

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received

A PUBLIC DOCUMENT

Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE) BEAST TOACU FITU C
Bedolla	Matea	More los REC'D TRACY CITY C
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Tracy Division, Board, Department, District, if application		
Division, Board, Department, District, if application	ile	Your Position
City Council		City Council Member
► If filing for multiple positions, list below or or	n an attachment. (Do not	t 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
Dicity of Tracy		Other
3. Type of Statement (Check at least on		
Annual: The period covered is January 1 December 31, 2023.	•	Leaving Office: Date Left/
The period covered is/ December 31, 2023.	, throug	gh The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date assumed	<i></i>	The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sou	ught, if different than Part 1:
4. Schedule Summary (required)	► Total numi	ber of pages including this cover page:
Schedules attached	- Total Hallis	bor or pages meraanig and cover page.
Schodule A.1 Investments cohedule	a attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-1 - Investments – schedule Schedule A-2 - Investments – schedule		Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedule		Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable interests	on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docu-	CITY ment)	Y STATE ZIP CODE
222 11: 1		racy CA 95376
DAYTIME TELEPHONE NUMBER		
(209) 229- 63 <i>5</i> 1		mateu, bedulla @ city of tracy. org
I have used all reasonable diligence in preparin herein and in any attached schedules is true a		reviewed this statement and to the best of my knowledge the information contained edge this is a public document.
I certify under penalty of perjury under the	laws of the State of Cal	lifornia that the foregoing is true and correct.
Date Signed 3-28-2024		Signatur
Date Signed (month, day, year)		Signatur (File the originally signed paper statement with your filing official.)

SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Mateo Bedolla

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Tracy Unified School District	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1875 W Lowell AVE, Tracy	
1875 W Lowell AVE, Tracy BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bdublic education	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Educator	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	PERIOD
a retail installment or credit card transaction, made in	al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender's ws:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	OCCUPITY FOR LOAD
	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$10,001 - \$100,000	Guarantor
	_
OVER \$100,000	Other(Describe)
	, ,
Comments:	



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Filed Date: 02/19/2023 05:00 PM SAN: FPPC

Please type or print in ink.				G/ 11 1. 1 1 1 G
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Bedolla	Mateo			
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of Tracy				
Division, Board, Department, District, if	annlicable	Your P	Position	
Bivision, Board, Bepartment, Bistriot, in	аррисавіс	Tour T	OSITION	
		City	Council Member	
► If filing for multiple positions, list below	ow or on an attachment. (Do	not use acronyms)		
A		DW		
Agency:		Position	on:	
2. Jurisdiction of Office (Check	at least one box)			
State		□ luda	o Potirod ludgo Pro Tom	Judge, or Court Commissioner
			e, Relifed Judge, F10 Tem ewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		Cour	ity of	
City of Tracy		Otho		
3. Type of Statement (Check at le	east one box)			
Annual: The period covered is Ja December 31, 2022.	nuary 1, 2022, through	☐ Lea	ving Office: Date Left (Check of	one circle.)
-or- The period covered is December 31, 2022 .	, thro	ougn	The period covered is Jan leaving office.	uary 1, 2022, through the date of
Assuming Office: Date assumed			The period covered is the date of leaving office.	/
Candidate: Date of Election	and office	sought, if different tha	an Part 1:	
4. Schedule Summary (require	;d) ► Total nu	mber of pages in	ncluding this cover p	page:3
Schedules attached				
Schedule A-1 - Investments – s	schedule attached	Schedule C	- Income, Loans, & Busin	ess Positions – schedule attached
Schedule A-2 - Investments – s		Schedule D	- Income - Gifts - schedu	ule attached
Schedule B - Real Property – s	schedule attached	Schedule E	- Income - Gifts - Travel	Payments - schedule attached
-or- 🗌 None - No reportable in	terests on any schedule			
5. Verification				
MAILING ADDRESS STREET		ITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Pu	,		C A	05070 4000
333 Civic Center Plz DAYTIME TELEPHONE NUMBER	<u>I</u>	racy EMAIL ADDRES	CA	95376-4062
(209) 831-6105		LIVIAIL ADDINES	<u> </u>	
I have used all reasonable diligence in p		ve reviewed this stater	ment and to the hest of my	knowledge the information contained
herein and in any attached schedules is				miomoago die illioiniation contained
I certify under penalty of perjury und	ler the laws of the State of (California that the fo	regoing is true and corre	ect.
Date Signed 02/19/2023 0	15:00 PM	01	Motor	o Bedolla
Date Signed 02/19/2023 0 (month, day, ye		Signature		statement with your filing official.)

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

	IIA FORM 700 L PRACTICES COMMISSION
Name	
M	ateo Bedolla

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Brady Seal Inc	Tracy Unified School District
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4912 Rafton Drive, San Jose, CA, 95124	1875 West Lowell Avenue, Tracy, CA, 95376
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
construction	education
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
employee	employee
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	·
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other(Describe)
Comments:	

SCHEDULE D Income - Gifts

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

Name

Mateo Bedolla

ADDRESS (Business Address Acceptable) 525 Ninth Street, NW, Washington, DC, 20004 BUSINESS ACTIVITY, IF ANY, OF SOURCE government relations DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) 05 / 11 / 22	► NAME OF SOURC	E (Not an Acronyn	1)	► NAME OF SOURCE	E (Not an Acron	ym)
### BUSINESS ACTIVITY, IF ANY, OF SOURCE ### Government relations ### DATE (mm/dd/yy) VALUE	CJ Lake LLC					
BUSINESS ACTIVITY, IF ANY, OF SOURCE government relations DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 05 / 11 / 22 \$200 Sport game ticket // \$ NAME OF SOURCE (Not an Acronym) Port of Stockton ADDRESS (Business Address Acceptable) 2201 West Washington Street, Stockton, CA, 95203 BUSINESS ACTIVITY, IF ANY, OF SOURCE port DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 05 / 10 / 22 \$300 dinner NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) PNAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Busines	ss Address Accepta	able)	ADDRESS (Busines	s Address Acce	otable)
government relations DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 05 / 11 / 22	525 Ninth Stre	et, NW, Was	hington, DC, 20004			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 05 / 11 / 22	BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE	BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 05 / 11 / 22	government re	elations				
NAME OF SOURCE (Not an Acronym) Port of Stockton ADDRESS (Business Address Acceptable) 2201 West Washington Street, Stockton, CA, 95203 BUSINESS ACTIVITY, IF ANY, OF SOURCE port DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) D1			DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
NAME OF SOURCE (Not an Acronym) Port of Stockton ADDRESS (Business Address Acceptable) 2201 West Washington Street, Stockton, CA, 95203 BUSINESS ACTIVITY, IF ANY, OF SOURCE port DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) O5 / 10 / 22 \$300	05 / 11 / 22	<u>\$</u> 200	sport game ticket		\$	_
NAME OF SOURCE (Not an Acronym) Port of Stockton ADDRESS (Business Address Acceptable) 2201 West Washington Street, Stockton, CA, 95203 BUSINESS ACTIVITY, IF ANY, OF SOURCE port DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (More an Acronym) NAME OF SOURCE (Not an Acronym) DADRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$			\$	-
Port of Stockton ADDRESS (Business Address Acceptable) 2201 West Washington Street, Stockton, CA, 95203 BUSINESS ACTIVITY, IF ANY, OF SOURCE port DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) D1 / 22		\$			\$	
ADDRESS (Business Address Acceptable) 2201 West Washington Street, Stockton, CA, 95203 BUSINESS ACTIVITY, IF ANY, OF SOURCE port DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	► NAME OF SOURC	E (Not an Acronyn	1)	► NAME OF SOURCE	E (Not an Acron	ym)
2201 West Washington Street, Stockton, CA, 95203 BUSINESS ACTIVITY, IF ANY, OF SOURCE port DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 05 / 10 / 22	Port of Stockto	on				
BUSINESS ACTIVITY, IF ANY, OF SOURCE port DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 05 / 10 / 22 \$ 300 dinner // \$	ADDRESS (Busines	ss Address Accepta	able)	ADDRESS (Busines	s Address Acce	ptable)
port DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 05 / 10 / 22 \$ 300 dinner _//\$	2201 West Wa	ashington Stre	eet, Stockton, CA, 95203			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 05 / 10 / 22 \$ 300	BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE	BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE
05 / 10 / 22 \$ 300 dinner // \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	port					
Solition Solition	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
NAME OF SOURCE (Not an Acronym)	05 / 10 / 22	<u>\$</u> 300	dinner		\$	
NAME OF SOURCE (Not an Acronym) ► NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) //\$	/	\$			\$	_
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$			\$	
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	► NAME OF SOURC	E (Not an Acronyn	n)	► NAME OF SOURCE	E (Not an Acron	ym)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) // \$ // \$	ADDRESS (Busines	ss Address Accepta	able)	ADDRESS (Busines	s Address Accep	ptable)
	BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE	BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE
	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	//	\$			\$	_
		\$			\$	
		\$				
Comments:	Comments:					

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

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NAME OF FILER (LAST) BEDOLLA	(FIRST) MATEO		MORELOS	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
CITY OF TRACY				8 9
Division, Board, Department, District, if applicable		Your Position	100	T Ghan
AT-LARGE		CITY COUNCIL N	MEMBER -	70 (c)
▶ If filing for multiple positions, list below or on an	attachment. (Do not use acron	yms)	್ರಾಗ್ರ ಸರ್	O 製影
Agency:		Position:	200 500	¥
Agordy.		T OSIGOTI.	- 1	cu 🔝
2. Jurisdiction of Office (Check at least one	e box)			25
State	Į.	Judge, Retired Judge, (Statewide Jurisdiction)	Pro Tem Judge, or Court (Commissioner
Multi-County		County of		
City of TRACY		Other		
3. Type of Statement (Check at least one bo		7		
Annual: The period covered is January 1, 200 December 31, 2021.	21, through	Leaving Office: Date	(Check one circle.)	
-or-	through	☐ The period covere	ed is January 1, 2021, thro	ugh the date of
The period covered is/	through	leaving office.		
Assuming Office: Date assumed	,	-or- ☐ The period covere	ed is	, through
		the date of leaving	g office.	
Candidate: Date of Election	and office sought, if diffe	erent than Part 1:		
4. Schedule Summary (must complete	► Total number of pa	ges including this	cover page: 2	
Schedules attached				
Schedule A-1 - Investments - schedule atta			, & Business Positions – so	chedule attached
Schedule A-2 - Investments - schedule atta	dollod	dule D - Income - Gifts		
Schedule B - Real Property - schedule atta	ached Sche	idule E - Income – Gifts	- Travel Payments - sche	dule attached
-or- None - No reportable interests on	any schedule			
5. Verification		Variable Valley Company		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE ZIP CO	DDE
1755 HARVEST LANDING LANE	TRACY		CA 953	76
DAYTIME TELEPHONE NUMBER	EMAIL	ADDRESS		
I have used all reasonable diligence in preparing thi	s statement. I have reviewed th	is statement and to the h	est of my knowledge the in	formation contained
herein and in any attached schedules is true and c			ost of the knowledge the thi	omadon contained
I certify under penalty of perjury under the laws	s of the State of California tha	t the foregoing is true	and correct.	
3/28/2022				
Date Signed (month, day, year)	Signatu	(File the originally	signed paper statement with your Sling	gofficial.)

SCHEDULE D Income - Gifts

·	
NAME OF SOURCE (Not an Acronym) SERENITY SALON & SPA	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
67 10TH ST, TRACY, 95376	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
BEAUTY SALON	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
7 31 21 60 BAG, HAT, SAMPLES	
\$	
Englander Community Commun	AND OF COURSE (Although Assessment)
NAME OF SOURCE (Not an Acronym) A GIFT INSIDE	NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
6011 EAST PINE ST, LODI, 95240	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
E-COMMERCE	DATE (mm/dd/w) VALUE DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 10 25 21 90 2 FRUIT/NUT BOXES	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10 23 21 90 21 101 MOT BOXED	
s	
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS ACTIVITI, II ANI, OF GOUNGE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENTS

DEC 28 2020

RECEIVED Filing Received

Please type or print in Ink.	. A PUBL	IC DOCUMENI(-)	CITY CLERK	
NAME OF FILER (LAST)	(FIRST)	10/	CA	MIDDO
Bedolla	Mateo	[8]		(exe)os
1. Office, Agency, or Court			15345	
Agency Name (Do not use acronyms)	TO THE SECTION ASSESSMENT OF THE PARTY OF THE SECTION ASSESSMENT OF TH	The second secon		de la filipa de la
City of Tracy				
Division, Board, Department, District, if applicable	***************************************	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		Judge, Retired Judge, Pro	Tem Judge, or Cour	t Commissioner
_		(Statewide Jurisdiction)		
Multi-County	*	County of		
City of Tracy		Other		
[23] ON O		43131		
3. Type of Statement (Check at least one box	r)			
Annual: The period covered is January 1, 201	9, through	Leaving Office: Date L	eft	
December 31, 2019.		(CI	neck one circle.)	
The period covered is// December 31, 2019.	, through	 The period covered is leaving office. 	s January 1, 2019, th	rough the date of
Assuming Office: Date assumed 12 , 15	2020	The period covered in the date of leaving or the date.		, through
Candidate: Date of Election	and office sought, i	if different than Part 1:		
4. Schedule Summary (must complete)	► Total number (of pages including this co	ver page:2	
Schedules attached				
Schedule A-1 - Investments - schedule atta	ched 🔀	Schedule C - Income, Loans, &	Business Positions –	schedule attached
Schedule A-2 - Investments – schedule atta	ched	Schedule D - Income - Gifts - s	schedule attached	
Schedule B - Real Property - schedule atta	ched	Schedule E - Income - Gifts - 7	ravel Payments – sc	nedule attached
-or- None - No reportable interests on	any schedule			
5. Verification		The second state of the se		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STA	TE ZIP	CODE
333 Civic Center Plaza	Tracy	C	A 95	376
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co			of my knowledge the	information contained
I certify under penalty of perjury under the laws	of the State of Californ	ia that the foregoing is true and	correct.	
10.00.000				
Date \$igned 12-28-2020	Si	gnature		

(month, day, year)

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

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Mateo Bedolla

, INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
SHLP Northern California	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2630 Shea Center Drive, Livermore, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Home building	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Customer service representative	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Or
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$ 10,000
× \$10,001 - \$100,000 ☐ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
[Real property, car, boal, etc.]	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
F-1	Commission or Rental Income, list each source of \$10,000 or me
Commission or Rental Income, Ilst each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or mo
Commission or Rental Income, jist each source of \$10,000 or more (Describe)	(Describe)
(Describe)	(Describe)
(Describe) Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTIN	(Describe) Other(Describe) G PERIOD
(Describe) Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTIN * You are not required to report loans from a commerce a retail installment or credit card transaction, made in	(Describe) G PERIOD Cial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commerce a retail installment or credit card transaction, made in members of the public without regard to your official	(Describe) G PERIOD Cial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTIN * You are not required to report loans from a commerce a retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as follows:	(Describe) G PERIOD Cial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's ows:
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTIN * You are not required to report loans from a commerce a retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as follows:	(Describe) G PERIOD Cial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's ows: INTEREST RATE None None
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Other	(Describe) Other

1

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

MA	CLERK'S OFFICE

Please type or print in ink.	A PUBL	IC DOCUMENT	**.	THE OF FREE
NAME OF FILER (LAST) Bedolla	(FIRST) Mateo		WEU JUL 2	O AMPRI 50 OVE/OS
. Office, Agency, or Court			TRA	t JHACY
Agency Name (Do not use acronyms) City of Tracy				No. (2.50)
Division, Board, Department, Distriot, if appl	icable	Your Position		
N/A		Council	Member	candidate
► If filing for multiple positions, list below o	or on an attachment. (Do not use	acronyms)	÷	
Agency:		Position:	N/A	
. Jurisdiction of Office (Check at le	east one box)			
State		☐ Judge, Retired Jud (Statewide Jurisdict		or Court Commissioner
Multi-County		County of		
City of Tracy		Other		
<u>'</u>			<u>.</u>	
 Type of Statement (Check at leas Annual: The period covered is Janua December 31, 2019. 		Leaving Office:	Date Left/_ (Check one circ	
The period covered is December 31, 2019.	_/, through	 The period co leaving office. 	vered is January 1,	2019, through the date of
Assuming Office: Date assumed		The period co the date of le	overed is/ aving office.	, through
Candidate: Date of Election 11 3	1/2020 and office sought	, if different than Part 1:	Council 1	Member
4. Schedule Summary (must con	nplete) ► Total number	of pages including th	his cover page:	7
Schedules attached		/		
Schedule A-1 - Investments - sch		Schedule C - Income, Lo		
Schedule A-2 - Investments - sch	Cualo attaches	Schedule D - Income - C		
Schedule B - Real Property sch	edule attached	Schedule E - Income - 0	этs — таvет Рауте	ints - schedule attached
or None No reportable inter	racto an any schedule			
-or- None - No reportable inter	esis un any soneune			
5. Verification MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
(Business or Agency Address Recommended - Public				15376
DAYTIME TEI EPHONE NUMBER		EMAIL ADDRESS		776
THE PERSON OF TH		The state of the s		
I have used all reasonable diligence in pre herein and in any attached schedules is to	paring this statement. I have revieuse and complete. I acknowledge	ewed this statement and to the this is a public document.	he best of my knowle	edge the information contain
l certify under penalty of perjury under			rue and correct.	
7-20	-2020			
Date Signed		Signature(File the orio	ginally signed paper stateme	nl with your filing official.)

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Mateo Bedolla

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
SHLP Northern California	
SHLP Northern California ADDRESS (Business Address Acceptable) 2630 Shea Center Dr Livermore	ADDRESS (Business Address Acceptable)
2630 Shea Center Dr Livermore	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
home building	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
construction management	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
S500 - \$1,000 S1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
▼ \$10,001 - \$100,000 □ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of(Real property, car, boat, etc.)
(Real property, car, boat, etc.)	(Real property, car, noat, etc.)
Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
Other(Describe)	Other(Describe)
Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F * You are not required to report loans from a commercial a retail installment or credit card transaction, made in t	Other
 Other	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official startegular course of business must be disclosed as follows:	Other (Describe) Hending institution, or any indebtedness created as part of the lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's res: INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official startegular course of business must be disclosed as follows:	Other (Describe) I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's res:
Other	Other
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Other	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official startegular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official start regular course of business must be disclosed as follows NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Other
	Other (Describe)
	Other

