

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Bedolla Mateo Morelos  
REC'D TRACY CITY CLERK  
28 MAR 2024 PM 5:10

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Tracy

Division, Board, Department, District, if applicable

City Council

Your Position

City 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 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, 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.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-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 (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 EMAIL ADDRESS  
(209) 229-6351 mateo.bedolla@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 3-28-2024  
(month, day, year)

Signature [Redacted]  
(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  
Matteo Bedolla

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Tracy Unified School District

ADDRESS (Business Address Acceptable)  
1875 W Lowell AVE, Tracy

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public education

YOUR BUSINESS POSITION  
Educator

GROSS INCOME RECEIVED  No Income - Business Position Only

\$500 - \$1,000  \$1,001 - \$10,000

\$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED  No Income - Business Position Only

\$500 - \$1,000  \$1,001 - \$10,000

\$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

<p>NAME OF LENDER*</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE</p> <p>_____ % <input type="checkbox"/> None</p> <p>TERM (Months/Years)</p> <p>_____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ Street address</p> <p>_____ City</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ (Describe)</p>
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Comments: \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

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

Please type or print in ink.

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 applicable Your Position  
City 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 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, 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:

4. Schedule Summary (required)

Total number of pages including this cover page: 3

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 Plz Tracy CA 95376-4062  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(209) 831-6105

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 02/19/2023 05:00 PM Signature Mateo Bedolla  
(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

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Brady Seal Inc

ADDRESS (Business Address Acceptable)  
4912 Rafton Drive, San Jose, CA, 95124

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
construction

YOUR BUSINESS POSITION  
employee

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 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.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

NAME OF SOURCE OF INCOME  
Tracy Unified School District

ADDRESS (Business Address Acceptable)  
1875 West Lowell Avenue, Tracy, CA, 95376

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
education

YOUR BUSINESS POSITION  
employee

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 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.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's 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  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence

Real Property \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
Mateo Bedolla

▶ NAME OF SOURCE *(Not an Acronym)*  
CJ Lake LLC  
 ADDRESS *(Business Address Acceptable)*  
525 Ninth Street, NW, Washington, DC, 20004  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
government relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 11 / 22</u>	<u>\$ 200</u>	<u>sport game ticket</u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ 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)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ 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)
<u>05 / 10 / 22</u>	<u>\$ 300</u>	<u>dinner</u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ 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)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ 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)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ 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)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

Comments: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) BEDOLLA	(FIRST) MATEO	(MIDDLE) MORELOS
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**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

CITY OF TRACY

Division, Board, Department, District, if applicable

AT-LARGE

Your Position

CITY 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 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, 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.

Assuming Office: Date assumed [ ]/[ ]/[ ]

-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: 2**

**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 (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
1755 HARVEST LANDING LANE	TRACY	CA	95376	

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
[REDACTED]	[REDACTED]

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 3/28/2022  
(month, day, year)

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

Print

Clear

**SCHEDULE D**  
**Income - Gifts**

Name  
**MATEO MORELOS BEDOLLA**

▶ NAME OF SOURCE (Not an Acronym)  
SERENITY SALON & SPA

ADDRESS (Business Address Acceptable)  
67 10TH ST, TRACY, 95376

BUSINESS ACTIVITY IF ANY, OF SOURCE  
BEAUTY SALON

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 31 21	\$ 60	BAG, HAT, SAMPLES
	\$	
	\$	

▶ 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)  
A GIFT INSIDE

ADDRESS (Business Address Acceptable)  
6011 EAST PINE ST, LODI, 95240

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
E-COMMERCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 25 21	\$ 90	2 FRUIT/NUT BOXES
	\$	
	\$	

▶ 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

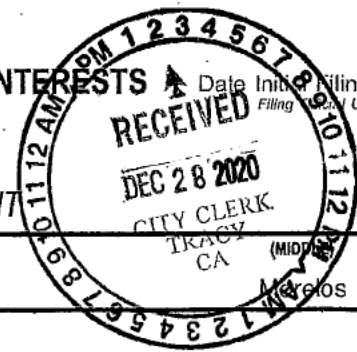
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments:

**Print** **Clear**

**COVER PAGE**

A PUBLIC DOCUMENT



Please type or print in Ink.

NAME OF FILER (LAST) (FIRST)  
Bedolla Mateo

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
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 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.
- or-  Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed 12 / 15 / 2020
- 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: 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

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 12-28-2020 Signature \_\_\_\_\_  
(month, day, year) (File the originally signed paper statement with your filing official.)

Clear Page

Print



**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**

NAME OF SOURCE OF INCOME  
 SHLP Northern California

ADDRESS (Business Address Acceptable)  
 2630 Shea Center Drive, Livermore, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Home building

YOUR BUSINESS POSITION  
 Customer service representative

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 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.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 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.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's 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  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: Separated from SHLP Northern California due to Covid-19 / no fault of my own.

**COVER PAGE**

A PUBLIC DOCUMENT

RECEIVED  
CITY CLERK'S OFFICE  
2020 JUL 20 AM 8:50  
Morelos  
CITY OF TRACY  
TRACY, CA

Please type or print in ink.

NAME OF FILER (LAST) Bedolla (FIRST) Mateo

**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 candidate

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

Agency: N/A

Position: N/A

**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 December 31, 2019.

The period covered is January 1, 2019, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_\_

-or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.

Candidate: Date of Election 11/3/2020 and office sought, if different than Part 1: Council Member

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 7**

**Schedules attached**

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
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- 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)

[Redacted]

CA 95376

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

[Redacted]

[Redacted]

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 7 - 20 - 2020  
(month, day, year)

Signature [Redacted]  
(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**

NAME OF SOURCE OF INCOME  
SHLP Northern California

ADDRESS (Business Address Acceptable)  
2630 Shea Center Dr Livermore

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
home building

YOUR BUSINESS POSITION  
construction management

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 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.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 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.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's 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  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

*MB*