

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 PM 1:36

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

CITY COUNCIL

Your Position

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
December 31, 2023.

Leaving Office: Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through
December 31, 2023.

The period covered is January 1, 2023, 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 (required)

▶ Total number of pages including this cover page: 2

Schedules attached

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

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

333 CIVIC CENTER PLAZA

TRACY

CA

95376

DAYTIME TELEPHONE NUMBER

(209) 362-0292

EMAIL ADDRESS

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 filing official.)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
DANIEL TAVARES ARRIOLA

- 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)
LOCAL PROGRESS POLICY INSTITUTE

ADDRESS (Business Address Acceptable)
1730 M STREET NW, SUITE 1115

CITY AND STATE
WASHINGTON, DC 20036

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
TRAINING/ADVOCACY FOR ELECTED OFFICIALS

DATE(S): 09/06/23 - 09/10/23 AMT: \$ 576.95
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description
TRAVEL FOR 2023 L.P. NATIONAL CONVENING

▶ If Gift, Provide Travel Destination
ST. LOUIS, MO

▶ 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
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

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): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

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): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ If Gift, Provide Travel Destination

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
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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

CITY COUNCIL

Your Position

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, 2022, through December 31, 2022.

Leaving Office: Date Left ____/____/____ (Check one circle.)

-or-

The period covered is ____/____/____, through December 31, 2022.

The period covered is January 1, 2022, 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: _____

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► Total number of pages including this cover page: 2

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Schedule C - Income, Loans, & Business Positions - schedule attached

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Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

333 CIVIC CENTER PLAZA

TRACY

CA

95376

DAYTIME TELEPHONE NUMBER

(209) 362-0292

EMAIL ADDRESS

DAN.ARRIOLA@CITYOFTRACY.ORG

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/14/2023

(month, day, year)

Signature

Name

DANIEL TAVARES ARRIOLA

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

- 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)
LEAGUE OF CALIFORNIA CITIES

ADDRESS (Business Address Acceptable)
1400 K STREET

CITY AND STATE
SACRAMENTO, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
ADVOCACY FOR CITIES & THEIR RESIDENTS

DATE(S): 01/01/22 - 12/31/22 AMT: \$ 1,685.43
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel, meals, & lodging for volunteer services as a member of League of CA Cities

▶ 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): _____ AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

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): _____ AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

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): _____ AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

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Filing Official Use Only

CITY CLERK'S OFFICE

APR - 1 PM 3:29

CITY OF TRACY
TRACY, CA

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

CITY COUNCIL

Your Position

COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: EAST BAY COMMUNITY ENERGY;
SAN JOAQUIN COUNCIL OF GOVERNMENTS

Position: BOARD MEMBER;
BOARD ALTERNATE

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 SAN JOAQUIN

City of TRACY

Other EAST BAY COMMUNITY ENERGY J.P.A.

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2021, through
December 31, 2021.

Leaving Office: Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through
December 31, 2021.

The period covered is January 1, 2021, 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 complete) ► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached

- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET 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 04/01/2022
(month, day, year)

Signature [Redacted]

Print

Clear

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COVER PAGE
A PUBLIC DOCUMENT

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Filing Official Use Only

RECEIVED
CITY CLERK'S OFFICE

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

CITY COUNCIL

Your Position

COUNCIL MEMBER

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: EAST BAY COMMUNITY ENERGY;
SAN JOAQUIN COUNCIL OF GOVERNMENTS

Position: BOARD MEMBER;
BOARD ALTERNATE

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 SAN JOAQUIN

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
December 31, 2020.

Leaving Office: Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through
December 31, 2020.

The period covered is January 1, 2020, 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 complete) Total number of pages including this cover page: 2

Schedules attached

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

MAILING ADDRESS STREET 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

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/01/2021
(month, day, year)

Signature [Redacted]

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
DANIEL ARRIOLA

*Investments must be itemized.
Do not attach brokerage or financial statements.*

▶ NAME OF BUSINESS ENTITY
THE WALT DISNEY COMPANY

GENERAL DESCRIPTION OF THIS BUSINESS
MEDIA & ENTERTAINMENT

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
01 / 29 / 20 11 / 09 / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____ / ____ / 20 ____ / ____ / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____ / ____ / 20 ____ / ____ / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____ / ____ / 20 ____ / ____ / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____ / ____ / 20 ____ / ____ / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____ / ____ / 20 ____ / ____ / 20
ACQUIRED DISPOSED

Comments: _____

COVER PAGE

A PUBLIC DOCUMENT

RECEIVED
CITY CLERK'S OFFICE
2020 AUG 06 AM 9:09
CITY OF TRACY
TRACY, CA

Please type or print in ink.

NAME OF FILER (LAST) ARRIOLA (FIRST) DANIEL (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF TRACY

Division, Board, Department, District, if applicable

N/A

Your Position

MAYOR CANDIDATE

► 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 Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2019, through December 31, 2019. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through ____/____/____. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____. The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election 11/03/2020 and office sought, if different than Part 1: MAYOR

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
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- Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
[Redacted] TRACY CA 95376
DAYTIME TELEPHONE NUMBER [Redacted] EMAIL ADDRESS [Redacted]

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 08/06/2020
(month, day, year)

Signature [Redacted Signature]
(File the originally signed paper statement with your filing official.)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
DANIEL TAVARES ARRIOLA

- 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)
Victory Institute
 ADDRESS (Business Address Acceptable)
1225 I Street NW, Suite 525
 CITY AND STATE
Washington, DC 20005
 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
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Travel, Lodging, & Meals for
"LGBT Victory Empowerment Fellowship" Training
 ▶ If Gift, Provide Travel Destination _____
Minnesota, MN

▶ NAME OF SOURCE (Not an Acronym)
People for the American Way
 ADDRESS (Business Address Acceptable)
1101 15th Street NW, Suite 600
 CITY AND STATE
Washington, DC 20005
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Training for Elected Officials
 DATE(S): 08 / 01 / 19 - 08 / 04 / 19 AMT: \$ 1,437.27
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Travel, Lodging, & Meals for
2019 "Young Elected Officials Network" National Conference
 ▶ If Gift, Provide Travel Destination _____
Miami, FL

▶ NAME OF SOURCE (Not an Acronym)
Victory Institute
 ADDRESS (Business Address Acceptable)
1225 I Street NW, Suite 525
 CITY AND STATE
Washington, DC 20005
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Training for Elected Officials
 DATE(S): 11 / 13 / 19 - 11 / 17 / 19 AMT: \$ 1,125.00
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Travel, Lodging, & Meals for
2019 "LGBT Victory Institute" International Conference
 ▶ If Gift, Provide Travel Destination _____
Washington, DC

▶ 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): ____/____/____ - ____/____/____ AMT: \$ ____
 (If gift)
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 Other - Provide Description _____
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Comments: _____

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CITY CLERK'S OFFICE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
ARRIOLA DANIEL TAVARES

2020 JUN -1 AM 8:14

1. Office, Agency, or Court

CITY OF TRACY
TRACY, CA

Agency Name (Do not use acronyms)

CITY OF TRACY

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCIL MEMBER

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- Multi-County _____
- City of TRACY
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
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- Other _____

3. Type of Statement (Check at least one box)

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- or-
- The period covered is ____/____/____, through December 31, 2019.
- Assuming Office: Date assumed ____/____/____
- Leaving Office: Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
- 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 complete) ► Total number of pages including this cover page: _____

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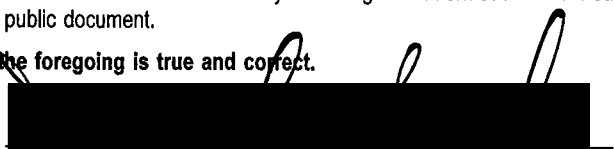
MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 333 CIVIC CENTER PLAZA TRACY CA 95376

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
 (209) 362-0292 DAN.ARRIOLA@CITYOFTRACY.ORG

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 06/01/2020
(month, day, year)

Signature 

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

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

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▶ NAME OF SOURCE (Not an Acronym)
Victory Institute
 ADDRESS (Business Address Acceptable)
1225 I Street NW, Suite 525
 CITY AND STATE
Washington, DC 20005
 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
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Travel, Lodging, & Meals for
"LGBT Victory Empowerment Fellowship" Training
 ▶ If Gift, Provide Travel Destination _____
Minnesota, MN

▶ NAME OF SOURCE (Not an Acronym)
People for the American Way
 ADDRESS (Business Address Acceptable)
1101 15th Street NW, Suite 600
 CITY AND STATE
Washington, DC 20005
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Training for Elected Officials
 DATE(S): 08 / 01 / 19 - 08 / 04 / 19 AMT: \$ 1,437.27
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Travel, Lodging, & Meals for
2019 "Young Elected Officials Network" National Conference
 ▶ If Gift, Provide Travel Destination _____
Miami, FL

▶ NAME OF SOURCE (Not an Acronym)
Victory Institute
 ADDRESS (Business Address Acceptable)
1225 I Street NW, Suite 525
 CITY AND STATE
Washington, DC 20005
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Training for Elected Officials
 DATE(S): 11 / 13 / 19 - 11 / 17 / 19 AMT: \$ 1,125.00
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Travel, Lodging, & Meals for
2019 "LGBT Victory Institute" International Conference
 ▶ If Gift, Provide Travel Destination _____
Washington, DC

▶ 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): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

Comments: _____

COVER PAGE

A PUBLIC DOCUMENT

RECEIVED
 CITY CLERK'S OFFICE
 2019 FEB -6 AM 7:58
 CITY OF TRACY
 TRACY, CA

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

N/A

Your Position

COUNCIL MEMBER

► 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
- Multi-County _____
- City of TRACY
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2018, through December 31, 2018.
- or-
- The period covered is ____/____/____, through December 31, 2018.
- Assuming Office: Date assumed 12 / 18 / 2018
- Leaving Office: Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- or-
- 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 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 C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET 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 01/31/2019
 (month, day, year)

Signature _____
 (File the originally signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
 DANIEL TAVARES ARRIOLA

▶ NAME OF SOURCE *(Not an Acronym)*
 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)
07 / 26 / 18	\$ 1,948.50	HOUSING/FOOD FOR
___ / ___ / ___	\$ _____	"Y.E.O. NETWORK"
___ / ___ / ___	\$ _____	CONFERENCE

▶ NAME OF SOURCE *(Not an Acronym)*
 NEW AMERICAN LEADERS

ADDRESS *(Business Address Acceptable)*
 25 WEST 39TH ST, 14TH FLOOR, NEW YORK, NY

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 TRAINING FOR ELECTED OFFICIALS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 18	\$ 326.71	HOUSING/FOOD FOR
___ / ___ / ___	\$ _____	N.A.L. CONFERENCE
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
DANIEL TAVARES ARRIOLA

- 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)*
PEOPLE FOR THE AMERICAN WAY
 ADDRESS *(Business Address Acceptable)*
1101 15TH STREET NW, SUITE 600
 CITY AND STATE
WASHINGTON, D.C. 20005

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
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
TRAVEL FOR "Y.E.O. NETWORK" CONFERENCE

▶ If Gift, Provide Travel Destination _____
SEATTLE, WA

▶ NAME OF SOURCE *(Not an Acronym)*
NEW AMERICAN LEADERS
 ADDRESS *(Business Address Acceptable)*
25 WEST 39TH STREET, 14TH FLOOR
 CITY AND STATE
NEW YORK, NY 10018

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
TRAINING FOR ELECTED OFFICIALS

DATE(S): 12 / 06 / 18 - 12 / 07 / 18 AMT: \$ 400
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
TRAVEL FOR N.A.L. CONFERENCE

▶ If Gift, Provide Travel Destination _____
WASHINGTON, D.C.

▶ 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): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

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): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

COVER PAGE

RECEIVED
CITY CLERK'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST) ARRIOLA (FIRST) DANIEL (MIDDLE) TAVARES
2018 AUG -8

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Tracy
Division, Board, Department, District, if applicable _____ Your Position Council Member

CITY OF TRACY
TRACY, CA

► 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
- Multi-County _____
- City of Tracy
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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 _____, through December 31, 2017.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2017, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.
- Candidate: Date of Election 11/06/18 and office sought, if different than Part 1: Tracy City Council

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

Tracy CA 95376

DAYTIME TELEPHONE NUMBER _____ E-MAIL 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 correct.

Date Signed 08/08/18 Signature _____
(month, day, year) (File the originally signed statement with your filing official.)