CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received COVER PAGE A PUBLIC DOCUMENT CITY CLERK'S OFFICE

Please type	or print in ink.	0.000	
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Vargas	Veronica		
. Office,	Agency, or Court	CITY OF TRACY	
	lame (Do not use acronyms)	,*	
City of	Property •	Your Position	
Division,	Board, Department, District, if applicable		
		City Council Memver	
	g for multiple positions, list below or on an attachment. (Do not		
Agency:	Tri-Valley-San Joaquin Valley Regional Rail Aut	thority Position: Board of Directors	
2. Juriso	iction of Office (Check at least one box)		
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissio (Statewide Jurisdiction)	ner
Multi-	County Alameda, San Joaquin and Contra Costa	County of	
City	Tracy	Other	
3. Type	of Statement (Check at least one box)		
	nual: The period covered is January 1, 2021, through December 31, 2021.	Leaving Office: Date Left	
	The period covered is/, throug December 31, 2021.	gh The period covered is January 1, 2021, through the date leaving office.	ate of
☐ Ass	uming Office: Date assumed	The period covered is/, the date of leaving office.	rough
☐ Car	didate: Date of Election and office sou	ught, if different than Part 1:	
4. Sched	lule Summary (must complete) ▶ Total numi	ber of pages including this cover page: 4	
Schee	dules attached		
	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule at	ttached
	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 attack	hed
-or- 🗌	None - No reportable interests on any schedule		
Verific	ation		
	ADDRESS STREET CITY or Agency Address Recommended - Public Document)	Y STATE ZIP CODE	
	Tra		
DAYTIME	TELEPHONE NUMBER	EMAIL ADDRESS	
have u	sed all reasonable diligence in preparing this statement. I have and in any attached schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information edge this is a public document.	contained
	under penalty of perjury under the laws of the State of Ca		
Date Si	40/00/2003	Signat	
	(month, day, year)	(Fixe the originary signed paper statement griff your mining directal.)	

SCHEDULE A-1 Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Veronica Vargas

>	NAME OF BUSINESS ENTITY	>	NAME OF BUSINESS ENTITY
	Apple Inc.		Bumble Inc.
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Technology		Technology
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	1	\$2,000 - \$10,000 \$10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000	1	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	1	NATURE OF INVESTMENT
	Stock Other (Describe)		Stock Other (Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
▶	NAME OF BUSINESS ENTITY	 	NAME OF BUSINESS ENTITY
	Desktop Metal Inc.	П	McCormick & Co. Inc.
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Technology		Food Manufacturing
	FAIR MARKET VALUE	П	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000 1 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	П	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	Ш	NATURE OF INVESTMENT
	Stock Other (Describe)	Ш	Stock Other (Describe)
	Partnership Income Received of \$0 - \$499	П	Partnership Income Received of \$0 - \$499
	Income Received of \$500 or More (Report on Schedule C)		Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
		П	
	ACQUIRED DISPOSED	Ш	ACQUIRED DISPOSED
D	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
60	Vislink Technologies Inc.	Ш	
	GENERAL DESCRIPTION OF THIS BUSINESS	11	GENERAL DESCRIPTION OF THIS BUSINESS
	Technology		
	FAIR MARKET VALUE	П	FAIR MARKET VALUE
	\$2,000 - \$10,000 \ \ \$10,001 - \$100,000	11	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	Ш	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	11	NATURE OF INVESTMENT
	Stock Other	11	Stock Other (Describe)
	Partnership Income Received of \$0 - \$499	11	Partnership Income Received of \$0 - \$499
	Income Received of \$500 or More (Report on Schedule C)		☐ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED		ACQUIRED DISPOSED

Comments:

Some investments previously disclosed now omitted due to reduction in value of holding below \$2,000.

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM	CONTRACTOR OF THE PARTY OF THE
Name	

Veronica Vargas (Ownership Interest is 10% or Greater) ▶ 1. BUSINESS ENTITY OR TRUST ► 1. BUSINESS ENTITY OR TRUST Agora Lands Consulting, Inc. Name 1080 Kaden Lane, Tracy, CA 95377 Address (Business Address Acceptable) Address (Business Address Acceptable) Check one Check one Business Entity, complete the box, then go to 2 Trust, go to 2 Trust, go to 2 Business Entity, complete the box, then go to 2 GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS Land entitlement, permitting, consulting IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: FAIR MARKET VALUE FAIR MARKET VALUE \$0 - \$1,999 \$0 - \$1,999 /21 /21 /21 121 \$2,000 - \$10,000 \$2,000 - \$10,000 ACQUIRED DISPOSED DISPOSED \$10,001 - \$100,000 ACQUIRED \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000.000 Over \$1,000,000 NATURE OF INVESTMENT NATURE OF INVESTMENT Corporation Partnership Sole Proprietorship ... Partnership Sole Proprietorship YOUR BUSINESS POSITION CEO YOUR BUSINESS POSITION _ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$10,001 - \$100,000 \$10,001 - \$100,000 \$0 - \$499 \$0 - \$499 OVER \$100,000 \$500 - \$1,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 \$1,001 - \$10,000 ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary,) Names listed below None or None or Names listed below Turlock Petroleum; Raja Chandi Group; Prabhjot Singh & Jaspreet Kaur; Train Group; Stockton 1313 Petroleum; Patterson Petroleum; Newport Private Group; Cliff Rogers; Central Valley Investment; Aman Truck Line. 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box Check one box. REAL PROPERTY INVESTMENT INVESTMENT REAL PROPERTY Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Name of Business Entity. If Investment, or Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or Description of Business Activity or City or Other Precise Location of Real Property City or Other Precise Location of Real Property IF APPLICABLE, LIST DATE: FAIR MARKET VALUE IF APPLICABLE, LIST DATE: FAIR MARKET VALUE \$2,000 - \$10,000 \$2.000 - \$10,000 /21 /21 /21 \$10,001 - \$100,000 \$10,001 - \$100,000 DISPOSED ACQUIRED DISPOSED ACQUIRED \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000 NATURE OF INTEREST NATURE OF INTEREST Partnership Property Ownership/Deed of Trust Stock Property Ownership/Deed of Trust Stock Partnership Leasehold Yrs. remaining Other Other -Check box if additional schedules reporting investments or real property

are attached

FPPC Form 700 - Schedule A-2 (2021/2022) advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov Page - 9

Comments: .

are attached

Check box if additional schedules reporting investments or real property

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

	ORNIA FORM 700 LITICAL PRACTICES COMMISSION
Name	
	Veronica Vargas

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Agora Lands Consulting, Inc.	Grocery Outlet
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1080 Kaden Lane, Tracy, CA 95377	5650 Hollis Street, Emeryville, CA 94608
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Land entitlement, permitting, consulting	Grocery, consumer goods
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
CEO	Senior Entitlement Manager
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$1,001 - \$10,000 S1,001 - \$10,000 OVER \$100,000
S10,001 - \$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	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(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	Commission or Rental Income, list each source of \$10,000 or more
Commission or Rental Income, list each source of \$10,000 or more	Commission of Rental Income, his each source of stropes of more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	
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 il status. Personal loans and loans received not in a lender' ws:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	10.05)
S10,001 - \$100,000	Guarantor
OVER \$100,000	П очен
	Other(Describe)
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

Filed Date: 04/01/2022 02:04 PM

SAN: FPPC Please type or print in ink. NAME OF FILER (LAST) (FIRST) Vargas Veronica 1. Office, Agency, or Court Agency Name (Do not use acronyms) Tri-Valley-San Joaquin Valley Regional Rail Authority Division, Board, Department, District, if applicable Your Position **Board of Directors** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: SEE ATTACHED LIST 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County Alameda, San Joaquin, and Contra Costa County of 3. Type of Statement (Check at least one box) Leaving Office: Date Left _____/_ Annual: The period covered is January 1, 2021, through (Check one circle.) December 31, 2021. -or-O The period covered is January 1, 2021, through the date of The period covered is _______, through leaving office. December 31, 2021. -or-O The period covered is ______, through Assuming Office: Date assumed _____/___/____ 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: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STATE ZIP CODE (Business or Agency Address Recommended - Public Document) CA 95377-6668 Tracy 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.

04/01/2022 02:04 PM

(month, day, year)

Date Signed

Veronica Vargas

STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT



EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
City of Tracy		City Council Member	City of Tracy	Annual	01/01/21 - 12/31/21

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES CO	MMISSION

Name

Veronica Vargas

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Agora Lands Consulting, Inc.	
Name	Name
1080 Kaden Lane, Tracy, CA 95377 Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Land entitlement consulting, design, planning, remodeling, permitting, Owners Rep.	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999 \$2,000 - \$10,000
\$2,000 - \$10,000	\$2,000 - \$10,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Corporation	NATURE OF INVESTMENT Partnership Sole Proprietorship
NATURE OF INVESTMENT Partnership Sole Proprietorship Corporation Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION CEO	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499 × \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	□ \$500 - \$1,000 □ OŸER \$100,000 □ \$1,001 - \$10,000
■ \$1,001 - \$10,000 ■ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or X Names listed below	None or Names listed below
SEE ATTACHED	9
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	Leasehold Other Other Check box if additional schedules reporting investments or real property
Check box if additional schedules reporting investments or real property are attached	are attached

Comments: _

SCHEDULE A-2

Attachment

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Veronica Vargas

BUSINESS ENTITY OR TRUST: Agora Lands Consulting, Inc.

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE

Turlock Petroleum Inc; Raja Chandi Group; Prabhjot Singh & Jaspreet Kaur; Train Group Inc; Stockton 1313 Petroleum Inc.; Patterson Petroleum LLC; Newport Private Group; Cliff Rogers; Central Valley Investment LLC; Aman Truck Line LLC.

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION					
Name					
Veronica Vargas					

1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Agora Land Consulting	Grocery Outlet
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1080 Kaden Lane, Tracy, CA 95377	5650 Hollis Street Emeryville, CA 94608
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Land Entitlement, Permitting, Consulting	Grocery, Consumer Goods
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
CEO	Senior Entitlement Manager
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED No Income - Business Position Of \$500 - \$1,000 \$1,001 - \$10,000 X 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.)	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	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or mo
(Describe)	(Describe)
Other	(Describe)
	Other(Describe)
Other	PERIOD al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender
Other	PERIOD Al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available it status. Personal loans and loans received not in a lender ws: INTEREST RATE Wone None SECURITY FOR LOAN
Other	PERIOD al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available il status. Personal loans and loans received not in a lenderws: INTEREST RATE Wone None
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	PERIOD Al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available it status. Personal loans and loans received not in a lender's: INTEREST RATE Whome SECURITY FOR LOAN None Personal residence
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your officia regular course of business must be disclosed as follow. NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	PERIOD Al lending institution, or any indebtedness created as part the lender's regular course of business on terms available il status. Personal loans and loans received not in a lender's: INTEREST RATE WOND None SECURITY FOR LOAN
County Coun	Describe) PERIOD Al lending institution, or any indebtedness created as part the lender's regular course of business on terms available it status. Personal loans and loans received not in a lender's: INTEREST RATE Whone SECURITY FOR LOAN None Personal residence Real Property Street address
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your officia regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	PERIOD Al lending institution, or any indebtedness created as part the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender's: INTEREST RATE Whome SECURITY FOR LOAN None Personal residence
Other	Describe) PERIOD Al lending institution, or any indebtedness created as part the lender's regular course of business on terms available it status. Personal loans and loans received not in a lender's: INTEREST RATE Whone SECURITY FOR LOAN None Personal residence Real Property Street address
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your officia regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	PERIOD al lending institution, or any indebtedness created as part the lender's regular course of business on terms available it status. Personal loans and loans received not in a lenders: INTEREST RATE Whone SECURITY FOR LOAN None Personal residence Real Property Street address City

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Veronica Vargas

NAME OF SOURCE	E (Not an Acronym,)	► NAME O	F SOURCE	E (Not an Acronyn	n)
Surland Comp	anies					
ADDRESS (Busines	s Address Accepta	ble)	ADDRES	S (Busines	s Address Accepta	able)
1024 N Centra	al Ave, Tracy,	CA 95376				
BUSINESS ACTIVIT			BUSINES	S ACTIVIT	TY, IF ANY, OF S	OURCE
Development,			- 11		10	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S	DATE (m	m/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 28 / 21	\$ 175.00	Holiday Gift Basket	/_	_/	\$	
	\$		— II <i>—/</i> –	_/	\$	-
			- 11			
	\$		— II <i>—</i> /–		\$	-
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BUSINESS ACTIVI	TY IE ANY OF S	OURCE	- I BUSINE	SS ACTIVI	TY, IF ANY, OF S	OURCE
BUSINESS ACTIVI	11, 11 AN1, 01 3	OUNCE				
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S	DATE (n	nm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(C	, II <u>bare (ii</u>	,,,		
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ADDRESS (Busine	ss Address Accepte	able)		oo (Baomo	00 / 1001 000 / 1000 /	
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BUSINESS ACTIV	ITY, IF ANY, OF S	OURCE	II BOSINE	.00 //011	111, 11 7,111, 01	Journal
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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Filed Date: 03/02/2021 10:55 AM SAN: FPPC

Please type or print in ink.	1	L	SAN. FFFC
NAME OF FILER (LAST)	(FIRST)	(A	MIDDLE)
Vargas	Veronica		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Tracy			
Division, Board, Department, District, if application	ole	Your Position	
		City Council Memb	er
► If filing for multiple positions, list below or or	n an attachment. (Do not us		
Agency: SEE ATTACHED LIST		Position:	
2. Jurisdiction of Office (Check at least	t one box)		
State		☐ Judge, Retired Judge, P (Statewide Jurisdiction)	ro Tem Judge, or Court Commissioner
Multi-County		County of	
City of Tracy Tracy			
3. Type of Statement (Check at least on	e box)		
Annual: The period covered is January 1 December 31, 2020.	-	Leaving Office: Date	Left/ Check one circle.)
-or- The period covered is/_ December 31, 2020.	, through		is January 1, 2020, through the date of
Assuming Office: Date assumed		-	is/, through office.
Candidate: Date of Election	and office sough	t, if different than Part 1:	
4. Schedule Summary (must compl	ete) ► Total numbe	r of pages including this c	over page: 6
Schedules attached			
Schedule A-1 - Investments - schedule	attached [Schedule C - Income, Loans, &	& Business Positions - schedule attached
Schedule A-2 - Investments - schedule	e attached [Schedule D - Income - Gifts -	
Schedule B - Real Property - schedule	e attached [Schedule E - Income – Gifts –	Travel Payments - schedule attached
-or- ☐ None - No reportable interests	on any schodulo		
5. Verification	он ану вспечине		
MAILING ADDRESS STREET	CITY	ST	ATE ZIP CODE
(Business or Agency Address Recommended - Public Docu	_	,	CA 95377-6668
DAYTIME TELEPHONE NUMBER	Tracy	EMAIL ADDRESS	JO 11-0000
		V	
I have used all reasonable diligence in preparin herein and in any attached schedules is true a	-		t of my knowledge the information contained
I certify under penalty of perjury under the	laws of the State of Califo	rnia that the foregoing is true an	d correct.
Date Signed 03/02/2021 10:55 /	AM	Signature Elec	tronic Submission
(month, day, year)			ned paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Veronica Vargas

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Tri-Valley-San Joaquin Valley Regional Rail Authority		Board of Directors	Multi-county Alameda, San Joaquin, and Contra Costa	Annual	01/01/20 - 12/31/20

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Veronica Vargas

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Agora Lands Consulting, Inc.	
Name	Name
1080 Kaden Lane, Tracy Ca 95377	All Control Address Association
Address (Business Address Acceptable)	Address (Business Address Acceptable) Check one
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Land entitlement consulting, design, planning, remodeling, permitting, Owners Rep.	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999
X \$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship X Corporation Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION CEO	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S \$0 - \$499 S \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000 S1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	■ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or X Names listed below	None or Names listed below
SEE ATTACHED	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	■ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 	\$2,000 - \$10,000 \$10,001 - \$100,000
\$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments: _

SCHEDULE A-2

Attachment



BUSINESS ENTITY OR TRUST: Agora Lands Consulting, Inc.

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE

Turlock Petroleum Inc; Raja Chandi Group; Prabhjot Singh & Jaspreet Kaur; Train Group Inc; Stockton 1313 Petroleum Inc.; Patterson Petroleum LLC; Newport Privaye Group

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Veronica Vargas

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Agora Land Consulting	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1080 Kaden Lane, Tracy Ca	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Land Entitelemnt, Permiting, Consulting	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
CEO	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$1,001 - \$10,000
X \$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
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(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 Il status. Personal loans and loans received not in a lender's ws:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDDEOG (Dusiness Address Association)	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
DISCINICAS ACTIVITY IS ANY OF LENDED	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
· .	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	<u> </u>

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name

Veronica Vargas

NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
League of California Cities	CVRA
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1400 K St. Sacramento, Ca 95814	1635 Chester Dr. Tracy Ca 95376
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association	11
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
01 / 23 / 20	02 / 20 / 20 \$15.00 conference breakfast
	\$
	\$
▶ 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)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(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
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
\$	\$
Comments:	

Filed Date: 04/06/2020 11:36 AM SAN: FPPC

SCHEDULE D Income - Gifts



					
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE	E (Not an Acronym,		
California League of Cities - Latino Coucus		Surland Company			
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)			
1400 K St. Sacramento, Ca 95814		1024 N. Centi	ral Ave. Tracy	Ca 95376	
BUSINESS ACTIVITY, IF ANY, OF SC			ITY, IF ANY, OF SC		
Trade Association		Real Estate			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
<u>06 , 28 , 19</u> <u>\$50.00</u>	Conference Meal	12,20,19	\$ <u>50.00</u>	Holiday Gift Basket	
06,29,19 \$50.00	Conference Meal		\$		
06,30,19 \$50.00	Conference Meal		\$		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE	E (Not an Acronym)	
California League of Cities -		LCCLC			
ADDRESS (Business Address Accepta	,		ss Address Acceptal	ble)	
1400 K St. Sacramento, Ca		1400 K St Sa	•	··· ,	
BUSINESS ACTIVITY, IF ANY, OF SC		BUSINESS ACTIV	ITY, IF ANY, OF SC	DURCE	
Trade Association		Trade associa	ation		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
12 , 04 , 19 _{\$} 50.00	Conference Meal	01,11,19	_{\$} 29	Conference Meal Winter Board Retreat	
12,05,19 \$50.00	Conference Meal	01 , 12 , 19	\$ 157	Conference Meal Winter board Retreat Breakfest, lunch and dinner	
12 , 06 , 19 _{\$} 50.00	Conference Meal	01 , 13 , 19	•	Conference Meal Breakfast	
► NAME OF SOURCE (Not an Acronym		Filer's Verific	ation		
League of California Cities	,	1 =			
ADDRESS (Business Address Accepta	h/o!	Print Name Veror	nica Vargas		
1400 K St Sacramento Ca 9	•				
BUSINESS ACTIVITY, IF ANY, OF SC		Office, Agency Cit	y of fracy	-	
Trade Association	OUNCE	Statement Type	X 2018/2019 Anni	ual Assuming Leaving	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)		Annual		
01,23,19 \$46.15	Conference Meal	reviewed this statem	nent and to the bes	n preparing this statement. I have it of my knowledge the information	
01,24,19 \$46.15	Conference Meal	11	nalty of perjury i	schedules is true and complete. under the laws of the State of	
06 , 14 , 19	Conference Meal	Camorina mat me		2020 11:36 AM	
Ψ		Date Signed		(h, day, year)	
		Filer's Signature	Electr	onic Submission	
Comments:				-	

SCHEDULE D Income - Gifts



NAME OF SOURC	E (Not an Acrony	m)	► NAME OF SOURCE (Not an Acronym)
LCCLC			LCCLC
ADDRESS (Busines	ss Address Accept	able)	ADDRESS (Business Address Acceptable)
1400 K St Sac	cramento		1400 K St Sacramento
BUSINESS ACTIVI		SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Associa	ation		Trade Assocaiation
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
01 , 11 , 19	\$.33 \$	San Jose Reception Winter Board Retreat	05 , 03 , 19 \$9.50 Call of Action Reception
02 , 28 , 19	8.52	Council Mixer Reception	06 28 19 \$85.95 Mid Year Board Retreat Lunch and Dinner
04 , 11 , 19	\$27.18	Networking Reception Latino Caucus	06, 29, 19 113 Mid Year Retreat Breakfast, Lunch and Dinner
► NAME OF SOURC	C (Alet on Aerony	m)	► NAME OF SOURCE (Not an Acronym)
LCCLC	E (NOT All ACTORY	in)	LCCLC
ADDRESS (Busines	an Address Assen	fabla	ADDRESS (Business Address Acceptable)
·	-	lable)	1400 K. St Sacramento
1400 K St. Sa		COURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Assoca		SOURCE	Trade Association
		DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
09 , 16 , 19	\$ 19.71	Network Event Reception	10, 26, 19 \$47.00 USC Price School Reception
10 , 17 , 19	\$62.97	Annual Conference Dinner	\$
01 , 17 , 19	\$ <u>22.00</u>	Annual Conference Reception	\$
► NAME OF SOURC	CE (Not an Acrony	m)	Filer's Verification
			Print Name Veronica Vargas
ADDRESS (Busine	ss Address Accep	table)	Office, Agency City of Tracy
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	Statement Type 2018/2019 Annual Assuming Leaving
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	Annual Candidate
	\$		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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	\$		04/06/2020 11:36 AM
			(month, day, year)
			Filer's SignatureElectronic Submission

Comments: __

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 03/17/2020 10:35 AM SAN: FPPC

NAME OF FILER (LAS	ST)	(FIRST)		······································	(MIDDLE)
Vargas	V	eronica			
1. Office, Ager	ncy, or Court				
Agency Name ((Do not use acronyms)			#V #	
City of Tracy	y				
Division, Board,	Department, District, if applicable		Your F	Position	
			City	Council Member	
► If filing for m	ultiple positions, list below or on an attachme	nt. <i>(Do not</i>	use acronyms)		
Agency:			Posit	ion:	
 2. Jurisdiction	of Office (Check at least one box)				
☐ State				ge, Retired Judge, Pro Ten iewide Jurisdiction)	n Judge, or Court Commissioner
☐ Multi-County			_ Cou	nty of	
区ity of Tra	су		_ Dthe	er	
3. Type of Sta	atement (Check at least one box)		•	_	
D	he period covered is January 1, 2019, throug recember 31, 2019.	h	☐ Lea	aving Office: Date Left (Check	l one circle.)
	he period covered is/	, through	h O -or-	The period covered is Jar leaving office.	nuary 1, 2019, through the date of
☐ Assuming	Office: Date assumed/				
☐ Candidate:	Date of Election an	d office souç	ght, if different th	an Part 1:	
4. Schedule S	Summary (must complete) ► 70	tal numb	er of pages i	including this cover	page:3
Schedules			. •	·	. •
□ Schadul	le A-1 - Investments – schedule attached		☐ Schedule (C - Income. Loans. & Busin	ness Positions – schedule attached
=	le A-2 - Investments – schedule attached			D - Income - Gifts - sched	
	le B - Real Property – schedule attached				I Payments - schedule attached
			_		
· · · · · · · · · · · · · · · · · · ·	- No reportable interests on any sci	nedule			
5. Verification					
MAILING ADDRESS (Business or Agenc	S STREET y Address Recommended - Public Document)	CITY		STATE	ZIP CODE
		Tracy		CA	95377-6668
DAYTIME TELEPHO	ONE NUMBER		EMAIL ADDRE	SS	
	reasonable diligence in preparing this stateme ny attached schedules is true and complete.				y knowledge the information contained
I certify under	penalty of perjury under the laws of the S	tate of Calif	fornia that the f	oregoing is true and cor	rect.
Date Signed	03/17/2020 10:35 AM		Signature	Electroni	ic Submission
	(month, day, year)		J	(File the originally signed paper	er statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Veronica Vargas

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Agora Lands Consulting, Inc.	
Name 1080 Kaden Lane, Tracy Ca 95377	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Land Entitlement Consulting	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED DISPOSED Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Corporation Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION CEO	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
☐ \$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or ☒ Names listed below Turlock Petroleum Inc.; Raja Chandi Group; Prabhjot	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
Singh & Jaspreet Kaur; Train Group Inc; Stockton 1313Petroleum Inc.	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: □ INVESTMENT □ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED DISPOSED
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name

Veronica Vargas

NAME OF SOURC	E (Not an Acron	ym)	╗┍	NAME OF SOURC	E (Not an Acron	nym)	
League of Cal	ifornia Cities	3	$\ \ $	Surland Company			
ADDRESS (Business Address Acceptable)		- 11	ADDRESS (Business Address Acceptable)				
1400 K St Sacramento Ca 95814			1024 N. Central Ave. Tracy Ca 95376				
BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE		BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE	
Trade Associa	ation		\Box	Real Estate		·	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
01 , 23 , 19	_{\$} 46.15	Conference Meal		12 , 20 , 19	\$ <u>50.00</u>	Holiday Gift Basket	
<u>01 , 24 , 19</u>	_{\$} 46.15	Conference Meal			\$		
<u>06 / 14 / 19</u>	_{\$} _46.15	Conference Meal			\$	_	
NAME OF SOURCE	E (Not an Acron	nym)	╗	NAME OF SOURC	E (Not an Acror	nym)	
		s - Latino Coucus	$\parallel \parallel$	California Lea	gue of Citie	s - Latino Coucus	
ADDRESS (Busines			-11	ADDRESS (Busines	ss Address Acce	eptable)	
1400 K St. Sa	cramento, C	Ca 95814		1400 K St. Sa	cramento, 0	Ca 95814	
BUSINESS ACTIVI	ITY, IF ANY, OF	SOURCE	Ш	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE	
Trade Associa	ation		Ш	Trade Associa	ation		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	H	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
<u>12 , 04 , 19</u>	\$ 50.00	Conference Meal		<u>06 , 28 , 19</u>	\$ 50.00	Conference Meal	
<u>12 , 05 , 19</u>	\$ 50.00	Conference Meal		06 , 29 , 19	\$ 50.00	Conference Meal	
<u>12 , 06 , 19</u>	\$ 50.00	Conference Meal		06 / 30 / 19	\$ 50.00	Conference Meal	
► NAME OF SOURC	CE (Not an Acroi	nym)		NAME OF SOURCE	E (Not an Acro	nym)	
ADDRESS (Busine	ess Address Acce	eptable)		ADDRESS (Busine	ss Address Acce	eptable)	
BUSINESS ACTIV	TTY, IF ANY, OF	SOURCE		BUSINESS ACTIV	ITY, IF ANY, OF	F SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	\$				\$		
	\$				\$		
	\$				\$		
Comments:					<u> </u>		

AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

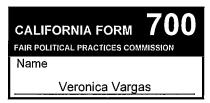
COVER PAGE

Filed Date: 04/09/2019 09:56 AM

SAN: FPPC

Please type or print in ink.		0,44.1110
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Vargas	Veronica	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Tracy	·	
Division, Board, Department, District, if applicable	Your Position	
	City Council Mer	nber
▶ If filing for multiple positions, list below or on an attach	ment. (Do not use acronyms)	
Agency: SEE ATTACHED LIST	Position:	
2. Jurisdiction of Office (Check at least one box)		
☐ State	_	missioner (Statewide Jurisdiction)
☐ Multi-County	_	
⊠ City of Tracy	·	
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2018, thropecomber 31, 2018.	ough Leaving Office: Da	ate Left/ (Check one circle.)
The period covered is/	leaving office.	ered is January 1, 2018, through the date of
Assuming Office: Date assumed	-or- The period cove the date of leavi	ered is/, through ing office.
Candidate: Date of Electionan		•
1 Schodula Summani (must complete)	Total number of a 1 1 2 2 2	2
 Schedule Summary (must complete) ► Schedules attached 	Total number of pages including this	s cover page:
☐ Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loar	ns, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attached		
Schedule B - Real Property – schedule attached	Schedule E - Income - Gif	fts - Travel Payments - schedule attached
-or-		
☐ None - No reportable interests on any sche	eaule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	Tracy	CA 95377-6668
DATHING TELEFTIONE NUMBER	E-MAIL ADDRESS	
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complet		best of my knowledge the information contained
I certify under penalty of perjury under the laws of the		and correct.
Date Signed04/09/2019 09:56 AM	_ Signature	Electronic Submission
(month, day, year)	(File the original)	ly signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT



EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Tri-Valley-San Joaquin Valley Regional Rail Authority		Board of Directors	Multi-county Alameda, San Joaquin, and Contra Costa	Annual	05/26/18 - 12/31/18

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 04/02/2019 02:21 PM SAN: FPPC

NAME OF FILER (LA	AST)	(FIRST)	(MIDDLE)
Vargas		Veronica	
1. Office, Age	ncy, or Court		•
Agency Name	(Do not use acronyms)		
City of Trac	су		
Division, Board	, Department, District, if applicable		Your Position
			City Council Member
► If filing for r	nultiple positions, list below or on an attachm	nent. (Do not us	se acronyms)
Agency: SEE	E ATTACHED LIST		Position:
2. Jurisdictio	on of Office (Check at least one box)		
State			☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-Count	iy		County of
	acy		Other
3. Type of St	atement (Check at least one box)		
	The period covered is January 1, 2018, thro December 31, 2018.	ugh	Leaving Office: Date Left
	The period covered is	, through	 The period covered is January 1, 2018, through the date of -or- leaving office.
☐ Assuming	Office: Date assumed		The period covered is/, through the date of leaving office.
☐ Candidate	e: Date of Election a	and office sought	t, if different than Part 1:
		Total number	r of pages including this cover page:4
Schedule	s attached		
☐ Sched	ule A-1 - Investments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
Schede	ule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached
☐ Sched	ule B - Real Property - schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- □ Non	e - No reportable interests on any s	chedule	
5. Verification	1		
MAILING ADDRES	SS STREET ccy Address Recommended - Public Document)	CITY	STATE ZIP CODE
	,	Tracy	CA 95304-5882
DAYTIME TELEPH	IONE NUMBER		EMAIL ADDRESS
	reasonable diligence in preparing this statemany attached schedules is true and complete		ewed this statement and to the best of my knowledge the information contained a this is a public document.
I certify unde	r penalty of perjury under the laws of the	State of Califor	rnia that the foregoing is true and correct.
Date Signed _	04/02/2019 02:21 PM	5	Signature Electronic Submission
	(month, day, year)	`	(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Veronica Vargas

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Tri-Valley-San Joaquin Valley Regional Rail Authority		Board of Directors	Multi-county Alameda, San Joaquin, and Contra Costa	Annual	05/26/18 - 12/31/18

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Veronica Vargas

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Agora Lands Consulting, Inc.	
Name	Name
1080 Kaden Lane, Tracy Ca 95377	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Land Entitlement Consulting	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT ☐ Partnership ☐ Sole Proprietorship ☒ Corporation Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION CEO	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
□ \$0 - \$499	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) None or Names listed below Turlock Petroleum Inc.; Raja Chandi Group; Prabhjot Singh & Jaspreet Kaur; Train Group Inc; Stockton 1313Petroleum Inc.	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Veronica Vargas

► NAME OF SOURCE (No	ot an Acronym)		NAME OF SOURCE	E (Not an Acronym)	
League of Califor	nia Cities		Surland Comp	any	
ADDRESS (Business Address Acceptable))	ADDRESS (Business Address Acceptable)		
1400 K St., Sacra	amento, CA 9	95814	1024 N Centra	ıl Ave., Tracy, (CA 95376
BUSINESS ACTIVITY, IF	ANY, OF SOUR	CE	BUSINESS ACTIVIT	Y, IF ANY, OF SOUR	RCE
Trade Association	n		Real Estate		
DATE (mm/dd/yy) VAI	LUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 , 17 , 18</u> _{\$} 4	14.42	Conference Reception	<u>12 , 14 , 18</u>	\$ 50.00	Holiday Gift Basket
<u>01 / 18 / 18</u> _{\$} 1	17.34	Conference Meal		\$	
<u>01,18,18</u> _{\$} 3	33.38	Conference Meal		\$	
► NAME OF SOURCE (No	ot an Acronym)		► NAME OF SOURCE	(Not an Acronym)	· · · · ·
Boys & Girls Club	of Tracy		Townsend Pul	blic Affairs	
ADDRESS (Business Add	ldress Acceptable)	,	ADDRESS (Busines	s Address Acceptable	9)
753 W Lowell Ave	e., Tracy, CA	95376	925 L St., Suit	e 1404, Sacrar	mento, CA 95814
BUSINESS ACTIVITY, IF	ANY, OF SOUR	CE	BUSINESS ACTIVIT	Y, IF ANY, OF SOUR	RCE
Non-Profit			Public Affairs		
DATE (mm/dd/yy) VAI	LUE	DESCRIPTION OF GIFT(S),	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 , 02 , 18</u> _{\$} 1	100.00	Event Tickets	<u>11 , 18 , 18</u>	\$ <u>160.00</u>	Raiders Ticket
\$				\$	
/\$.			\$	
► NAME OF SOURCE (No	ot an Acronym)		► NAME OF SOURCE	(Not an Acronym)	
California Carpen	iters Regiona	al Council	Leauge of Cal	ifornia Cities (C	Continued)
ADDRESS (Business Add	dress Acceptable)		ADDRESS (Busines	s Address Acceptable	
265 Hegenberger	Rd., Suite 2	00, Oakland, CA 94621	1400 K St., Sa	cramento, CA	95814
BUSINESS ACTIVITY, IF	ANY, OF SOUR	DE .	BUSINESS ACTIVIT	Y, IF ANY, OF SOUR	RCE
Trade Union			Trade Associa	tion	
DATE (mm/dd/yy) VAL	LUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12,09,18</u> _{\$} 4	15	Event Ticket	<u>04 , 12 , 18</u>	\$29.63	Conference Meal
\$	 		<u>06 , 07 , 18</u>	<u>\$_17.23</u>	Conference Meal
			<u>06 , 07 , 18</u>	\$ <u>37.49</u>	Conference Reception
Comments:			 .		

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

COVER PAGE

Please type or print in ink.		RECEI	VED Martian
NAME OF FILER (LAST) (F	IRST)	OII OMENIN	(MiDDLE)
Vargas	/eronica	2018 AUG - I	AM 10: 18
1. Office, Agency, or Court		OITV AC	70 % O V
Agency Name (Do not use acronyms)	•		18809
City of Tracy			
Division, Board, Department, District, if applicable		Your Position	
		City Council Member	
▶ If filing for multiple positions, list below or on an attachmen	t. (Do not use a	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one box)			
State		☐ Judge or Court Commissioner (State	ewide Jurisdiction)
		County of	•
X City of	· -	Other	
3. Type of Statement (Check at least one box)	·		
Annual: The period covered is January 1, 2017, through December 31, 2017.		Leaving Office: Date Left	
/ -or- The period covered is// December 31, 2017.	, through	 The period covered is January leaving office. 	1, 2017, through the date of
Assuming Office: Date assumed/		 The period covered is/_ the date of leaving office. 	, through
Candidate: Date of Election 11618 and	l office sought, if	different than Part 1:	
 Schedule Summary (must complete) ► To Schedules attached 	tal number o	f pages including this cover pag	e:4
Schedule A-1 - Investments - schedule attached	X	Schedule C - Income, Loans, & Business	Positions – schedule attached
★ Schedule A-2 - Investments – schedule attached	_	Schedule D - Income - Gifts - schedule a	
Schedule B - Real Property – schedule attached		Schedule E • Income – Gifts – Travel Pay	ments – schedule attached
-Or-	do.		
□ None - No reportable interests on any schedu	II U		
5. Verification MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)			
333 Civic Center Plaza	Tracy	E-MAIL ADDRESS	95376
AT TIME TELEPHONE NUMBER	i i	IVIAIL ADDINESS	
I have used all reasonable diligence in preparing this statemen herein and in any attached schedules is true and complete.			wledge the information contained
I certify under penalty of perjury under the laws of the St		\wedge	
Data Stand 8 1 2018	ei.	nation a se	
Date Signed	Jig	(File the originally signed stateme	nt with you diling official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

	ALIFORNIA FORM IR POLITICAL PRACTICES	700 COMMISSION
<u>}</u>	ame JEROUICA VA	MBAS

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Agora Lands Consulting, Inc.	
Name 1080 Kaden Lane, Tracy, CA 95377	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Land Entitlement Consulting	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship X Corporation Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Chief Executive Officer	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$OVER \$100,000 \$1,001 - \$10,000	S0 - \$499 S10,001 - \$100,000 OVER \$100,000 \$500 - \$1,000 OVER \$100,000
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 17 / 17 17 17 17 17 17 18 100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED DISPOSED Over \$1,000,000 CITED C
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	FDDC Form 700 (2017 /2018) Sch. A.

Comments:_

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Veronica Vargas

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Jeffery Thibeault & Desiree Hale	Trumark Homes, LLC
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1266 Shady Court, Tracy, CA 95377	4185 Blackhawk Plaza Circle, Danville, CA 94506
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	Construction
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
	Development Director
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,000 X 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.)	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.)
Real property	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)
<u> </u>	Other
Other(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	RIOD
retail installment or credit card transaction, made in the	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	OFFICIAL FOR LOAN
	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ Note ☐ Felsolial fesidolice
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	Oneat addless
<u></u> \$500 - \$1,000	City
\$1,001 - \$10,000	
—	City Guarantor
\$1,001 - \$10,000	Guarantor
\$1,001 - \$10,000 \$10,001 - \$100,000	
\$1,001 - \$10,000 \$10,001 - \$100,000	☐ Guarantor

SCHEDULE D Income - Gifts

Veronica Vargas

NAME OF SOURCE (Not an Acronym) Tracy Babe Ruth League ADDRESS (Business Address Acceptable) PO Box 624, Tracy, CA 95378 BUSINESS ACTIVITY, IF ANY, OF SOURCE	NAME OF SOURCE (Not an Acronym) Tracy Little League ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable) PO Box 624, Tracy, CA 95378	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable) PO Box 624, Tracy, CA 95378	·
PO Box 624, Tracy, CA 95378	DO Day 404 Trans OA 05270
	PO Box 104, Tracy, CA 95378
	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Youth Baseball Organization	Youth Baseball Organization
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
03 , 17	03 17 \$ 6.00 Opening Day Ticket
\$	
► NAME OF SOURCE (Not an Acronym)	NAME OF SOURCE (Not an Acronym)
St. Bernards Catholic Church	The Northern California Carpenter
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
165 W Eaton Avenue, Tracy, CA 95376	265 Hegenberger Road, Ste 200, Oakland, CA 9462
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Religious Organization	Building and Construction
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
02 <u>17</u> \$ 12.00 Coffee	11 17 45.00 Event Ticket
\$	\$
► NAME OF SOURCE (Not an Acronym)	NAME OF SOURCE (Not an Acronym)
Union Pacific Railroad	Spartans Basketball League
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
50 California St, Ste 1563, San Francisco CA 94111	865 Manor Court, Tracy, CA 95377
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Transportation	DATE (MALLE BEOODINTION OF CIET/O)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 <u>17 \$ 10.00 Calendar</u>	11 19 17 \$ 30.00 Team Jacket
	\$
0	
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Ose Only

COVER PAGE

RECEIVED CITY CLERK'S OFFICE

NAME OF FILER (LAST) Vargas Veronica 2010 MAR 13 PM 5: 30 1. Office, Agency, or Court Agency Name (Do not use acron ms) City of Tracy Division, Board, Department, District, if applicable Vour Position City Council Member If filling for multiple positions, list below or on an attachment. (Do not use acron ms) Agency: Position: 2010 MAR 13 PM 5: 30 CITY OF TRACY TRACY. CA City of Tracy Division, Board, Department, District, if applicable Your Position Position: 2. Jurisdiction of Office (Check at least one bo) State	
1. Office, Agency, or Court Agency Name (Do not use acron ms) City of Tracy Division, Board, Department, District, If applicable ✓ Your Position City Council Member ✓ If filling for multiple positions, list below or on an attachment. (Do not use acron ms) Agency: ✓ Position: 2. Jurisdiction of Office (Check at least one bo) ✓ State ✓ Judge or Court Commissioner (Statewide Jurisdict)	
1. Office, Agency, or Court Agency Name (Do not use acron ms) City of Tracy Division, Board, Department, District, if applicable Vour Position City Council Member If filing for multiple positions, list below or on an attachment. (Do not use acron ms) Agency: Position: 2. Jurisdiction of Office (Check at least one bo) State State	
City of Tracy Division, Board, Department, District, If applicable Vour Position City Council Member If filling for multiple positions, list below or on an attachment. (Do not use acron ms) Agency: Position: 2. Jurisdiction of Office (Check at least one bo) State Judge or Court Commissioner (Statewide Jurisdiction)	
Division, Board, Department, District, If applicable City Council Member ► If filing for multiple positions, list below or on an attachment. (Do not use acron ms) Agency: Position: Jurisdiction of Office (Check at least one bo) State Judge or Court Commissioner (Statewide Jurisdiction)	
City Council Member ► If filing for multiple positions, list below or on an attachment. (Do not use acron ms) Agency: Position: Z. Jurisdiction of Office (Check at least one bo) State	<u> </u>
 ▶ If filing for multiple positions, list below or on an attachment. (Do not use acron ms) Agency:	
Agency:	
2. Jurisdiction of Office (Check at least one bo) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)	
2. Jurisdiction of Office (Check at least one bo) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdict	
☐ State ☐ Judge or Court Commissioner (Statewide Jurisdict	
Engage of Court Contribution (Statewice Jurisdict	
Multi-County County of	•
	
City of Tracy	
. Type of Statement (Check at least one bo)	
Annual: The period covered is January 1, 2017, through	
December 31, 2017. (Check one)	
The period covered is/, through Oriented is January 1, 2017, through December 31, 2017.	igh the date of
Assuming Office: Date assumed	, through
Candidate: Date of Election and office sought, if different than Part 1:	
Schedule Summary (must complete) Total number of pages including this cover page: 4 Schedules attached	
Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - sch	المحاددات مالاحداد
Schedule A-2 - Investments – schedule attached	ieoule attached
Schedule B - Real Propert - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule	lule attached
or _*	
□ None - No reportable interests on an schedule	:
Verification	rmeetic
MAILING ADDRESS STREET CITY STATE ZIP COD (Business or Agenc Address Recommended - Public Document)	DE
333 Civic Center Plaza	6
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS	0
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the info herein and in any attached schedules is true and complete. I acknowledge this is a public decument.	rmation containe
I certify under penalty of perjury under the laws of the State of California that the state of Californ	
Date Signed Signature Signature Signature	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 7	(0)
Name	

1/EUSINESS/ENTITY/OR TRUST	1. BUSINESS ENTRY OR TRUST
Agora Lands Consulting, Inc.	
Name	Name
1080 Kaden Lane, Tracy, CA 95377	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Check one
	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Land Entitlement Consulting	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
	\$0 - \$1,999
\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED	\$2,000 - \$10,000 / 17 / 17
X \$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Corporation	Partnership Sole Proprietorship
	Olher
YOUR BUSINESS POSITION Chief Executive Officer	YOUR BUSINESS POSITION
22 IDENTIFY THE GROSS INCOME RECEIVED JIMOU DE VOUE PRO DATA	
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	S0 - \$499 S10,001 - \$100,000
□ \$500 - \$1,000	S500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF (NGOME OF \$10,000 OR MORE (Allaci) a separate sheet if necessary)	3 LIST, THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Affact a separate sheet ti necessary)
X None or Names listed below	None or Names listed below
<u> </u>	

4: INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	43 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BEALTE BUSINESS ENTITY OR TRUST	LEASED BETTHE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Business Entity, If Investment, or	N AB
Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, If investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City of Other Precise Location of Real Property	Description of Business Activity or
	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000 / 17 / 17
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	U Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	• • •
are allached	Check box if additional schedules reporting investments or real property are attached

Comments:__

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

	CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name
	Veronica Vargas
- 1	

YLINCOME REGEIVED:	/ INCOME/RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Jeffery Thibeault & Desiree Hale	Trumark Homes, LLC
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1266 Shady Court, Tracy, CA 95377	4185 Blackhawk Plaza Circle, Danville, CA 94506
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	Construction
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
	Development Director
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 \$1,000
S10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 X 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.)	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.)	Parinership (Less than 10% ownership, For 10% or greater use Schedule A-2.)
X sale of Real property	Sale of
(Real propert , car, boat, etc.)	(Real propert , car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, that each source of \$10,000 or more
	Tested theories, as each source of \$10,000 of high
(Describe)	(Describe)
Other	Other
(Describe) ### 22-LOANS RECEIVED OR OUTSTANDING DURINGSTHESKEROKTIKESHERI	(Describe)
retall installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDDOG ON I	% None
ADDRESS (Business Address Acceptable)	-
NICHASON ACTURNATION	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$600 - \$1,000	Cit
S1,001 - \$10,000	
\$10,001 · \$100,000	Guarantor
OVER \$100,000	
	Other(Describe)
Comments:	

SCHEDULE D Income - Gifts



NAME OF SOURCE (Not an Acron m)	NAME OF SOURCE (Not an Acron m)
Tracy Babe Ruth League	Tracy Little League
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
PO Box 624, Tracy, CA 95378	PO Box 104, Tracy, CA 95378
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Youth Baseball Organization	Youth Baseball Organization
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
03 17 s 6.00 Opening Day Ticket	03 , 17 s 6.00 Opening Day Ticket
\$	
NAME OF SOURCE (Not an Acron m)	NAME OF SOURCE (Not an Acron m)
St. Bernards Catholic Church	The Northern California Carpenter
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
165 W Eaton Avenue, Tracy, CA 95376	265 Hegenberger Road, Ste 200, Oakland, CA 94621
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Religious Organization	Building and Construction
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
02 , 17	11 17 s 45.00 Event Ticket
s	
	<u></u>
\$	
NAME OF SOURCE (Not an Acron m)	NAME OF SOURCE (Not an Acron m)
Union Pacific Railroad	Spartans Basketball League
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
50 California St, Ste 1563, San Francisco CA 94111	865 Manor Court, Tracy, CA 95377
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Transportation	,,
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 , 17	11 , 19 , 17 s 30.00 Team Jacket
	\$
\$	
0	
Commen s:	

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE

CITY CLERK'S OFFICE

Please type or print in ink.	CITY CLERK'S OFFICE
NAME OF FILER (LAST)	(FIRST) 2019 MAD 10 DU (MIDDLE)
Vargas	Veronica 2018 MAR 13 PM 5: 36
1. Office, Agency, or Court	CITY OF TRACY
Agency Name (Do not use acronyms)	TRACY, CA
City of Tracy	
Division, Board, Department, District, if applicable	Your Position
	City Council Member
▶ If filing for multiple positions, list below or on an attachment. (Do not us	se acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
State	Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
☐ City of Tracy	•
Py Only Of	
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2016, through December 31, 2016.	Leaving Office: Date Left/(Check one)
The period covered is/, through December 31, 2016.	 The period covered is January 1, 2016, through the date of leaving office.
Assuming Office: Date assumed//	O The period covered is/, through the date of leaving office.
Candidate: Election year and office sought,	if different than Part 1:
(Sahadula Suumani (ausat aamalata) 7 ()	
 Schedule Summary (must complete) ► Total number Schedules attached 	r or pages including this cover page: ==
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments schedule attached	Schedule D - Income - Giffs - 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 (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
333 Civic Center Plaza Tracy	CA 95376
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
A COMPANY OF THE COMP	Vorsion Wings Company
I have used all reasonable diligence in preparing this statement. I have rev herein and in any attached schedules is true and complete. I acknowledg	viewed this statement and to the best of my knowledge the information contained ge this is a public document.
I certify under penalty of perjury under the laws of the State of Califo	ornia that the foregoing is true and correct.
3/7/2018	
Date Signed (month, day, year)	Signature (File the originally signed statement) with your filing official.)

SCHEDULE D Income - Gifts



► NAME OF SOURCE (Not an Acronym)			► NAME OF SOURCE (Not an Acronym)		
Cornerstone Eath Group					
ADDRESS (Business Address Acceptable) 1270 Springbrook Rd #101, Walnut Creek, CA 94597			ADDRESS (Business Address Acceptable)		
			District to the second		
BUSINESS ACTIVITE Engineering	ry, if any, of sc	DURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
		·	BEGORIE (IIIIIIIII)		
10,14,16	\$50.00	Hockey Game Ticket	\$		
10, 16, 16	\$ 50.00	Soccer Game Ticket	\$		
11 ,06 ,16	182.50	Football Game Ticket	\$		
NAME OF SOURCE	E (Not an Acronyn	n)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Busines	ss Address Accept	able)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVIT	TY, IF ANY, OF SC	URÇE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
	· \$	And the second s			
	\$				
	\$				
NAME OF SOURCE	E (Not an Acronym	7)	Filer's Verification		
ADDRESS (Busines	ss Address Accepta	able)	Print Name Veronica Vargas		
BUSINESS ACTIVIT	TY. IF ANY. OF SC	URCE	Office, Agency City of Tracy or Court		
	- ·, · · · · · · · · - · - ·		Statement Type 🗵 2016/2017 Annual Assuming Leaving		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	——————————————————————————————————————		
	\$		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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
<u> </u>			Date Signed(month, day, year)		
		•	Filer's Signature		
		•			

Comments:

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED CITY CLERK'S OFFICE

Please type or print in lnk.	CITY CLERM'S OFFICE
NAME OF FILER (LAST)	(FIRST) 2010 MAD 12 DM C AT
Vargas Ve	2018 MAR 13 PM 5: 37
1. Office, Agency, or Court	CITY OF TRACY
Agency Name (Do not use acronyms)	TRACY, GA
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. (D	o not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ 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, 2015, through December 31, 2015.	Leaving Office: Date Left/(Check one)
The period covered is, to December 31, 2015.	leaving office.
Assuming Office: Date assumed/	- Or- The period covered is/, through the date of leaving office.
Candidate: Election year and office s	sought, if different then Part 1:
 Schedule Summary (must complete) ► Total n Schedules attached 	number of pages including this cover page: Z
Schedule A-1 :- /nvestments = schedule attached	Schedule C - Income, Loens, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule attached	Schedule D - Income - Giffs - 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 Trac	cy CA 95376
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
	verestion and the second secon
	have reviewed this statement and to the best of my knowledge the information contained nowledge this is a public document.
I certify under penalty of perjury under the laws of the State of	
3/7/2/18	
Date Signed (mooth, day, year)	Signature (File the originally signed statement with your filing official.)

SCHEDULE C Income, Loans, & Business Positions



(Other than Gifts and Travel Payments)

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Trumark Homes, LLC	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4185 Blackhawk Plaza Circle, Danville, CA 94506	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Development Director	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S500 - \$1,000	
S10,001 - \$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	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Pannership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of (Real propert , car, bost, etc.)
(Roal proport, car, boat, olc.)	
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)	(Describo)
Other(Describe)	Other (Dascribo)
(Describe)	(Dascribo)
Za Loans received on outstanding during the reporting per You are not required to report loans from commercial lending institution card transaction, made in the lender's regular course of business on to status. Personal loans and loans received not in a lender's regular countered to the lender's regular countered to the lender's regular countered.	ns, or any indebtedness created as part of a retail installment or credit erms available to members of the public without regard to your official
	% None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
₩.,	Real ProperlyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
S500 - \$1,000	Cit
S1,001 - \$10,000	Guarantor
S10,001 - \$100,000	
OVER \$100,000	Other (Describe)
Filer's Verification	
Print Name Veronica Vargas Office, A	gency or Court City of Tracy
Statement Type 2015/2016 Annual Annual Asst	
(1)	
I have used all reasonable diligence in preparing this statement. I have contained herein and in any attached schedules is true and complete.	reviewed this statement and to the best of my knowledge the information
I have used all reasonable diligence in preparing this statement. I have	reviewed this statement and to the best of my knowledge the information

CALIFORNIA FORM 700 PAIR POLITICAL PRACTICES COMMISSION AMENDMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED CITY CLERK'S OFFICE

NA	ME OF FILER (LAST)	(FIRST) 2010 MBD 10 DIA MIDDLE)
Vá	argas Ver	ronica 2010 MAR 13 PM 5: 37
1.	Office, Agency, or Court	CITY OF TRACY
	Agency Name (Do not use acronyms)	TRACY, CA
	City of Tracy	
	Division, Board, Department, District, if applicable	Your Position
		City Council Member
	\blacktriangleright If filing for multiple positions, list below or on an attachment. (Do	o not use acronyms)
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	State	Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	City of Tracy	
)		
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2013, through December 31, 2013.	Leaving Office: Date Left/
	-or- The period covered is/, thr	
	December 31, 2013.	leaving office.
	Assuming Office: Date assumed 12 , 02 , 2014	The period covered is, through the date of leaving office.
	Candidate: Election year and office so	ought, if different than Part 1:
4.	Schedule Summary	
	Check applicable schedules or "None."	Total number of pages including this cover page: 2
	Schedule A-1 - Investments schedule attached	Schedule C - Income, Loans, & Business Positions schedule altached
	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-	the Salaranta are any embadyila
-		ble interests on any schedule
5.	Verification	OFFICE THE CORP.
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
	Tracy	
	DAYTIME TELEPHONE NUMBER (***********************************	E-MAIL ADDRESS (OPTIONAL)
		ave reviewed this statement and to the best of my knowledge the information contained
	herein and in any attached schedules is true and complete. I acknow	owledge this is a public document,
	I certify under penalty of perjury under the laws of the State of	i California that the foregoing is true and correct.
	3/7/2018	Signatur
	Date Signed Transl day year	Signature (File the originally signed statement with your filing official.)

SCHEDULE C Income, Loans, & Business Positions

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A M E N D M E N T

(Other than Gifts and Travel Payments)

NAME OF SOURCE OF INCOME Trumark Homes, LLC	
Trumark Homas IIIC	NAME OF SOURCE OF INCOME
Trumark Flories, LCO	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4185 Blackhawk Plaza Circle, Danville, CA 94506	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Development Director	
<u> </u>	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	S500 - \$1,000 S1,001 - \$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	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
T coan repayment T tannersup	
Sale of(Real property, car, boat, etc.)	Sale of
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
CONTINSSION OF	Commission of Carterial modific, we dear source of provide a more
F7 or	
Other(Describe)	Other (Describe)
Comments:	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	
a retail installment or credit card transaction, made in to members of the public without regard to your official lender's regular course of business must be disclosed	
NAME OF LENDER	INTEREST RATE TERM (Months/Years)
ADDROOM IN C. A Library Association	%
ADDRESS (Business Address Acceptable)	home.
AUDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	buun.4
	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	SECURITY FOR LOAN None Personal residence Real Property Street address
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	SECURITY FOR LOAN None Personal residence Real Property Street address City
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	SECURITY FOR LOAN None Personal residence Real Property Street address
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	SECURITY FOR LOAN None Personal residence Real Property Street address City Guarantor
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	SECURITY FOR LOAN None Personal residence Real Property Street address City
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$190,000	SECURITY FOR LOAN None Personal residence Real Property Street address Gity Other
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 Filer's Verification	SECURITY FOR LOAN None Personal residence Real Property Street address City Other (Describe)
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 Filer's Verification	SECURITY FOR LOAN None Personal residence Real Property Street address City Other (Describe)
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 Filer's Verification Print Name Veronica Vargas Office, A Statement Type \$\textstyle{2}\text{2013/2014 Annual} \textstyle{4}	SECURITY FOR LOAN None Personal residence Real Property Street address City Other (Describe)
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$100,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification Print Name Veronica Vargas Office, A Statement Type \$2013/2014 Annual \$\insur_{(yr)}\$ Annual \$\insur_{(yr)}\$ Assurting this statement. I have contained herein and in any attached schedules is true and complete.	SECURITY FOR LOAN None Personal residence Real Property Street address City Guarantor (Describe) gency or Court City of Tracy ming Leaving Candidate reviewed this statement and to the best of my knowledge the information
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 Print Name Veronica Vargas Office, A Statement Type \$2013/2014 Annual \$\frac{(yr)}{(yr)}\$ Annual Assult have used all reasonable diligence in preparing this statement. I have contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of Ca	SECURITY FOR LOAN None Personal residence Real Property Street address City Guarantor Other (Describe) gency or Court City of Tracy aming Leaving Candidate reviewed this statement and to the best of my knowledge the information

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

AMENDIMEN	C	MEK LAGE	000	C'EVETO	
Please type or print in ink.				EIVED K'S DEFICE	
NAME OF FILER (LAST)		(FIRST)		MIDDLE)	
Vargas	Veronica		2010 MAR 13	3 PM 5: 37	
1. Office, Agency, or Court			CITY O	FTRACY	
Agency Name (Do not use acronyms)				CY. CA	·····
City of Tracy					
Division, Board, Department, District, if applicable	le	Your Position			
		City Counc	oil 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 or Co	urt Commissioner (S	talewide Jurisdiction)	
Multi-County		County of _			
City of Tracy	· · · · · · · · · · · · · · · · · · ·	Other		was a substitution of the	
3. Type of Statement (Check at least one	· box}		****		
Annual: The period covered is January 1, December 31, 2013.	2013, through	Leaving Ol (Check one			-
The period covered is/ December 31, 2013.	, through	The per leaving		ry 1, 2013, through the	date of
Assuming Office: Date assumed			iod covered is of leaving office.		through
☑ Candidate: Election year2014	and office sought, if	different than Part 1:		······································	The state of the s
4. Schedule Summary					
Check applicable schedules or "None."	▶ Total	number of page	s including this	cover page: 2	, ,
Schedule A-1 - Investments - schedule at				ness Positions – schedi	
Schedule A-2 - Investments - schedule at	'		come - Gifts - sched		
Schedule B - Real Property ~ schedule at	tached	Schedule E - Inc	come – Gifts – Travei	l Payments – schedule	altached
<u></u>	-or-				
	None - No reportable intere	esis on any scriedule			
5. Verification			DATE:	TIP BOOK	
MAILING ADDRESS STREET (Business or Agency Address Recommended ~ Public Documents)	CITY nent)		STATE	ZIP CODE	
**GENERAL CONTRACTOR	Tracy		CA	95304	
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTI	•	•	
I have used all reasonable diligence in preparin herein and in any attached schedules is true a				nowledge the information	on contained
I certify under penalty of perjury under the				ct.	
2/7/9018					
Date Signed (limith day, year)		ignature	(File the singinally signed state	emegli yith your liling official.)	
التتالي الأنتيان فأحنأ ومستحرض فيسمع بالمباري والمتباط والمروق ومناهد والمتباط والمتباط والمتباط					

SCHEDULE C Income, Loans, & Business Positions

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

(Other than Gifts and Travel Payments)

AMENDMENT

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Trumark Homes, LLC	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4185 Blackhawk Plaza Circle, Danville, CA 94506	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Development Director	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000	5500 - \$1,000
S10,601 - \$100,000 X OVER \$100,000	S10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's Income
Loan repayment Partnership	Loan repayment Partnership
Sale of (Real property, car, boat, etc.)	Sale of (Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other (Doscribe)	Other(Describe)
_	
Comments:	
* You are not required to report loans from commercial le a retail installment or credit card transaction, made in the to members of the public without regard to your official lender's regular course of business must be disclosed a	ne lender's regular course of business on terms available status. Personal loans and loans received not in a
NAME OF LENDER ²	INTEREST RATE TERM (Months/Years)
MANAGE CONTRACTOR CONT	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property Street address
HIGHEST BALANCE DURING REPORTING PERIOD	
<u>5500 - \$1,000</u>	City
\$1,001 - \$10,000	Guarantor
S10,001 - \$100,000	
OVER \$100,000	Other (Describe)
Filer's Verification	
Print Name Veronica Vargas Office, Ag	ency or Court City of Tracy
Statement Type 2013/2014 AnnualAnnualAssur	ning Leaving 🔀 Candidate
have used all reasonable diligence in preparing this statement. I have re	eviewed this statement and to the best of my knowledge the information
contained herein and in any attached schedules is true and complete.	
I certify under penalty of perjury under the laws of the State of Calil	fornia that the loregoing is true and correct.
	r's Signature

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE

Filed Date: 01/06/2017 08:28 AM SAN: FPPC

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) (FIRST) Vargas Veronica 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 filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: ____ 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State Multi-County City of Tracy 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left ____/___ December 31, 2016. (Check one) The period covered is January 1, 2016, through the date of The period covered is ________, through leaving office, December 31, 2016. O The period covered is _______, through Assuming Office: Date assumed ____/___ the date of leaving office. Candidate: Election year _____ and office sought, if different than Part 1: ____ Schedule Summary (must complete) ► Total number of pages including this cover page: ___ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or-None - No reportable interests on any schedule 5. Verification ZIP CODE MAILING ADDRESS STREET STATE (Business or Agency Address Recommended - Public Document) 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. 01/06/2017 08:28 AM Signature Date Signed __ (File the originally signed statement with your filing official.) (month, day, year)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIF	ORNIA FORM: 700 TICAL PRACTICES COMMISSION
Name	
	Veronica Vargas

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1266 Shady Ct	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
СПҮ	CITY
Tracy ,Ca 95377	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 06 / 01 / 16 / / 16 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 1 16 150,000 16
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust ☐ Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source
income of \$10,000 or more.	income of \$10,000 or more
ncome of \$10,000 or more.	income of \$10,000 or more.
ncome of \$10,000 or more.	income of \$10,000 or more.
You are not required to report loans from commercial business on terms available to members of the public	income of \$10,000 or more. None I lending institutions made in the lender's regular course of without regard to your official status. Personal loans an
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus	income of \$10,000 or more. None I lending institutions made in the lender's regular course of without regard to your official status. Personal loans an
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business of LENDER*	income of \$10,000 or more. None I lending institutions made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business of LENDER* Firefighters First Credit Union	income of \$10,000 or more. None I lending institutions made in the lender's regular course of without regard to your official status. Personal loans are siness must be disclosed as follows:
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business of the public loans received received not in a lender's regular course of business of LENDER* Firefighters First Credit Union ADDRESS (Business Address Acceptable)	income of \$10,000 or more. None I lending institutions made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER'
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business of LENDER* Firefighters First Credit Union ADDRESS (Business Address Acceptable) PO Box 60890	income of \$10,000 or more. None I lending institutions made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER'
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business First Credit Union ADDRESS (Business Address Acceptable) PO Box 60890 BUSINESS ACTIVITY, IF ANY, OF LENDER	income of \$10,000 or more. None I lending institutions made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows; NAME OF LENDER' ADDRESS (Business Address Acceptable)
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business of the public loans received not in a lender's regular course of business of the public loans received not in a lender's regular course of business of the public loans received not in a lender's regular course of business of the public loans of the public loans received not in a lender's regular course of business (Business Address Acceptable) PO Box 60890 BUSINESS ACTIVITY, IF ANY, OF LENDER Los Angeles, Ca 90060 NTEREST RATE TERM (Months/Years)	income of \$10,000 or more. None I lending institutions made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows; NAME OF LENDER' ADDRESS (Business Address Acceptable)
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business First Credit Union ADDRESS (Business Address Acceptable) PO Box 60890 BUSINESS ACTIVITY, IF ANY, OF LENDER Los Angeles, Ca 90060	income of \$10,000 or mare. None I lending institutions made in the lender's regular course of the county of the county of the lender's regular course of the county of the lender's regular course of the county of the lender's regular course of the
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* Firefighters First Credit Union ADDRESS (Business Address Acceptable) PO Box 60890 BUSINESS ACTIVITY, IF ANY, OF LENDER Los Angeles, Ca 90060 NTEREST RATE TERM (Months/Years) 4 % None 15 Years HIGHEST BALANCE DURING REPORTING PERIOD	income of \$10,000 or more. None I lending institutions made in the lender's regular course of without regard to your official status. Personal loans an siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
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You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* Firefighters First Credit Union ADDRESS (Business Address Acceptable) PO Box 60890 BUSINESS ACTIVITY, IF ANY, OF LENDER Los Angeles, Ca 90060 INTEREST RATE TERM (Months/Years) 4 % None 15 Years HIGHEST BALANCE DURING REPORTING PERIOD	income of \$10,000 or more. None I lending institutions made in the lender's regular course of without regard to your official status. Personal loans an siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD

SCHEDULE D Income - Gifts



Name

Veronica Vargas

 			
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
Cornerstone Eath Group	Cornerstone Earth Group		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
1270 Springbrook Road #101	1270 Springbrook Road, #101		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Trumark Homes Consultant - Client	Trumark Homes Consultant - Client		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
10 / 14 / 16 \$ 50.00 Sharks Game	11 / 06 / 16 s 182.50 Football Game 49th vs Saint		
10 / 16 / 16 s 50.00 Soccer Game			
► 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)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
J			
► 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)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
	s		
Comments:			

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST)	(FIRST)		[Cil]
Vargas	Veror	nica /	Andrea O TRACY
1. Office, Agency, or Court		· · · · · · · · · · · · · · · · · · ·	1 10 mm
Agency Name (Do not use acronym	s)		्र विविष्
City of Tracy			
Division, Board, Department, District,	if applicable	Your Position	-
Tracy City Council		Council Member	
► If filing for multiple positions, list b	elow or on an altachment. (Do no	l use acronyms)	No.
Agency:		Position:	
2. Jurisdiction of Office (Chec	k at least one box)		
State	·	☐ Judge or Court Commissioner (St	alewide Jurisdiction)
Multi-County			
☑ City of Tracy			
		Other	
3. Type of Statement (Check at	least one box)		
Annual: The period covered is .	January 1, 2015, through	Leaving Office: Date Left	
December 31, 2015,		(Check one)	
The period covered is . December 31, 2015.	/, throug	h O The period covered is Januar leaving office,	y 1, 2015, through the date of
Assuming Office: Date assume	d	The period covered is The date of leaving office.	/, through
Candidate: Election year	and office sough	if different than Part 1:	
4. Schedule Summary (must Schedules attached	complete) ► Total numb	er of pages including this cover pa	ge;
Schedule A-1 - Investments -	schedule attached	Schedule C - Income, Loans, & Business	Postings cohodule allegad
Schedule A2 - Investments -		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property -	schedule attached	Schedule E - Income - Gifts - Travel Pa	OFFICIAL CONTROL AND A CONTROL CONTROL AND CONTROL AND CONTROL CONTROL AND CONTROL AND CONTROL AND CONTROL AND CONTROL
-01-			
✓ None - No reportable inter	ests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - F	CiTY	STATE	ZIP CODE
333 Civic Center Plaza	Tracy	Ca .	95376
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	33010
		We will be a second of the sec	
I have used all reasonable diligence in herein and in any attached schedules	preparing this statement. I have re is true and complete. I acknowled	viewed this statement and to the best of my kno ge this is a public document.	owledge the information contained
I certify under penalty of perjury un			
Data Stand 03/25/2016		L C	a
Date Signed U3/20/2016	ear)	Signature (File the originally stance statem	
· · · · · · · · · · · · · · · · · · ·	*	iriic are anginery signed statema	na wani your nang official.)



CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAN	AE OF FILER (LAST)	(FIRST)	(MIDDLE)
	VAR6AS	VERONICA	ANDREA
1.	Office, Agency, or Court		
Agency Name (Do not use acronyms)		00001011 000000	2 0 4
	TRACY CITY CONCL Division, Board, Department, District, if applicable	COUNCIL MEM E)tr
	organia, obaro, pepariment, obstici, ii applicable	10ង F03៧៧	
	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 or Court Commissione	r (Statewide Jurisdiction)
	Multi-County	County of	
	MCity of TRACY	Other	
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2013, through December 31, 2013.	Check one)	
	-or- The period covered is, through O The period covered is January 1, 2013, through the date of		
	December 31, 2013. leaving office.		
	Assuming Office: Date assumed 12, 2, 2014 O The period covered is		_
Candidate: Election year and office sought, if different than Part 1:			
4.	Schedule Summary		
Check applicable schedules or "None." ► Total number of pages including this cover page:			this cover page:
	Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached		
	Schedule A-2 - Investments - schedule atlached		
Schedule B - Real Property – schedule atlached Schedule E - Income – Gifts – Travel Payments –		raver rayments = schedule addened	
None - No reportable interests on any schedule			
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE	ZIP CODE
	CT.	TRACY CA	. 95304
	DAYTIME TELEPHONE INIMBER	E-MAIL ADDRESS (OPTIONAL)	MACADA.
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain 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 (month, day, year)	Signature (File the originally eigne	d statement with your ling afficial.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received

Please type or print in ink NAME OF FILER VARGAS 1. Office, Agency, or Court Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable Your Position MUNCIL MEMBER If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County ___ County of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2013, through Leaving Office: Date Left ___ December 31, 2013. (Check one) -01-The period covered is _______ through O The period covered is January 1, 2013, through the date of December 31, 2013. leaving office. Assuming Office: Date assumed ____/____ O The period covered is _ the date of leaving office. Candidate: Election year __ ___ and office sought, if different than Part 1; __ 4. Schedule Summary Check applicable schedules or "None," ► Total number of pages including this cover page: . Schedule A-1 - Investments - schedule attached Schedule C - Incame, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Properly - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached M None - No reportable interests on any schedule 5. Verification MAILING ADDRESS MAIL ADDRESS (OPTIONAL 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 foredping is true and porrect. Date Slaned Signature 2

) official)