADDRESS I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and c Date Signed 08/06/2020 Signatur (File the originally signed paper statement with your filing official.) (month, day, year)

CALIFORNIA FORM	
Name	ı,
DANIEL TAVADES A	

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.

For gifts of travel, provide the travel destination	n.
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Victory Institute	Victory Institute
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1225 I Street NW, Suite 525	1225 I Street NW, Suite 525
CITY AND STATE	CITY AND STATE
Washington, DC 20005	Washington, DC 20005
▼ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Training for Elected Officials	▼ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Training for Elected Officials
DATE(S): 08 / 08 / 19 - 08 / 11 / 19 AMT: \$ 750.00	DATE(S): 11 / 13 / 19 - 11 / 17 / 19 AMT: \$ 1,125.00
► MUST CHECK ONE: X Gift -or- Income	► MUST CHECK ONE: ☑ Gift -or- ☑ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
 Other - Provide Description <u>Travel, Lodging, & Meals for</u> "LGBT Victory Empowerment Fellowship" <u>Training</u> 	Other - Provide Description Travel, Lodging, & Meals for 2019 "LGBT Victory Institute" International Conference
► If Gift, Provide Travel Destination Minnesota, MN	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
People for the American Way	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1101 15th Street NW, Suite 600	
CITY AND STATE	CITY AND STATE
Washington, DC 20005	
∑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Training for Elected Officials	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 08 / 01 / 19 O8 / 04 / 19 AMT: \$ 1,437.27	DATE(S):/
► MUST CHECK ONE: ☑ Gift -or- ☐ Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description Travel, Lodging, & Meals for 2019 "Young Elected Officials Network" National Conference	Other - Provide Description
▶ If Gift, Provide Travel Destination Miami, FL	➤ If Gift, Provide Travel Destination
Comments:	

STATEMENT OF ECONOMIC INTERESTS

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A PUBLIC DOCUMENT CITY CLERK'S

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NAME OF FILER (LAST)	(FIRST)	2071 JUN - AM O: 14
ARRIOLA	DANIEL	ZUZUJUNAN OR 14
1. Office, Agency, or Court		CITY OF TRACY
Agency Name (Do not use acronyms)		TRACY. CA
CITY OF TRACY		•
Division, Board, Department, District, if applicable		Your Position
CITY COUNCIL		COUNCIL MEMBER
► If filing for multiple positions, list below or on	an attachment. (Do not us	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least of	one box)	
☐ State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
☑ City of TRACY		Other
3. Type of Statement (Check at least one	box)	
Annual: The period covered is January 1, December 31, 2019.	2019, through	Leaving Office: Date Left/
The period covered is/ December 31, 2019.	/, through	 The period covered is January 1, 2019, through the date of leaving office. -or-
Assuming Office: Date assumed/_		The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sought	, if different than Part 1:
4. Schedule Summary (must completed Schedules attached	te) ► Total number	of pages including this cover page:
Schedule A-1 - Investments - schedule	attached [Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule	attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule	attached [>	Schedule E - Income - Gifts - Travel Payments - schedule attached
-Or- ☐ None - No reportable interests	on any schedule	
5. Verification		The second secon
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	CITY	STATE ZIP CODE
333 CIVIC CENTER PLAZA	TRACY	CA 95376
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(209) 362-0292		DAN.ARRIOLA@CITYOFTRACY.ORG
I have used all reasonable diligence in preparing herein and in any attached schedules is true and		ewed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the la	•	• //
Date Signed 06/01/2020		ignature .
(month, day, year)		(File the originally signed paper statement with your filing official)

				700 mmission
Nam	е			
DAI	NIEL T	AVARI	ES ARF	RIOLA

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For gifts of travel, provide the travel destination	1
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Victory Institute ADDRESS (Business Address Acceptable)	Victory Institute ADDRESS (Business Address Acceptable)
1225 Street NW, Suite 525 CITY AND STATE	1225 I Street NW, Suite 525 CITY AND STATE
Washington, DC 20005	Washington, DC 20005
	▼Vasinington, DC 20003 Sol (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
▼ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Training for Elected Officials	Training for Elected Officials
DATE(S): 08 / 08 / 19 - 08 / 11 / 19 AMT: \$ 750.00	DATE(S): 11 / 13 / 19 - 11 / 17 / 19 AMT: \$ 1,125.00
MUST CHECK ONE: X Gift -or- Income	► MUST CHECK ONE: ဩ Gift -or- ဩ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description Travel, Lodging, & Meals for "LGBT Victory Empowerment Fellowship" Training	 Other - Provide Description <u>Travel</u>, <u>Lodging</u>, <u>& Meals for 2019 "LGBT Victory Institute" International Conference</u>
If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination Washington, DC
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
People for the American Way	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1101 15th Street NW, Suite 600	
CITY AND STATE	CITY AND STATE
Washington, DC 20005	
∑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Training for Elected Officials	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 08 / 01 / 19 - 08 / 04 / 19 AMT: \$1,437.27	DATE(S):/
MUST CHECK ONE: X Gift -or- Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description Travel, Lodging, & Meals for 2019 "Young Elected Officials Network" National Conference	Other - Provide Description
If Glft, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	

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2019 FFB -6 6M 7. 58

NAME OF FILER (LAST)	(FIRST)		(WIDDEE) 1.28
ARRIOLA	DANIEL	TAVARI	SY OF TRACY
1. Office, Agency, or Court	2		TRACY. CA
Agency Name (Do not use acronyms)			
CITY OF TRACY			
Division, Board, Department, District, if	applicable	Your Position	
N/A		COUNCIL MEMBER	
► If filing for multiple positions, list bel	ow or on an attachment. (Do not u	use acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)		
☐ State		☐ Judge or Court Commissioner (St	atewide Jurisdiction)
☐ Multi-County		County of	
☑ City of		Other	
City of			
3. Type of Statement (Check at I	east one box)		
Annual: The period covered is January December 31, 2018.	nuary 1, 2018, through	Leaving Office: Date Left(Check one	
The period covered is	The period covered is/, through December 31, 2018. O The period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of earlier of the period covered is January 1, 2018, through the date of the period covered is January 1, 2018, through the date of the period covered is January 1, 2018, through the period covered is January 1, 2018, through the period covered is January 1, 2018, throug		
Assuming Office: Date assumed	Assuming Office: Date assumed 12,18,2018 O The period covered is, through the date of leaving office.		J, through
Candidate: Date of Election	and office soug	ht, if different than Part 1:	
4. Schedule Summary (must complete) ► Total number of pages including this cover page:3 Schedules attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached None - No reportable interests on any schedule			
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - F	CITY	STATE	ZIP CODE
333 CIVIC CENTER PLAZA	TRACY	CA	95376
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(209) 362-0292		DAN.ARRIOLA@CITYOFTRAG	
herein and in any attached schedules	is true and complete. I acknowled		n /1
	der the laws of the State of Cali	fornia that the foregoing is true and correc	t. //
Date Signed 01/31/2019		Signature	
(month, day,	year)	(File the originally signed paper st	atement with your filing official.)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

DANIEL TAVARES ARRIOLA

NAME OF SOURCE (Not an Accorym) PEOPLE FOR THE AMERICAN WAY ADDRESS (Business Address Acceptable) 1101 15TH ST NW, SUITE 600, WASHINGTON DC BUSINESS ACTIVITY, IF ANY, OF SOURCE TRAINING FOR ELECTED OFFICIALS DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 7						
ADDRESS (Business Address Acceptable) 1101 15TH ST NW, SUITE 600, WASHINGTON DC BUSINESS ACTIVITY, IF ANY, OF SOURCE TRAINING FOR ELECTED OFFICIALS DATE (minidalyy) VALUE DESCRIPTION OF GIFT(S) 07 , 26 , 18	► NAME OF SOURCE	(Not an Acronym)				
1101 15TH ST NW, SUITE 600, WASHINGTON DC BUSINESS ACTIVITY, IF ANY, OF SOURCE TRAINING FOR ELECTED OFFICIALS DATE (mindddyy) VALUE DESCRIPTION OF GIFT(S) O7 , 26 , 18	PEOPLE FOR	R THE AMERI	CAN WAY	NEW AMERIC	AN LEADEF	RS
BUSINESS ACTIVITY, IF ANY, OF SOURCE TTRAINING FOR ELECTED OFFICIALS DATE (mmiddly) VALUE DESCRIPTION OF GIFT(S) 07 , 26 , 18				11		
TRAINING FOR ELECTED OFFICIALS DATE (mindsdyy) VALUE DESCRIPTION OF GIFT(S) 07 26 18 \$1,948.50 HOUSING/FOOD FOR "Y,E.O. NETWORK" CONFERENCE NAAL. CONFERENCE NAAL. CONFERENCE NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mindsdyy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) DATE (mindsdyy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mindsdyy) VALUE DESCRIPTION OF GIFT(S) BUSINESS (Business Address Acceptable) DATE (mindsdyy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mindsdyy) VALUE DESCRIPTION OF GIFT(S) DATE (mindsdyy) VALUE DESCRIPTION OF GIFT(S)	1101 15TH ST	T NW, SUITE	600, WASHINGTON DC			
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	DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	
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	BUSINESS ACTIVI	TY, IF ANY, OF SC	DURCE	BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE
\$ \$ \$	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$ \$ \$		\$			\$	
\$ Comments:		\$			\$	
Comments:		. \$			\$	
Comments:						
	Comments:					
	Johnnehia. —					

	RNIA FORM	
Name		
DANIEL	TAN/ADEC A1	

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

1 or give or travely provide the travel decimalis	
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
PEOPLE FOR THE AMERICAN WAY	NEW AMERICAN LEADERS
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1101 15TH STREET NW, SUITE 600	25 WEST 39TH STREET, 14TH FLOOR
CITY AND STATE	CITY AND STATE
WASHINGTON, D.C. 20005	NEW YORK, NY 10018
▼ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE TRAINING FOR ELECTED OFFICIALS	X 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE TRAINING FOR ELECTED OFFICIALS
DATE(S): 07 / 26 / 18 - 07 / 29 / 18 AMT: \$ 285.72	DATE(S): 12 / 06 / 18 - 12 / 07 / 18 AMT: \$400
► MUST CHECK ONE: 🗵 Gift -or- 🗌 Income	► MUST CHECK ONE: 🗵 Gift -or- 🗌 Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide DescriptionTRAVEL FOR "Y.E.O. NETWORK" CONFERENCE	Other - Provide Description TRAVEL FOR N.A.L. CONFERENCE
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):/
► MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	• •

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

COVER PAGE

CITY CLERK'S OFFICE

ARRIOLA DANIEL ARRIOLA A	Please type or print in ink.	- OCCUM S OFFICE
Agency Name (**Do not use acronyms) Division, Board, Department, District, if applicable Your Position		TATALO
Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable Your Position If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency. Position: Durisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County City of TVacy Other Total number of pages (Check one) Consomber 31, 2017. Assuming Office: Date Left Check one) The period covered is Junior through December 31, 2017. Assuming Office: Date assumed Candidate: Date of Election Division, Board, Department, District, if applicable Total number of pages Including this cover page: Schedule Summary (must complete) Schedule Summary (must complete) Schedule B - Real Property - schedule attached Tray DAYINE TELEPHONE NUMBER Tay DAY INSTREE Tip Code Characterist and to the best of my knowledge the Information contained I certify under panalty of perjury under the laws of the State of California that the Vorgeoing is true and correct. Date Signed Date Signed Date Signed Date Signed Signature	1. Office, Agency, or Court	TRACY
If filing for multiple positions, list below or on an attachment. (Do not use ecronyms) Agency:	Agency Name (Do not use acronyms) City of Trac	1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Position: Posi	Division, Board, Department, District, if applicable	
State	\blacktriangleright If filing for multiple positions, list below or on an attachment. (Do not ι	use acronyms)
State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County City of TVacy Other Other	Agency:	Position:
Multi-County County of Other	2. Jurisdiction of Office (Check at least one box)	
City of	☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
3. Type of Statement (Check at least one box) □ Annual: The period covered is January 1, 2017, through December 31, 2017. 'Or. The period covered is	Multi-County	County of
Annual: The period covered is January 1, 2017, through December 31, 2017. -or- The period covered is	City of Tracy	_ Other
December 31, 2017. The period covered is	3. Type of Statement (Check at least one box)	
The period covered is	December 31, 2017.	
the date of leaving office. Candidate: Date of Election	The period covered is, through	leaving office
A. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached	Assuming Office: Date assumed	
Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - Schedule attached Schedule E - Income - Gifts - Travel Payments - Schedule attached Schedule	Candidate: Date of Election and office sough	- · · · · · · · · · · · · · · · · · · ·
Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached None - No reportable interests on any schedule State Travel Payments – schedule attached CITY STATE ZIP CODE Business or Agency Address Recommended - Public Document) Tracy CA 95376 DAYTIME TELEPHONE NUMBER I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed O8 O8 Signature		er of pages including this cover page:\
Schedule B - Real Property – schedule attached Or- None - No reportable interests on any schedule State City State State ZIP CODE (Business or Agency Address Recommended - Public Document) Tracy CA 95376 DAYTIME TELEPHONE NUMBER I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed O8 08 18 Signature	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) Tracy CA 95376 DAYTIME TELEPHONE NUMBER I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 08 18 Signature.		_
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MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) TYACY CA 95376 DAYTIME TELEPHONE NUMBER I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed		
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herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
Date Signed $08/08/18$ Signature.		
	I certify under penalty of perjury under the laws of the State of California	ornia that the Coregoing is true and correct.
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