Recipient Committee					COVER PAG
Campaign Statement Cover Page			Date Stamp	CAI	IFORNIA 160
a section and a			in the second		FORM 400
	Statement covers period	Date of cleation if an iii			1 . 7
	from 10/18/2020	Date of election if applicable: (Month, Day, Year)		Page	
			- 6.		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2020</u>	11/03/2020		on mys	
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4	2 Type of Otal		1 %	
✓ Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	rimarily Formed Ballot Measure ommittee) Controlled	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	· L.	Quarterly Sta Special Odd-	itement Year Report
Sponsored Propose Committee Sponsored Propose Committee Small Contributor Committee Political Party/Central Committee (Ale	rimarily Formed Candidate/ fficeholder Committee so Complete Parl 7)	Amendment (Explain be	elow)		
1.4	NUMBER 31869	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			_
TARANJIT SINGH GUJRAL FOR NEWARK CITY C	OUNCIL 2020	ISH A KAUR			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)					
· -		CITY		ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP COD	AREA CODE/PHONE	NEWARK NAME OF ASSISTANT TREASURE	CA	94560	
NEWARK CA 94550 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		WILL OF AGGISTANT TREASURE	:R, IF ANY		
MILENO ABBRESS (IF BIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CODE					
	AREA CODE/PHONE	CITY	STATE Z	IP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS					- · · · <u>-</u>
		OPTIONAL: FAX / E-MAIL ADDRES	SS		
Verification					
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Ca	this statement and to the best of my kr	nowledge the information contained by			
certify under penalty of perjury under the laws of the State of Ca	lifornia that the foregoing is true and co	orrect.	erein and in the attached	d schedules is	true and complete. I
Executed on 01/30/2020	Bv	- ·			
Executed on 01/30/2020	-	Signature of Treasurer or Assistant Tr	easurer		
Date	BySignature of Controll	ing Officeholder, Candidate, State Measure Propo			
Executed on	gs.c.o. Controll	Sale Measure Propo	onent or Responsible Officer of S	ponsor	

Executed on ___

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460

Officeholder or Candidate Controlled Committee					Page 2	of/
NAME OF OFFICEHOLDER OR CANDIDATE		6.	Primarily Formed Ballot	Measure	Committee	
TARANJIT SINGH GUJRAL			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER						
CITY COUNCIL MEMBER CITY OF NEWARK	R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP					☐ OPPOSE
NEWARK	CA 94560		Identify the controlling officeho	older, cand	idate, or state measure p	oponent, if any
Poloto d O			NAME OF OFFICEHOLDER, CAND	IDATE, OR	PROPONENT	oponond, n uny.
Related Committees Not Included in this Statement: Let included in this statement that are controlled by you or are primarily contributions or make expenditures on behalf of your candidacy.	ist any committees formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	IO. IF ANY
OMMITTEE NAME I.D. NUMBER	R					
AME OF TREASURER CONTROLLE YES OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			Primarily Formed Candid officeholder(s) for NAME OF OFFICEHOLDER OR CAN		committee is primarily for	ned.
TY			WINE OF OFFICEHOLDER OR CAP	NDIDATE	OFFICE SOUGHT OR HEL	D SUPPOR
STATE ZIP CODE	AREA CODE/PHONE	-	IAME OF OFFICE LOLD			☐ OPPOSE
DMMITTEE NAME I.D. NUMBER		,	NAME OF OFFICEHOLDER OR CAN	∛DIDATE	OFFICE SOUGHT OR HEL	☐ SUPPORT
		7	IAME OF OFFICEHOLDER OR CAN	IDIDATE	OFFICE SOUGHT OR HEL	D D SUPPORT
ME OF TREASURER CONTROLLE	D COMMITTEE?		AME OF OFFICE US			OPPOSE
MMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	□ NO		AME OF OFFICEHOLDER OR CAN	DIDATE	OFFICE SOUGHT OR HELI	SUPPORT
Y STATE ZIP CODE A	REA CODE/PHONE	٠	Attach c	ontinuatio	n sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

CALIFORNIA 460

Statement covers period

from 10/18/2020

SEE INSTRUCTIONS ON REVERSE			through <u>12/31/2020</u>	Page 3 of
NAME OF FILER TARANJIT SINGH GUJRAL FOR NEWARK 2020 FFPC #1431869				I.D. NUMBER
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column CALENDAR YI TOTAL TO DA	EAD CALOURAL ICAL CAL	1431869 mmary for Candidates he State Primary and
1. Monetary Contributions	\$\frac{1501}{5500}\$ \$\frac{7551}{0}\$ \$\frac{7551}{5551}\$	\$\frac{7101}{5500}\$ \$\frac{12601}{100}\$ \$\frac{12701}{100}\$	General Elections 1/1 20. Contributions	
Expenditures Made 5. Payments Made	\$\frac{6729}{0}\$ \$\frac{6729}{0}\$ 0 0 0 \$\frac{6729}{0}\$	\$\frac{11694}{0}\$ \$\frac{11694}{11694}\$ \$\frac{11694}{11694}\$	Candidates 22. Cumulat	Summary for State tive Expenditures Made* to Voluntary Expenditure Limit) Total to Date 0 \$ 11694
2. Beginning Cash Balance	7551 565 0 \$ 8116	To calculate Column add amounts in Col A to the correspond amounts from Column of your last report. amounts in Column be negative figures should be subtracte previous period amounts is the first reportiled for this calendationly carry over the afrom Lines 2, 7, and any).	lumn ling mn B Some A may that ed from ounts. If t being ar year, amounts	may be different from amounts FPPC Form 460 (Jan/2016))
			FPPC Advice: adv	vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

·				from 10/18/2020	•	CAL	IFORNIA 460
	TIONS ON REVERSE			through 12/31/2	020	Pag	e of
TARANJIT	SINGH GUJRAL FOR NEWARK 2020 FFPC #1431869						IUMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/19/2020	INSOWARE INC. Sanjose, CA 95132	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	INSOWARE INC.	\$500.	\$500.	. 31)	G2020-\$500
10/19/2020	HATINDER SINGH NEWARK, CA- 94560	☑ IND □ COM □ OTH □ PTY □ SCC	ENGINEER, SIGMATRON INTERNATIONAL	\$100.	\$100.		G2020-\$100
10/19/2020	BIKRAMJIT SINGH GILL JASVIR KAUR GILL UNION CITY, 94587	□IND □COM □OTH □PTY □SCC	ENGINEER, JOHNSON AND JOHNSON	\$151	\$151		G2020- \$151
10/23/2020	GURMIT KALRA NEWARK,CA, 94560	IND COM OTH PTY SCC	PRINCIPAL ENGINER ,GOOGLE	\$250	\$250.		G2020- \$500
10/26/2020	PRITPAL SINGH FREMONT, CA, 94539	☑IND □COM □OTH □PTY □SCC	SELF EMPLOYED.	\$500	\$500		G2020- \$500
			SUBTOTAL \$				
. Amount rec (Include all . Amount rec . Total monet	A Summary ceived this period – itemized monetary contributions Schedule A subtotals.) ceived this period – unitemized monetary contributions cary contributions received this period.	ons of less than	\$100\$ <u>0</u>		IND - COM - OTH - PTY -	(other Other (Politica	ent Committee than PTY or SCC) (e.g., business entity)
(Add Lines	1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1.)TOTAL \$ 150		PC Advice: advice	FPPe efppc.	C Form 460 (Jan/2016)) .ca.gov (866/275-3772) www.fppc.ca.gov

Schedule B – Part 1 Loans Received			-	schedule B - PAR CALIFORNIA 46(FORM				
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through 12/31/2	2020	Page 5	of
TARANJIT SINGH GUJRAL FOR NEWARI	C 2020 FFPC #1431869						1431869	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT CLOSE OF THIS	PAID THI	S AMOUNT OF	(g) CUMULATIVE CONTRIBUTION TO DATE
TARANJIT SINGH GUJRAL	DIRECTOR, GAP	. 211105		PAID	PERIOD s 5500	0		CALENDAR YEAR
NEWARK CA 94560		0	\$5500	FORGIVEN	03312021	RATE	% s	PER ELECTION
™ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$ <u>`0</u>	DATE INCURRED	s G2020
				PAID \$ FORGIVEN	s	RATE	ś	\$
† IND COM OTH PTY SCC		s	\$	s	DATE DUE	s	DATE INCURRED	PER ELECTION
				PAID	\$	%	s	CALENDAR YEAR
İ I wa Bası Bası Bası		s	s	FORGIVEN \$		RATE		PER ELECTION
T ND COM OTH PTY SCC					DATE DUE		DATE INCURRED	S
Cahadala D.O.	S	UBTOTALS \$	\$		\$	\$		
1. Loans received this period	S Offiess than \$100 \)	(Enter (e) on So	hedule E, Line 3)	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10	O maid and such	••••••		\$ 			†Contributor Codes	

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

OTH - Other (e.g., business entity)

(May be a negative number)

PTY - Political Party

SCC - Small Contributor Committee

(other than PTY or SCC)

COM - Recipient Committee

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

IND - Individual

Schedule E Payments Made	Amounts may be rounded to whole dollars.		Statement covers period from $\frac{10/18/2020}{}$		schedule IFORNIA 460 ORM		
SEE INSTRUCTIONS ON REVERSE				t	hrough <u>12/31/2020</u>	- Page	6 , 7
TARANJIT SINGH GUJRAL FOR NEWARK 2020 FFPC #1431	1869			_			JMBER
CODES: If one of the following codes accurately described. CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings ar OFC office expen PET petition circu PHO phone bank	mmunication of appearan uses ulating s s survey resea	s ces arch	RA RF SA TE: TR: TS: VO	D radio airtime and production returned contributions L campaign workers' salaries t.v. or cable airtime and proc C candidate travel, lodging, an staff/spouse travel, lodging.	duction cos d meals and meals s of the san	ts me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPT	ION OF PAYMENT		AMOUNT PAID
Facebook		WEB					770
Menlo Park, 94025, CA							///
PRINT 13		LIT					5908
FREMONT, CA, 94538							
* Payments that are contributions or independent expenditures must also be	summarized on Sched	dule D.			SUE	BTOTAL S	<u> </u>
Schedule E Summary							
Itemized payments made this period. (Include all Schedule Itemized payments made this period.)	E subtotals.)		•••••			e 6	678
2. Unitemized payments made this period of under \$100	***************************************					e 5	1
 lotal interest paid this period on loans. (Enter amount from 	Schedule B, Part	1, Colum	n (e).)			~ 0	•
4. Total payments made this period. (Add Lines 1, 2, and 3. E	inter here and on t	he Summ	ary Page, Colu	mn A, Line	6.) TO 1	TAL \$ _6	729

Schedule I Miscellaneous Inc SEE INSTRUCTIONS ON REVE NAME OF FILER	ERSE	Amounts may be rounded to whole dollars.	Statement covers period from 10/18/2020 through 12/31/2020	CALIFORNIA 460 FORM Page of
	RAL FOR NEWARK 2020 FFPC #1431869			1431869
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/26/2020 LEAGUE	Fremont, CA 94536	REFUND FOR	ADVERSTIMENT	565
Schedule i Summar	ation on appropriately labeled continuation sheets. Y cash this period.		SUBTOTAI 565	_ \$

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

Recipient Committee COVER PAGE **Campaign Statement** Date Stamp **CALIFORNIA Cover Page FORM** Statement covers period Page 1 Date of election if applicable: from 10/18/2020 (Month, Day, Year) For Official Use Only SEE INSTRUCTIONS ON REVERSE 11/03/2020 through 12/31/2020 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☑ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement
Semi-annual Statement
Termination Statement State Candidate Election Committee Committee Quarterly Statement O Recall Ontrolled Special Odd-Year Report Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee O Political Party/Central Committee (Also Complete Part 7) 3. Committee Information I.D. NUMBER Treasurer(s) 1430484 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Jason Miguel For Newark City Council 2020 Jason Miguel MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Newark CITY CA 94560 STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Newark 94560 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the 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. Executed on 01/25/2021 Executed on 01/25/2021 Signature of Treasurer or Assistant Treasurer Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _

FPPC Advice: advi-

FPPC

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE - PART 2
CALIFORN	14.400
FORM	A 4(6(1)
^	
Page 2	of <u>4</u>

5. Officeholder or Candidate Controlled Committee	6. Primarily Formed Ballot Magazine Committ	
NAME OF OFFICEHOLDER OR CANDIDATE	or a similarity i officed Ballot Weasure Committee	
Jason Miguel	NAME OF BALLOT MEASURE	···
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	DALLOTING	
Newark City Council	BALLOT NO. OR LETTER JURISDICTION SUPPORT	Γ
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	OPPOSE	······································
Newark CA 94560	Identify the controlling officeholder, candidate, or state measure proponent, if ar	ıy.
	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. COMMITTEE NAME	OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY	
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	-
CITY STATE ZIP CODE AREA CODE/PHONE		
COMMITTEE NAME LIP NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUP	PORT
I.D. NUMBER	□ OPP	OSE
NAME OF TREASURER CONTROLLED COMMUTEES	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUP	
	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	OPP	
CITY STATE ZIP CODE AREA CODE/PHONE	Attach continuation sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

outimary rage		fr	Statement covers period rom 10/18/2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Jason Miguel		th	nrough <u>12/31/2020</u>	Page 3 of 4
Contributions Received 1. Monetary Contributions	\$	\$	Running in Both t General Elections 1/1 20. Contributions Received \$	1430484 mmary for Candidates he State Primary and through 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made	\$	\$	Candidates 22. Cumulat	Summary for State ive Expenditures Made* o Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$ 70.00 36.00 \$ 34.00 \$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column I of your last report. Son amounts in Column A mbe negative figures that should be subtracted from this is the first report be filed for this calendar ye only carry over the amo from Lines 2, 7, and 9 (in any).	*Amounts in this section reported in Column B. reported in Column B. toom ts. If bing ear, bunts	may be different from amounts
			FPPC Advice: adv	FPPC Form 460 ' 'ice@fppc.c> '

Schedule E	Amounts may	be rounded		SCHEDU
Payments Made	to whole o	iollars.	Statement covers period	CALIFORNIA 46
			from 10/18/2020	FORM 40
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through <u>12/31/2020</u>	Page of
Jason Miguel				I.D. NUMBER
Jason Migdel				1430484
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG LIT campaign literature and mailings	MTG meetings an OFC office expension of PET petition circu PHO phone banks POL polling and s POS postage, deli	imunications d appearances ses llating	wise, describe the payment. RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and the staff/spouse travel, lodging, and the staff/spouse travel, lodging, are transfer between committees of voter registration WEB information technology costs (costs ction costs meals nd meals of the same candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DESC	RIPTION OF PAYMENT	AMOUNT DA
Fremont Bank			THE TOTAL TANKEN	AMOUNT PAI
Union City, CA 94587	İ	Bank Fee		12.00
Fremont Bank, Union City, CA 94587		Bank Fee		12.00
Fremont Bank		Bank Fee		
., Union City, CA 94587		Dalik ree		12.00
* Payments that are contributions or independent expenditures must also b	pe summarized on Sched	dule D.	SUB	TOTAL \$ 36.00
Schedule E Summary				
1. Itemized payments made this period. (Include all Schedul	le E subtotals.)			\$
2. Unitemized payments made this period of under \$100				\$
s. Total interest paid this period on loans. (Enter amount from	ກ Schedule B, Part	1, Column (e).)		\$
. Total payments made this period. (Add Lines 1, 2, and 3. I	Enter here and on t	he Summary Page, Column A,	Line 6.) TOTA	AL \$ _36.00

Statement of (Organizatio	on						
Recipient Com	nmittee				Date Stamp		CALIF	ORNIA 440
Statement Type	☐ Initial		—					$_{RM}$ 410
	1_	***	☐ Amendment	▼ Termination - See Part 5	1			For Official Use Only
	O Not yet qua	lified						The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
		cation threshold met	Date qualification threshold met	Dale of termination				
	/_	/	//	11 / 30 / 20				
1. Committee	linicolonia inici	ii I.D. Numbe	F 1420016					
NAME OF COMMITTEE		(if applicable)	1430216	2. Treasurer and	Officer Principal (ગોમાંલકાર	i kanana	
				NAME OF TREASURER				
LUIS FREITAS I	NEWARK CIT	Y COUNCIL 2020)	Elizabeth Macris				
				STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O. I	BOX)			CHTY		7.70		
				Newark		STATE	ZIP CODE	AREA CODE/PHONE
CITY		STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,		CA	94560	
NEWARK		CA 945		MAME OF ASSISTANT THEASURER,	, IF ANY			
FULL MAILING ADDRESS (IF	DIFFERENT)							
				STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIRE	D) / FAX (OPTIONAL)							
bayvalleyluis@ho	tmail.com			CITY	S	TATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE		URISDICTION WHERE COMA	ALTTEE IS ACTURE					
Alameda		Alameda County	THE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)				
		Alameda County						
				STREET ADDRESS (NO P.O. BOX)	****			
Attach additional i	information on	appropriately lab	eled continuation sheets.	CITY	S	TATE	ZIP CODE	AREA CODE/PHONE
		, ,	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t					AREA CODE/PHORE
3. Verification								
I have used all see							AND DE	
nenalty of period	sonable diliger	ice in preparing th	is statement and to the best	of my knowledge the information	on contained herein	is true a	nd complete	Joseph Joseph
penalty of perjury	under the law	s of the State of Ca	is statement and to the best alifornia that the foregoing is	true and correct		13 11 11 2 1	na compieti	e. I certify under
Executed on	130130	Bv						
Executed on ///3	30/200	∠ Bv						
	DATE	-	SIGNATURE OF CONTRO	LLING OFFICEHOLDER, CANDIDATE, OR STATE ME				
Executed on		By		THE STATE ME	ASURE PROPONENT			
_	DATE	-,	SIGNATURE OF CONTRO	LLING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT			
Executed on	DATE	Ву		in a state mg	- COLONEIS			
	DATE		SIGNATURE OF CONTRO	LLING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT			

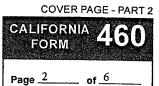
Recipient Committee Campaign Statement Cover Page			· · · · · · · · · · · · · · · · · · ·	Date S	tamp	CALIFORNIA 460
		Statement covers period from 10/18/2020	Date of election if applicable: (Month, Day, Year)			Page 1 of 6 For Official Use Only
SEE INSTRUCTIONS ON REVERSE		through 11/30/2020	_ 11/03/2020			
1. Type of Recipient Committee: Officeholder, Candidate Controlled Committee: State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	ommittee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Till Amendment (Explain b	nt ermination)	☐ Quart ☐ Speci	erly Statement al Odd-Year Report
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME LUIS FREITAS NEWARK CITY C	IF NO COMMITTEE)	D. NUMBER 430216	Treasurer(s) NAME OF TREASURER Elizabeth Macris MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX) CITY NEWARK MAILING ADDRESS (IF DIFFERENT) NO. AND CITY Ave.	STATE ZIP CO CA 9456 STREET OR P.O. BOX	0 !	CITY Newark NAME OF ASSISTANT TREASUR MAILING ADDRESS CITY	C BER, IF ANY	ATE ZIP COI)
bayvalleyluis@hotmail.com OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRE		ATE ZIP COL	DE AREA CODE/PHONE
1. Verification I have used all reasonable diligence in proceedings under penalty of perjury under the Executed on Date Executed on Date Executed on Date	eparing and reviewir aws of the State of	ng this statement and to the best of m California that the foregoir By By Signature of Co. By		herein and in the		dules is true and complete. }

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

Date

Recipient Committee Campaign Statement Cover Page — Part 2



).	Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballot	Measure (Committee	
	NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
	Luis Freitas					
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON I	
	City Council Member, Newark, CA, Alameda County			- 3		SUPPORT OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP			······································	······································	
	Newark CA 94560		Identify the controlling officeh			oponent, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT	
	Related Committees Not Included in this Statement: List any committees					
	not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
	•					
	COMMITTEE NAME I.D. NUMBER					
	NAME OF TREASURER CONTROLLED COMMITTEE?	7.	Primarily Formed Candi	date/Office	holder Committee	List names of
	OON WOLLED COMMITTEE?		officeholder(s) or candidate(s) fo	or which this	committee is primarily form	ned.
i	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	•	NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HEL	n l
	(··-··		· · · · · · · · · · · · · · · · · · ·			☐ SUPPORT
ï	CITY STATE ZIP CODE AREA CODE/PHONE					☐ OPPOSE
	The south home	l	NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
-	COMMITTEE NAME I.D. NUMBER					OPPOSE
	I.D. NOMBER	ī	NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HEL	
						☐ SUPPORT
1	NAME OF TREASURER CONTROLLED COMMITTEE?	:	MATE OF OFFICE IN A STATE OF			☐ OPPOSE
	☐ YES ☐ NO	ſ	NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
Č	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					☐ OPPOSE
		-				
C	STATE ZIP CODE AREA CODE/PHONE		Attack	oontinuatio	n abaata if maanaa	
			Attach	continuatio	n sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 10/18/2020	CALIFORNIA 460			
through 11/30/2020	Page _3 of _6			
	I.D. NUMBER			
	1430216			

SEE INSTRUCTIONS ON REVERSE NAME OF FILER LUIS FREITAS NEWARK CITY COUNCIL 2020 **Contributions Received** Column A Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR (FROM ATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ 1.001.24 2. Loans Received Schedule B, Line 3 -1,500.001/1 through 6/30 7/1 to Date 0.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ -1,073.76 20. Contributions 1,001.24 Received 4. Nonmonetary Contributions...... Schedule C, Line 3 0.00 0.00 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ -1,073.76 1,001,24 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 \$ 12.00 1,366.24 **Candidates** 7. Loans Made..... Schedule H, Line 3 0.00 0.00 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6+7 \$ 12.00 22. Cumulative Expenditures Made* 1,366.24 (if Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 0.00 0.00 10. Nonmonetary Adjustment......Schedule C, Line 3 Date of Election Total to Date 0.00 0.00 (mm/dd/yy) 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ __ 12.00 1,366.24 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _ 1,085.76 To calculate Column B. 13. Cash Receipts Column A, Line 3 above -1,073.76 add amounts in Column 14. Miscellaneous Increases to Cash Schedule I, Line 4 A to the corresponding 0.00 *Amounts in this section may be different from amounts amounts from Column B 15. Cash Payments Column A, Line 8 above reported in Column B. 12.00 of your last report. Some amounts in Column A may 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ ___ 0.00 be negative figures that If this is a termination statement, Line 16 must be zero. should be subtracted from previous period amounts. If this is the first report being 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ ____ filed for this calendar year. only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any). 18. Cash Equivalents...... See instructions on reverse \$ 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ ____ FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			nts may be rounded o whole dollars.	Statement covers period from 10/18/2020			CALIFORNIA 460		
NAME OF FILER	ONS ON REVERSE	-		through _11/30/20	20	Page			
	AS NEWARK CITY COUNCIL 2020 FULL NAME, STREET ADDRESS AND ZIP CODE OF					14302	UMBER 16		
DATE RECEIVED	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)		
11/16/2020	Luis Freitas Newark, CA 94560	☑IND □COM □OTH □PTY □SCC	Contractor Bay Vallley Construction	\$426.24			(ii KEQUINED)		
		1 =							

RECEIVED	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2020	Luis Freitas	☑IND □COM □OTH	Contractor	\$426.24	,	(ii NEGOINED)
	Newark, CA 94560	□PTY □SCC	Bay Vallley Construction			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		OTH OTH SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		□IND □COM □OTH □PTY □SCC				
			SUDTOTAL &	10 1 - 1		

SUBTOTAL \$ 426.24

Schedule A Summary

 *Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part [·] Loans Received
SEE INSTRUCTIONS ON REVERS

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Loans Received		to mioro dona	13.		Statement co	•	CALIFOR	NIA 460
		•			from 10/18/202	.0	_ FORM	
SEE INSTRUCTIONS ON REVERSE					through 11/30/	2020	Page 5	_ of_ ⁶
				<u>-</u>			I.D. NUMBER	_ 01
LUIS FREITAS NEWARK CITY COUNCIL	2020						1430216	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	PECEIVED TUE	(c) AMOUNT PAIC OR FORGIVEN THIS PERIOD	N BALANCE AT	PAID THIS		(g) CUMULATIVE CONTRIBUTION TO DATE
Luis Freitas	Contractor Bay Vallley Construction			s 1,073.76	s <u>0.00</u>	0 %	s_1,500.00	s 1,500.00
Newark, CA 94560		s	s_0.00	FORGIVEN s 426.24	DATE DUE	\$ 0.00	09/04/20	PER ELECTION** s 1,500.00
				PAID	s	% RATE	\$	CALENDAR YEAR
† IND COM OTH PTY SCC		s	s	FORGIVEN \$	DATE DUE	s	DATE INCURRED	PER ELECTION**
+		s		PAID S FORGIVEN	\$	RATE	s	SPER ELECTION**
[†] □IND □ COM □ OTH □ PTY □ SCC			·		DATE DUE	5	DATE INCURRED	\$
	S	UBTOTALS \$	0.00 \$	1,500.00	\$ 0.00	\$ 0.00		
Schedule B Summary 1. Loans received this period	s of less than \$100)					(Enter (e) on Sche	dule E, Line 3)	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that Net change this period. (Subtract Line Enter the net here and on the Summary 	0 paid or forgiven.) are also itemized on Scheo	tule A)		NET \$ (1,50	00.00)	II C C P	Contributor Codes ND – Individual COM – Recipient Co (other than F TH – Other (e.g., t TY – Political Part CC – Small Contril	ommittee PTY or SCC) ousiness entity)
*Amounts forgiven or paid by another party also mu ** If required.	st be reported on Schedule A.			\ ,	roganto rigilidali			

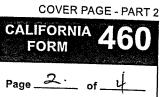
Schedule E	Amounte may	h a					00000000
Payments Made	Amounts may be tolilided			Statement covers period	CALIF	SCHEDULE	
•					from 10/18/2020	_ FC	ORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through <u>11/30/2020</u>	Page _	
LUIS FREITAS NEWARK CITY COUNCIL 2020						14302	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s	imunication d appearan ses lating urvey resea	s ces irch		RAD radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and production race andidate travel, lodging, a staff/spouse travel, lodging, transfer between committee voter registration webs	n costs duction costs nd meals , and meals es of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION OF PAYMENT		
(STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE					W HONOI FAIMENT		AMOUNT PAID
	E .						
		•					
Province that are an ability to							
Payments that are contributions or independent expenditures must also be	summarized on Sched	lule D.			su	BTOTAL \$	
Schedule E Summary							
. Itemized payments made this period. (Include all Schedule	E subtotals.)	••••••	•••••	************		\$0.0	00
Unitermized payments made this period of under \$100		•••••	••••••			\$	00
. Total navments made this period on loans. (Enter amount from	Schedule B, Part	1, Colum	n (e).)			\$0.0	00

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from 10 15 2020	Date of election if applicable: (Month, Day, Year)		Page of
SEE INSTRUCTIONS ON REVERSE	through 12-31-2020	11.3.2020		
1. Type of Recipient Committee: All Committees - Com		2. Type of Statement:		
General Purpose Committee Sponsored Spall Contributor Committee Spall Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	L Spe∉ rmination)	rterly Statement cial Odd-Year Report
o. Committee information	NUMBER 338412	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
MARIA Sucy College for Newark Cd	y land 2020	MAILING ADDRESS	<u>an</u> :	
STREET ADDRESS (NO P.O. BOX)		Newark	STATE ZIP CO	THE TOOL AND THE
Newcerk Cu 9456		NAME OF ASSISTANT TREASURE	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	-	MAILING ADDRESS		
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	os .	
Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C.	this statement and to the best of my kn	owledge the information contained h	erein and in the attached sch	edules is true and complete.
Executed on 2/1/202/	By,	,		
Executed on 21/1202/	BySignature of Controllin	r or Assistant Tr		
Executed on	Bv	ature of Controlling Officeholder, Candidate, Sta		•
Executed onDate	By \	ature of Controlling Officeholder, Candidate, Sta		-

Recipient Committee Campaign Statement Cover Page — Part 2



Officeholder or Candidate Controlled Committee			
	6. Primarily Formed Ballot Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE		
MARIA Sucy CollAZO	WINE OF BALLOT MEASURE		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTIO		
Newark Cely Council	JURISDICTIO		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP			01700E
Jewark Ca 94540	Identify the controlling officeholder, candid		nent, if any.
	NAME OF OFFICEHOLDER, CANDIDATE, OR PF	OPONENT	
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	OFFICE SOUGHT OR HELD	DISTRICT NO. IF	ANY
			7.1.1
COMMITTEE NAME I.D. NUMBER			
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	7. Primarily Formed Candidate/Officel officeholder(s) or candidate(s) for which this continues.	nolder Committee List ommittee is primarily formed.	names of
GINEET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
CITY STATE ZIP CODE AREA CODE/PHONE			OPPOSE
AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME I.D. NUMBER			OPPOSE
	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF TREASURER CONTROLLED COMMITTEE?		İ	☐ OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
THE TRUBILESS (NO F.O. BOX)			☐ OPPOSE
STATE ZIP CODE AREA CODE/PHONE	Attach continuation	sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from 10 18 2020 Page 3 of

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

through 12-31-2020 I.D. NUMBER

			1338412
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0	\$ 4805.00 2500.00 \$ 7305.00 \$ 73.05.00	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$
Expenditures Made 6. Payments Made			Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 750.75	\$ 7316.01	Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ <u>880.75</u> 	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$	this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT

	OCHEDOLE E (CON)
Statement covers period	CALIFORNIA 460
from 10. 18. 2020	FORM 400
through 12.31.2020	Page 4 of 4
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MBR member communications CNS campaign consultants RAD radio airtime and production costs MTG meetings and appearances CTB contribution (explain nonmonetary)* RFD returned contributions OFC office expenses CVC civic donations SAL campaign workers' salaries PET petition circulating candidate filing/ballot fees TEL t.v. or cable airtime and production costs PHO phone banks

fundraising events FND candidate travel, lodging, and meals POL polling and survey research independent expenditure supporting/opposing others (explain)* TRS staff/spouse travel, lodging, and meals POS postage, delivery and messenger services LEG legal defense TSF transfer between committees of the same candidate/sponsor

PRO professional services (legal, accounting) campaign literature and mailings VOT voter registration

PRT print ads	mai services (leg	al, accounting) VOT voter registration WEB information technology costs (internet	e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Maria "Sucy" Collazo "Newark Car 945760		Partial loan Payment	779 57
Wells Fargo Bank		Service Rees	20 00
Dollar tree	CMP	Thank you cards	3('8'
Post office		Stamps Postage.	5000
Payments that are contributions or independent expenditures must also be summarized as 0.1			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Statement Tire-	nmittee			Date Stamp	CAILI	FORNIA AA
Statement Type	☐ Initial ○ Not yet qualified	☐ Amendment	▼ Termination – See Part 5		F	DRM 41
	O Date qualification three	shold met Date qualification threshold met	Date of termination			
1. Commic	elnionation I.D.		11/ / 30 / 20			
NAME OF COMMITTEE		Number 1430014		Odiaer Phinaipal Odia		
al nagy may	OR 2020		NAME OF TREASURER	and ministration	ens	
			Elizabeth Macris			
STREET ADDRESS (NO P.O.	DOV!		STREET ADDRESS (NO P.O. BOX)			
THE STATE OF THE PARTY.	BOX		CITY	Ave.		
NEWARK	STATE CA	ZIP CODE AREA CODE/PHONE	Newark NAME OF ASSISTANT TREASURER, IF	STATE CA	21P CODE 94560	AREA CODE/PHONE
FULL MAILING ADDRESS (IF	DIFFERENT)	94560	Constance R. Nagy	ANY		
E-MAII ADDRESS IS			STREET ADDRESS (NO P.O. BOX)			
e-mail address (requires alan.nagy@sbcglo	DI / FAX (OPTIONAL)		CHY			
COUNTY OF DOMICILE		WHERE COMMITTEE IS ACTIVE	Newark	STATE	ZIP CODE	AREA CODE/PHONE
Alameda	Alameda	County	NAME OF PRINCIPAL OFFICER(S)	CA	94560	
			STREET ADDRESS (NO P.O. BOX)			
Attach additional ii	nformation on appropri	otely labeled continuation sheets.				
3. Verification	т трыоры	otery labeled continuation sheets.	CHY	STATE	ZIP CODE	AREA CODE/PHONE
penalty of perjury L	onable diligence in prep	paring this statement and to the best of r	ny knowledge the information			
xecuted on	30 20 By_	paring this statement and to the best of rate of Calif	e and correct.	contained herein is true	and complete	. I certify under
	30/ 7020 By_		TREASURER			
	DATE DY_		R STATE MEASU	RE PROPONENT		
recuted on	DATE By	1	, SIAIC MEASU	ME PROPONENT		

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (856/275-3772)
www.fppc.ca.gov

Recipient Committee					COVER PAGE
Campaign Statement Cover Page			Date Stamp	Ć,	ALIFORNIA 460 FORM
	Statement covers period from 10/28/2020	Date of election if applicable: (Month, Day, Year)	erik Georgia	Pa	ge 1 of 7 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 11/30/2020	11/03/2020	·		
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Officeholder, Candidate Controlled Committee Officeholder, Candidate Committee Officeholder, Candidate Committee	rimarily Formed Ballot Measure ommittee) Controlled	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	rmination)	Quarterly S	Statement Id-Year Report
minimum individual	NUMBER	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	30014	NAME OF TREASURER			
AL NAGY MAYOR 2020		Elizabeth Macris			
STREET ADDRESS (NO P.O. BOX)		CITY			
		Newark	STATE CA	ZIP CODE 94560	AREA CODE/PHONE
CITY STATE ZIP COD	E AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY	94300	
NEWARK CA 94560 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		Constance R. Nagy		····	
CITY		Je			
alan.nagy@sbcglobal.net	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		Newark OPTIONAL: FAX / E-MAIL ADDRES	CA CA	94560	,
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Co.	this statement and to the best of my k alifornia that the foregoing is true and	Dowledge the information and in the		ched schedules	is true and complete. I
Executed on 11/30/2020	Ву	Signature of Treasurer o	irer		
Executed on	Ru	ling Officeholder, Candidate, State Measure Propi		r of Sponsor	
Executed on	Sig	nature of Controlling Officeholder, Candidate, Sta	te Measure Proponent		

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

COV	'ER PAGE - PART 2
CALIFO	
FORI	
Page 2	7

. Officeholder or Candidate Controlled Co	nmittee	6.	Primarily Formed Ballo	t Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
ALAN NAGY						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	ISTRICT NUMBER IF APPLICAB	BLE)	BALLOT NO. OR LETTER	JURISDICTIO	DN	
MAYOR OF THE CITY OF NEWARK, CA, AI	AMEDA COUNTY					SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET	CITY STATE	ZIP		<u> </u>		
·	NEWARK CA	94560	Identify the controlling office	holder, candid	late, or state measure pr	oponent, if any.
		71500	NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	
Related Committees Not Included in this not included in this statement that are controlled by yo contributions or make expenditures on behalf of your of	U or are primarily formed to re-	nittees ceive	OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
	andidacy.					
COMMITTEE NAME	I.D. NUMBER		M-9			
NAME OF TREASURER	CONTROLLED COMMITTI	EE? 7.	Primarily Formed Cand	idate/Office	holder Committee	List names of
	YES NO		officeholder(s) or candidate(s)		committee is primarily form	ned.
COMMITTEE ADDRESS STREET ADDRESS (NO F	.O. BOX)	**************************************	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
CITY STATE 7						OPPOSE
CITY STATE Z	P CODE AREA CODE/	PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D
COMMITTEE NAME						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HEL	
			THE OF STREET OF STREET	ANDIDATE	OFFICE SOUGHT OR HEL	☐ SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTE	EE?				OPPOSE
	YES NO		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HEL	D □ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)					☐ OPPOSE
CITY STATE 7						
CITY STATE ZI	P CODE AREA CODE/	PHONE	Attac	h continuation	n sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 4 CO

		from 10/18/2020	FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through	Page _3 of _7
AL NAGY MAYOR 2020			I.D. NUMBER
Contributions Received	Column A Col		1430014

	عبيبات				1430014
Contributions Received		Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	500.00	\$	2,125.00	General Elections
2. Loans Received		-1,500.00	Ψ	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	-1,000.00	e	2,125.00	20. Contributions
4. Nonmonetary Contributions Schedule C. Line 3		0.00	Ψ	0.00	Received \$ \$
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	-1,000.00	\$	2,125.00	21. Expenditures Made \$ \$
Expenditures Made			······································		
6. Payments Made	\$	682.00 0.00	\$	2,490.00 0.00	Expenditure Limit Summary for State Candidates
8. SUBTOTAL CASH DAVMENTS	s	682.00	\$	2,490.00	22. Cumulative Expenditures Made*
9. Accrued Expenses (Unpaid Bills)	φ	0.00	\$	0.00	(If Subject to Voluntary Expenditure Limit)
10. Nonmonetary Adjustment		0.00		0.00	Date of Election Total to Date
11. TOTAL EXPENDITURES MADE	\$	682.00		2,490.00	(mm/dd/yy)
	Φ		\$	2,170.00	
Current Cash Statement					1 , ,
	\$.	1,682.00	_		\$
13. Cash Receipts Column A, Line 3 above		-1,000.00	ado	calculate Column B, I amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4	_	0.00	A to	the corresponding ounts from Column B	*Amounts in this section may be different from amounts
15. Cash Payments Column A, Line 8 above	_	682.00	of y	our last report. Some	reported in Column B.
6. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$ _	0.00	ami be i	ounts in Column A may negative figures that	
If this is a termination statement, Line 16 must be zero.			sho	uld be subtracted from vious period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _		this filed	is the first report being for this calendar year.	
Cash Equivalents and Outstanding Debts			only	carry over the amounts Lines 2, 7, and 9 (if	
8. Cash Equivalents See instructions on reverse	s		any)		
9. Outstanding Debts Add Line 2 + Line 9 in Column B above \$	-				
Social 2 - Line 3 III Column B above \$	≯				FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-37 www.fppc.ca.g

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

NAME OF FILER	IONS ON REVERSE MAYOR 2020			Statement co from 10/18/2020 through 11/30/2		CALIF FC Page	
ALIMAGI						143001	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y	EAR	PER ELECTION TO DATE
10/26/20	Dutra Enterprises Fremont, CA 94539	□IND □COM ØOTH □PTY □SCC		\$500.00	(JAN. 1 - DEC. \$500.00	31)	(IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL \$	500.00			
. Amount rec (Include all a	eived this period – itemized monetary contributions Schedule A subtotals.) eived this period – unitemized monetary contributions ary contributions received this period.	•••••••••••••••••••••••••••••••••••••••	\$	00	IND - I COM - OTH - PTY -	(other that Other (e.g Political P	t Committee an PTY or SCC) 3., business entity)
(Add Lines 1	ary contributions received this period. I and 2. Enter here and on the Summary Page, Co	lumn A, Line 1.)	TOTAL \$ 500.			FPPC F	orm 460 (Jan/2016)) .gov (866/275-3772) www.fppc.ca.gov

Schedule B – Part 1	Ai	mounts may be r	ounded				SCHE	DULE B - PART
Loans Received		to whole dolla	irs.		Statement co	vers period		
					from <u>10/18/202</u>	0	FORM	NIA 460
SEE INSTRUCTIONS ON REVERSE					11/20/	7020	_	
NAME OF FILER			~		through	2020	Page 5	of <u>7</u>
AL NAGY MAYOR 2020							I.D. NUMBER	
SULL MANGE CTOPET ADDRESS AND AND ADDRESS AND ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	IE AN INDIVIDUAL SATES	[2]		-			1430014	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	DECENIES TO	AMOUNT PA OR FORGIVE THIS PERIO	N BALANCE AT	PAID THIS	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTION TO DATE
ALAN L. NAGY	RETIRED			PAID 1,500.00	_ s 0.00	0.00 %	1 500 00	CALENDAR YEAR
NEWARK, CA 94560				<u> </u>	- s <u></u>	RATE	s_1,500.00	s
NEW ARR, CA 94560		1,500.00	0.00	FORGIVEN			ļ	PER ELECTION
TIND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	9/4/2020	\$
				PAID	DATE DUE		DATE INCURRED	_{
				s			_	CALENDAR YEAR
		İ		FORGIVEN		RATE	\$	\$
				L. TORGIVER				PER ELECTION*
I IND COM OTH PTY SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID			BATE INCORRED	CALENDAR YEAR
				s	s	_ 4		, and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of
				FORGIVEN		RATE	3	\$
t								PER ELECTION**
IND COM OTH PTY SCC		<u> </u>	3	3	DATE DUE	S	DATE INCURRED	s
	S	UBTOTALS \$	0.00	1500.00	\$ 0.00	0.00		1
Schedule B Summary						(Enter (e) on Sched	ule E, Line 3)	
. Loans received this period	***************************************	***************		\$	0.00			
(our column (b) bigs differiffed to any	S OT IPSS than \$100 \							
 Loans paid or forgiven this period	O poid or forming \	••••••		\$\$	500.00		Contributor Codes	
(Include loans paid by a third party that	are also itemized on School	tule A)					D – Individual DM – Recipient Co	mmittee
. Net change this period. (Subtract Line	2 from line 1 \			NFT ¢ -1,5	500.00		(other than P	TY or SCC)
Enter the net here and on the Summary	Page, Column A, Line 2.		***************************************	rv		PT	TH – Other (e.g., b TY – Political Party CC – Small Contrib	,
*Amounto familia				(Ma	sy be a negative number)			on committee
*Amounts forgiven or paid by another party also mu	st be reported on Schedule A.							

** If required.

AND COMMITTEE OR COMMITTEE (IF REQUIRED) PERIOD CAL (JA Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Support Oppose Support Oppose Support Oppose Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Ind	Page I.D. NUMI 143001 MULATIVE TO DATE ALENDAR YEAR (JAN. 1 - DEC. 31) 00.00	BER 4
DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE 1/16/20 ZHANG FOR NEWARK SCHOOL BOARD 2020; BOWEN- ID #1425200 , Newark, CA 94560 Support	I.D. NUM 1430014 MULATIVE TO DATE ALENDAR YEAR (JAN. 1 - DEC. 31)	BER 4 PER ELECTION TO DATE
MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE TYPE OF PAYMENT Who netary Contribution Support Support DESCRIPTION (IF REQUIRED) AMOUNT THIS PERIOD CAL (JA Who netary Contribution Independent Expenditure Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure	MULATIVE TO DATE ALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE
ZHANG FOR NEWARK SCHOOL BOARD 2020; BOWEN- ID #1425200 , Newark, CA 94560 Support Coppose Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Contribution Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure		(IF REQUIRED
Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure Independent Expenditure	Į.	
Nonmonetary Contribution		
Support Oppose Expenditure		
SUBTOTAL \$ 300.00		
hedule D Summary		
•		
emized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) Initemized contributions and independent expenditures made this period of under \$100	\$	
otal contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$ 0.00	0.00

Schedule E Payments Made	Amounts may to whole c	ounts may be rounded to whole dollars. Statement cove from \(\frac{10/18/2020}{2} \)			calli FC	SCHEDULE FORNIA 460 ORM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER AL NAGY MAYOR 2020				through 11/30/2020	Page .	
CODES: If one of the following codes accurately desc CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member con MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, del	nmunication d appearar ses llating s urvey rese ivery and m	ns aces	RAD radio airtime and processor returned contribution campaign workers's t.v. or cable airtime a candidate travel, lod TRS staff/spouse travel, Irspector voter registration information technological recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation recommendation re	eduction costs as alaries and production cost ging, and meals odging, and meals nmittees of the san	s ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	ESCRIPTION OF PAYMENT		AMOUNT PAID
ZHANG FOR NEWARK SCHOOL BOARD 2020; BOWEN- II e., Newark, CA 94560	D #1425200	СТВ				\$300.00
LEAGUE OF VOLUNTEERS Newark, CA 94560 (501(c)3		CVC				\$282.01
Payments that are contributions or independent expenditures must also	be summarized on Sche	dule D.			SUBTOTAL \$	582.01
Schedule E Summary						

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$

2. Unitemized payments made this period of under \$100.....\$.....\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

582.01

99.99

0.00

	Page 1 of 2 For Official Use Only
☐ Qual	terly Statement ial Odd-Year Report
STATE ZIP CO	DE AREA CODE/PHONE
in the attached sche	edules is true and complete. I
	CA 9456 STATE ZIP CO

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ____

Recipient Committee Campaign Statement Cover Page — Part 2

COVE	R PAGE - PART 2
CALIFOR	NIA 4 CO
FORM	NA 460
Page 2	of _6

Officeholder or Candidate Controlled Committee	6 Primarily Ca-	mad Daller	. B. #			
NAME OF OFFICEHOLDER OR CANDIDATE	6. Primarily For		Measure	Committee		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	Newark Yes or					
(MILES DISTRICT NOWIDER IF APPLICABLE)	BALLOT NO. OR L		JURISDICTI		Z	SUPPORT
DECIDENTIAL IDLICINEGO ACCOME	Newark Yes or	Measure B	Alameda (County		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	Identify the cont	rolling officeh	older, candi	date, or state me	easure prop	onent, if any.
	NAME OF OFFICE	HOLDER, CAN	DIDATE, OR F	PROPONENT		
Related Committees Not Included in this Statement: List any committees	Alan L. Nagy					
not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	OFFICE SOUGHT	OR HELD		DI	STRICT NO.	IF ANY
COMMITTEE NAME	Mayor			A	lameda Co	untv
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS (NO P.O. BOX)	7. Primarily Fori	candidate(s) to	or wnich this	eholder Comr committee is prin	narily formed	SUPPORT
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICE	OLDER OR CA	NDIDATE	OFFICE SOUGH	T OD UELD	OPPOSE
			WOIDAIL	OFFICE SOUGH	II OK HELD	SUPPORT
COMMITTEE NAME I.D. NUMBER	-					☐ OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE?	NAME OF OFFICER			OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
YES NO	NAME OF OFFICE	OLDER OR CA	NDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)						OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE		Attach	continuatio	n sheets if neces	ssary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{10/18/2020}{10/18/2020}$ CALIFORNIA 460 FORM $\frac{12/18/2020}{10/18/2020}$ Page $\frac{3}{10/18/2020}$ of $\frac{6}{10/18/2020}$

Newark Yes on Measure PP-2020				I.D. NUMBER
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<u> </u>	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 7,000.00 0.00 7,000.00 0.00 7,000.00	\$ \$	23,950.00 0.00 23,950.00 0.00 23,950.00	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$\$ 21. Expenditures Made \$ \$\$
Expenditures Made 6. Payments Made	8,140.33 0.00 8,140.33 0.00 0.00 8,140.33	\$ \$	24,315.00 0.00 24,315.00 0.00 0.00 24,315.00	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
12. Beginning Cash Balance	\$	add A to ame of y ame be i sho prev this filed only	calculate Column B, I amounts in Column of the corresponding ounts from Column B our last report. Some ounts in Column A may negative figures that uld be subtracted from vious period amounts. If is the first report being I for this calendar year, or carry over the amounts in Lines 2, 7, and 9 (if	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016))
	į			FPPC Advice: advice@fppc.ca.gov (866/275-377 www.fppc.ca.g

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

Statement covers period

				from 10/18/2020		FO	RM 460
SEE INSTRUCT	IONS ON REVERSE			through 12/18/2	020	Page _4	of 6
	on Measure PP-2020					I.D. NUM 1432058	BER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
10/26/20	Jim Reese Danville, CA 94506	☑IND □COM □OTH □PTY □SCC	Retired	\$500.00	\$500.00		(ii NEQUINED)
10/26/20	Sara Dinkler Danville, CA 94506	☑IND □COM □OTH □PTY □SCC	Lawyer	\$500.00	\$500.00		
10/28/20	Brookfield Holdings Los Angeles, CA 90017	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC	·	\$5,000.00	\$5,000.00		
10/29/20	IAFF, Local 55, ID# 1432058 Oakland, CA 94612	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$1,000.00	\$1,000.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL \$	7,000.00			
. Amount rec (include all . Amount rec	A Summary eived this period – itemized monetary contributions. Schedule A subtotals.) eived this period – unitemized monetary contributions		,	0.00	IND – in COM – i (OTH – C PTY – P	Recipient other thar other (e.g. olitical Pa	Committee of PTY or SCC) , business entity)
. Total monet (Add Lines	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$ ^{7,00}		PC Advice: advice@	FPPC Fo	rm 460 (Jan/2016))

Schedule E Payments Made	Amounts may to whole	be rounded dollars.		Statement covers period CALI from 10/18/2020 F		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Newark Yes on Measure PP-2020				through_12/18/2020	Page .	
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense Processor of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	member cor TG meetings an FC office expen ET petition circu HO phone banks OL polling and s OS postage, del	mmunications of appearance uses ulating s survey researe livery and mes	s	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRS staff/spouse travel, lodging, and TRS transfer between committees voter registration WEB information technology costs	uction cost d meals and meals of the san	s ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
What's Happening Inc. Tri City Voice Fremont CA 94538		PRT	Printed Ads			\$362.50
AdMail :. Hayward, CA 94544-7122		LIT	Mailers		,	\$5,359.98
Interact Club , Fremont, CA 94539		CVC	Hand delivery of fli	ers		\$457.50
Payments that are contributions or independent expenditures must also be summer	marized on Sched	dule D.		SUE	STOTAL \$	
Schedule E Summary						

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$

2. Unitemized payments made this period of under \$100......\$_

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

7,934.72

205.61

0.00

www.fppc.ca.gov

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER NEWARK YES ON MEASURE PP-2020	Amounts may be rounded to whole dollars.			Statement covers period from 10/18/2020 through 12/18/2020	CALIF FO Page	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants				rwise, describe the payment	1.D. NUI 143205	
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings an OFC office expension petition circul PHO phone banks POL polling and s	d appearanceses lating turvey resear	ch	RAD radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro TRC candidate travel, lodging, a Staff/spouse travel, lodging, a transfer between committee voter registration WEB information technology cost	duction cost nd meals and meals as of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
League of Volunteers -L.O.V. Newark, CA 94560		CVC	Donation			\$604.74
Viola Blythe Community Service Center of Newark- , CA 94560	0	CVC	Donation			\$600.00
Newark Betterment Corp ., Newark, CA 94560	П	CVC	Donation			\$550.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Recipient Committee Statement Type Initial	Recipient Con	Organization				Toronto Control	
O Not yet qualified or O Policy equalified or O Policy equalification threshold met of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of Policy of	Statement Type				Date Stamp	CALI	FORNIA AIAA
Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold met Delet qualification breshold property to the place of the property of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the pl		O Not yet qualified	LJ Amendment	✓ Termination – See Part 5		15.0	
The Committee Information I.D. Number 1432058 2. Treasurer and Differ Principle Officers MEMBER OF TRASSURER PLANE OF TRASSURER Elizabeth Macris STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IND POL 8007 STREET ADDRESS IN POL 8007 STREET ADDRESS IN POL 8007 STREET ADDRES			Date qualification threshold met	Date of termination	1		
NEWARK YES ON MEASURE PP-2020 CITY STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 8008 STATE ADDRESS 100 FO 800	in Craftations		//	1		- -	
NEWARK YES ON MEASURE PP-2020 STREET ADDRESS BIO P.O. BOX STREET ADDRESS BIO P.O. BOX ONE STATE ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O. BOX ONE OF TREASPORTS BIO P.O.		(Hanplicable)	F 1432058		Militer Billing appell of File	915	
STREET ADDRESS BYO PO. BOX) CITY STATE ADDRESS BYO PO. BOX) NEWARK CA 94560 TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX CITY STATE ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX AMAL CODE/PROPE COUNTY OF DOMBOLIC Alam Can Address ADDRESS BY PO. BOX ATTER ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX AMAL CODE/PROPE AND ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX AMAL CODE/PROPE AND ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TULL AMALENG ADDRESS BY PO. BOX TU	NEWARK YES (ON MEASURE PP-2020	-	NAME OF TREASURER			
STREET ADDRESS HID POR BOOK CTY STATE STATE STATE STATE ADDRESS HID POR BOOK CA 94560 MEMARK CA 94560 MEMARK CA 94560 MEMARK CA 94560 MEMARY STATE ADDRESS HID POR BOOK MAKE OF ASSISTANT TREASURER. IF AITY STATE ADDRESS HID POR BOOK CHITY STATE ADDRESS HID POR BOOK MAKE OF REDICTIONAL OF TREASURER. IF AITY STATE ADDRESS HID POR BOOK CHITY STATE ADDRESS HID POR BOOK AMAR CODEFFICIAL Alam Nagy STATE ADDRESS HID POR BOOK CHITY STATE ADDRESS HID POR BOOK AMAR CODEFFICIAL Alam Nagy STATE ADDRESS HID POR BOOK CHITY STATE ADDRESS HID POR BOOK AMAR CODEFFICIAL ALAM Nagy STATE ADDRESS HID POR BOOK CHITY NEWARK, CA 94560 AMAR CODEFFICIAL AND ABOV STATE ADDRESS HID POR BOOK CHITY NEWARK, CA 94560 AMAR CODEFFICIAL AND ABOV STATE ADDRESS HID POR BOOK CHITY NEWARK, CA 94560 AMAR CODEFFICIAL AND ABOV STATE ADDRESS HID POR BOOK CHITY NEWARK, CA 94560 AMAR CODEFFICIAL AND ABOV STATE ADDRESS HID POR BOOK CHITY NEWARK, CA 94560 AMAR CODEFFICIAL AND ABOV STATE ADDRESS HID POR BOOK CHITY NEWARK CA 94560 AMAR CODEFFICIAL AND ABOV AMAR CODEFFICIAL AND ABOV AMAR CODEFFICIAL AND ABOV STATE ADDRESS HID POR BOOK AND ADDRESS HID POR BOOK AMAR CODEFFICIAL AND ABOV AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFICIAL AMAR CODEFFI						-	
NEWARK CA 94560 NEWARK CA 94560 THE LANGE OF AREA COOL/PHONE LAMALE ADDRESS IN DEPLETEBENT! STREET ADDRESS IN DEPLETEBENT! STREET ADDRESS IN DEPLETEBENT! STREET ADDRESS IN DEPLETEBENT! STREET ADDRESS IN DEPLETEBENT! STREET ADDRESS IN DEPLETEBENT! Alan- nagy@sbcglobal.net COUNTY OF DOMICHE Alameda COUNTY Alan Nagy STREET ADDRESS IND PG. BOXI CITY AND NAGY STREET ADDRESS IND PG. BOXI CITY AND NAGY STREET ADDRESS IND PG. BOXI CITY AND NAGY STREET ADDRESS IND PG. BOXI CITY AND NAGY STREET ADDRESS IND PG. BOXI CITY AND NAGY STREET ADDRESS IND PG. BOXI CITY AND NAGY STREET ADDRESS IND PG. BOXI CITY AND NAGY STREET ADDRESS IND PG. BOXI CITY AND NAGY AND NAGY STREET ADDRESS IND PG. BOXI CITY AND NAGY STREET ADDRESS IND PG. BOXI CITY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY AND NAGY	STREET ADDRESS (NO P.O. E	oox)			Ive.		
THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O			DE AREA CODE/PHONE	Newark,	CA		AREA CODE/PHONE
E-HANL ADDRESS IND PO. BOX) CITY STATE APP CODE AREA CODE/PHONE COUNTY OF DOMICLE Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda Alameda CITY STATE SUP CODE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE ANDERS HOP O BOX) ANEAC CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE ANEAC CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE ANEAC CODE/PHONE AMEA CODE/PHONE ANEAC CODE/PHONE AMEA CODE/PHONE ANEAC CODE/PHONE AMEA CODE/PHONE ANEAC CODE/PHONE AMEA CODE/PHONE ANEAC CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE/PHONE AMEA CODE		CA 9450		NAME OF ASSISTANT TREASURER, IF	AHY		
Alameda County of political county of political and an analyse state and county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of political county of pol				STREET ADDRESS (NO P.O. BOX)			
Alameda Alameda Alameda County Alameda Alameda County Alameda Alameda County Alameda Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County Alameda County A	alan.nagy@sbcolol)/ FAX (OPTIONAL)		СПУ			
Alameda County Alameda County Alam Nagy STREET ADDRESS [NO PO. BOX] CITY Newark, CA 94560 Alameda County Newark, Alameda County Newark, Alameda County Newark, Alameda County Newark, Alameda County Newark, Alam	COUNTY OF DOMICILE	William Co. Co.	TTEE IS ACTIVE		STATE	ZIP CODE	AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets. CITY STATE ZIP CODE AREA CODE/PHONE Network, CA 94560 Network, CA 94560 AREA CODE/PHONE Network, CA 94560 AREA CODE/PHONE Network, CA 94560 AREA CODE/PHONE Network, CA 94560 AREA CODE/PHONE Network, CA 94560 AREA CODE/PHONE Network, CA 94560 AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA	Alameda						
Newark, CA 94560 AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA							
Newark, CA 94560 The secuted on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT BY SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT BY SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT BY SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT BY SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	Attach additional in	formation on appropriately labe	led continuation sheets	CITY	C7122		
have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under secured on the laws of the State of California that the foregoing is and correct. A	TOTAL CONTRACTOR TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O			Newark,			AREA CODE/PHONE
SIGNATURE OF TREASURER OR ASSISTANT TREASURER SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT DATE BY DATE DATE	have used all reaso	onable diligence in preparing this					
SIGNATURE OF TREASURER OR ASSISTANT TREASURER SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT DATE By DATE DATE	enalty of perjury u	nder the laws of the State of Cal	iformia that the foregoing is	f my knowledge the information	contained herein is true	and complete	. I certify under
SIGNATURE OF TREASURER OR ASSISTANT TREASURER DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, LANDIDATE, OR STATE MEASURE PROPONENT BY SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT PATE BY DATE BY DATE		1 / OC By				·	ander
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT DATE DATE	xecuted on 12/1	7/2020 By	SIGNAT	URE OF THEASURER OR ASSISTANT TREASURER			
COLIED ON SIGNATURE OF CONTROLLING OFFICENOLDER, CANDIDATE, OR STATE MEASURE PROPONENT DATE BY		2	SIGNATURE OF COMTROLLY	NG OFFICEHOLDER, CANDIDATE, OR STATE MEASU	RE PROPONENT	**************************************	
DATE	ecuted on		SIGNATURE OF CONTROLLIN	NG OFFICEHOLDER, CANDIDATE, OR STATE MEASIN	SE PROPONENT		
		DATE					

FPPC Form 410 (August/2018)
FPPC Advice: advice@fenc.ca.gov (866/275-3772)

WWW.onec.ca.gov

C	ecipient Committee ampaign Statement over Page		**************************************	Date Stamp		COVER PAGE LIFORNIA 460 FORM
	-	Statement covers period from	Date of election if applicable: (Month, Day, Year)		Page	For Official Use Only
SE	E INSTRUCTIONS ON REVERSE	through				
1.	Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
		Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	Quarterly Sta	atement Year Report
3.	Committee Information	I.D. NUMBER	Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Newark Police Association	E)	NAME OF TREASURER OUSTAVO ATTOYO MAILING ADDRESS			
	STREET ADDRESS (NO P.O. BOX)		CITY Newark	STATE UA	ZIP CODE 94060	APFA CODE/PHONE
	Newark CA 94	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		94300	
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox	MAILING ADDRESS			
	CITY STATE ZIP (CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES			
4	Verification		gustavo.arroyo@newark.or	g		
	have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of	of California that the foregoing is true and	knowledge the information attained he correct. Signature of Treasurer or Assistant Tr	nerein and in the attache	ed schedules is	true and complete. I
	Date	BySignature of Contro	olling Officeholder, Candidate, State Measure Prop	onent or Responsible Officer of	Sponsor	

Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ _

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE			12/31/2020	2 3
NAME OF FILER		throug	jh	Page of
Newark Police Association - Gustavo Arroyo (Treasurer)				I.D. NUMBER
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	s U	Column B CALENDAR YEAR TOTAL TO DATE \$ U U U U U	General Elections 1/1 ti 20. Contributions U Received \$ 21. Expenditures U	nmary for Candidates le State Primary and 7/1 to Date 5,200
Expenditures Made	3	5	Made \$	\$
6. Payments Made	\$\frac{0}{\omega\$500}\$\$ \[\frac{0}{\omega\$500}\$\$ \[\frac{0}{\omega\$500}\$\$ \] \[\frac{0}{\omega\$500}\$\$ \] \[\frac{0}{\omega\$500}\$\$ \]	\$ \frac{3500}{0}\$ \$ \frac{3500}{0}\$ \$ \frac{0}{0}\$ \$ \frac{0}{35000}\$	Expenditure Limit S Candidates 22. Cumulativ (# Subject to 1) Date of Election (mm/dd/yy)	e Expenditures Made* Voluntary Expenditure Limit) Total to Date
13. Cash Receipts	\$\frac{10000}{0}\$ \tag{0}\$ \tag{3000}\$ \$\frac{12000}{0}\$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	*Amounts in this section mare reported in Column B.	\$ay be different from amounts
17. LOAN GUARANTEES RECEIVED		filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).		

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE		Amounts may be ro to whole dollar	ounded rs.	rs period	CALIFO FOR	SCHEDULE DRNIA 46(
NAME OF FILE				through		Page	
Newark Pol	lice Association - Gustavo Arroyo (Treasurer)					I.D. NUMB	ER
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/28/20	Measure PP	Monetary Contribution Nonmonetary Contribution		3500	3500		,
	☑ Support ☐ Oppose	Independent Expenditure Monetary			-		
		Contribution Nonmonetary Contribution Independent					
	Support Oppose	Expenditure Monetary Contribution					
		Nonmonetary Contribution					
	Support Dppose	Expenditure					
			SUBTOTAL	\$ 3500			

Schedule D Summary

Statement of Organization			Date Stamp	CALIF	ORNIA	
Recipient Com		FO				
Statement Type	☐ Initial ○ Not yet qualified	☑ Amendment	☐ Termination – See Part 5		新华州区 医破坏的	For Official Use Only
	O Date qualification threshold met	Date qualification threshold met	Date of termination		Si .	
	/	//	/			
1. Committee	Information I.D. Number	r 1331928	2. Treasurer and	Other Principal Officer	5	
NAME OF COMMITTEE			NAME OF TREASURER			
Newark Associat	ion of Miscellaneous Employees	- PAC	Stacy Burton			
			STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O.	BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
			Newark	CA	94560	N 2 N
CITY	STATE ZIP CO		NAME OF ASSISTANT TREASURER,	IF ANY		200,00
Newark	CA 945	60				
FULL MAILING ADDRESS (II	F DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRE	ED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE IS ACTIVE	NAM E OF PRINCIPAL OFFICER(S)			
	·		STREET ADDRESS (NO P.O. BOX)			
Attach additional	information on appropriately la	beled continuation sheets.	СІТУ	STATE	ZIP CODE	AREA CODE/PHONE
3. Verification				e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		
	asonable diligence in preparing t			on contained herein is true	and complet	e. I certify under
CONTRACTOR STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O	under the laws of the State of	California that the foregoing is	true and correct.	8		
Executed on 2/2/2	DATE BY	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR		R	7.5	
Executed on	By	SIGNATURE OF CONTRO	DLLING OFFICEHOLDER, CANDIDATE, OR STATE M	FASURE PROPONENT	10 N 10 10	
Executed on	DATE By		WENGER CHARLES AND LARGE AND LARGE SHEW AND AREA PROFITE AND		350	
Executed on	South one of continue to continue the continue to the continue the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to					

Recipient Committee Campaign Statement – Short Form		RECI	short form CALIFORNIA 450
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable:	3 2021 Page 1 of 3
For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not	from 9/20/2020	(Month, Day, Year)	For Official Use Only
received or made loans, and have no outstanding accrued expenses.	through12/31/2020	November 3, 2020	CLERK
1. Type of Recipient Committee:	(a - 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	2. Type of Statement:	
O Primarily Formed Sp	al Purpose Committee onsored nall Contributor Committee	☐ Pre-election Statement ☑ Semi-annual Statement ☐ Termination Statement ☑ Amendment (Explain) (Also check type of statement you are a	☐ Quarterly Statement ☐ Special Odd-year Report us report filed in incorrect timeline. pmending)
3. Committee Information	I.D. NUMBER 1331928	Treasurer(s)	
COMMITTEE NAME	1001020	NAME OF TREASURER	
Name Anna de Company		Stacy Burton	
Newark Association of Miscellanous Employees - PAG		MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE AREA CODE/PHONE
AND STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S		Newark	CA 94560
CITY STATE ZIP CO Newark CA 94560	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	NAME OF ASSISTANT TREASURER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	Control of the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local division in the local d	MAILING ADDRESS	
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
I have used all reasonable diligence in preparing and re- under penalty of perjury under the laws of the State of C Executed on 2/1/2021	viewing this statement and to the balifornia that the foregoing is true a	and correct.	
DATE	-1	SIGNATURE OF TREASURER OR ASSISTANT TREASU	JRER
Executed on	By	FICEHOLDER, CANDIDATE, STATE MEASURE PROPONEN	T, OR RESPONSIBLE OFFICER OF SPONSOR
Executed on	By		
DATE		OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE M	EASURE PROPONENT
Executed on	BySIGNATURE	DE CONTROLLING DESIGNADO DER CANDIDATE STATE M	ISACURE PROPONENT

FPPC Form 450 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Recipient Committee Campaign Statement Summary Page	Amounts may be rounded to whole dollars.	Statement covers period 9/20/2020 from	california 450	
		through	Page 2 of 3	
NAME OF COMMITTEE			I.D. NUMBER	
Newark Association of Miscellaneous Employees - PAC	1331928			
Expenditures Made				
Expenditures of \$100 or more made this period			\$ 3000	
2. Expenditures under \$100 made this period (Not itemized.)	······································	50	
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$ 3050			
Nonmonetary Adjustment		From Line 8 Below		
Total expenditures made from previous statement(If this is the first statement for the calendar year, enter ze	ro.)	Previous Summary Page, Line 6	\$	
6. TOTAL EXPENDITURES MADE TO DATE		Add Lines 3 + 4 + 5	\$ 3050	
Contributions Received				
7. Monetary contributions received this period			\$	
8. Non-monetary contributions received this period		•••••		
9. Total contributions received from previous statement (If this is the first statement for the calendar year, enter zero)		Previous Summary Page, Line 10	\$	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		Add Lines 7 + 8 + 9	\$	
Current Cash Statement				
11. Beginning cash balance		Previous Summary Page, Line 15	\$	
12. Cash receipts this period		Line 7 above	*****	
13. Miscellaneous increases to cash		***************************************	\$	
14. Cash expenditures this period				
15. ENDING CASH BALANCE THIS PERIOD	Add Lines	11 + 12 + 13, then subtract Line 14	\$	

	ent Committee ign Statement – Short Form	Amounts may be ro to whole dolla		Statement cove	ers period	CALIFORNIA 450		
	CTIONS ON REVERSE			through)	Page 3 of 3		
Newark As	ммиттее sociation of Miscelllaneous Employees - PAC					1.D. NUMBER 1331928		
5. Payments Made (if more space is needed, use additional copies of this page for continuation sheets.)								
DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF BALL	DATE AND OFFICE OR LOT MEASURE AND MBER OR LETTER RISDICTION	AMOUNT THIS PERIOR	CUMULATIVE AMOUNTS TO DATE		
9/21/2020	Yes of Measure PP Newark, CA 94560 FPPC 1432058	Monetary Contribution	Measure PP - N Support Contribution	☐ Oppose	\$3000.00	Calendar Year SOther S		
12/9/2020	Secretary of State-Political Reform Division Sacramento, CA 95814	Annual Fee	Support Contribution	☐ Oppose	\$50.00	Calendar Year SOther S		
			Support Contribution	Oppose Ind. Exp		Calendar Year S Other		
SUBTOTAL \$3050								

^{*} Required only for payments which are contributions or independent expenditures.