Recipient Committee Campaign Statement Cover Page

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CALIFORNIA FORM **460**

Page 1 of 11

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9-25-2016
through 10-22-2016

Date of election if applicable: (Month, Day, Year) 10-8-2016

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1366511

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): MACIEL FOR TRACY MAYOR 2016

STREET ADDRESS (NO P.O. BOX): 210 Forest Hills Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	209/835-2468

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Michael Maciel

MAILING ADDRESS: 210 Forest Hills Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	209/835-2468

NAME OF ASSISTANT TREASURER, IF ANY: N/A

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 10-27-16 (Date) By _____ (Signature of Treasurer)

Executed on 10-27-16 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent / Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Michael Maciel

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor, City of Tracy

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
210 Forest Hills Drive	Tracy	CA	95376

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	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 9-25-2016 through 10-22-2016

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MACIEL FOR TRACY MAYOR 2016

I.D. NUMBER
1366511

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 6,366	$ 27,736
2. Loans Received	*Schedule B, Line 3*	10,000	30,000
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 16,,366	$ 57,736
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 16,366	$ 57,736

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 19,483	$ 33,228
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 19,483	$ 33,228
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 19,483	$ 33,228

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 22,168
13. Cash Receipts	*Column A, Line 3 above*	16,366
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	19,483
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 19,051

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 30,000

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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made***
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period from 9-25-2016 through 10-22-2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MACIEL FOR TRACY MAYOR 2016

I.D. NUMBER: 1366511

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-26-16	River Islands Development, LLC 2999 Oak Road, Suite 4000 Walnut Creek, CA 94597	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500		
9-27-16	Jane Williford 436 E. Carlton Way Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	$250		
9-28-16	Mike Repetto 840 Orazio Lane Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed Tracy Disposal	$250		
9-29-16	James Younger 1861 Petrig Court Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$300		
9-29-16	Beckie Brown 32811 S. Bird road Tracy, CA 953204	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	$250		
			SUBTOTAL $	1,550		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 5,175
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 191
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 6,366

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 9-25-2016
through 10-22-2016

CALIFORNIA FORM 460

NAME OF FILER
MACIEL FOR TRACY MAYOR 2016

I.D. NUMBER
1366511

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-30-16	Curtis Repetto 2709 Annette Court Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed Tracy Material Recovery	$250		
10-4-16	Fred Gowan 6893 St. Andrews Lane Tracy, CA 95377	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100		
10-11-16	Lewis Investment Company, LLC 1156 N. Mountain Ave. Upland, CA 91786	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500		
10-13-16	Joanne Souchek 734 Jesse Martinez Drive Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$250		
10-17-16	Rados Properties - CA Land, LLC P.O. Box 15184 Santa Ana CA, 92573	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$750		
			SUBTOTAL $	1,850		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 9-25-2016
through 10-22-2016

CALIFORNIA FORM 460

NAME OF FILER
MACIEL FOR TRACY MAYOR 2016

I.D. NUMBER
1366511

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10-17-16	The Surtec System 1880 N. MacArthur Drive Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$100		
10-17-16	Eagle Property Management 421 W. 11th Street Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$200		
10-19-16	Cal. Real Estate PAC / Cal. Assn. of Realtors 525 S. Virgil Avenue Los Angeles, CA 90020	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$1,000		
10-19-16	PG&E Corporation / Major Donor Account 77 Beale Street San Francisco, CA	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$205		
10-20-16	Charles Manne Insurance Agency, Inc. 2177 Las Positas Court, Suite I Livermore, CA 94551	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$250		
			SUBTOTAL $	1,775		

*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 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 9-25-2016 through 10-22-2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MACIEL FOR TRACY MAYOR 2016

I.D. NUMBER: 1366511

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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Michael Maciel 210 Forest Hills Drive Tracy, CA †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$	$ 10,000	☐ PAID $ ☐ FORGIVEN $	$ 10,000 DATE DUE	% RATE $	$ 10,000 10-14-16 DATE INCURRED	CALENDAR YEAR $ 20,000 PER ELECTION** $
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 10,000	$	☐ PAID $ ☐ FORGIVEN $	$ 10,000 DATE DUE	% RATE $	$ 10,000 5-16-16 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 5,000	$	☐ PAID $ ☐ FORGIVEN $	$ 5,000 DATE DUE	% RATE $	$ 5,000 6-27-14 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $ 10,000	$		$ 30,000	$		

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period ..... $ 10,000
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 10,000
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

†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

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

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 9-25-2016 through 10-22-2016

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MACIEL FOR TRACY MAYOR 2016

I.D. NUMBER: 1366511

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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376 †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 5,000	$	☐ PAID $ ☐ FORGIVEN $	$ 5,000 DATE DUE	% RATE $	$ 5,000 4-30-14 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $	$	$	$ 5,000	$ (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ N/A
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ _____
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ N/A
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

†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

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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 9-25-2016
through 10-22-2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MACIEL FOR TRACY MAYOR 2016

I.D. NUMBER
1366511

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
Tracy Press P.O. Box 419 Tracy, CA 95378	PRT		741
Strategic Research 3333 W. Country Club Blvd. Stockton, CA 95204	LiT		10,744.27
Power Marketing 6333 Pacific Ave. #510 Stockton. CA 95207	TLE		4,500

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

SUBTOTAL $ 15,985.27

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 19,483.28
2. Unitemized payments made this period of under $100 ..... $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 19,483.28

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 9-25-2016 through 10-22-2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MACIEL FOR TRACY MAYOR 2016

I.D. NUMBER: 1366511

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
Tracy Press P.O. Box 419 Tracy, CA 95378		On-line ad	150
Strategic Research 3333 W. Country Club Blvd. Stockton, CA 95204	TLE		1,350
Tracy Instant Printing 1119 Adam St. Tracy, CA 95376	LIT		568.08
Ian McKenzie 1286 Shady Court Tracy, CA 95377		Video Production	500.00
Tracy Press P.O. Box 419 Tracy, CA 95378		On-line ad	150

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

SUBTOTAL $ 2,718.08

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 9-25-2016 through 10-22-2016

CALIFORNIA FORM 460

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I.D. NUMBER: 1366511

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
Gateway Press, Inc. 772 Murphys Creek Road Murphys, CA 95247		4X8 signs	779.93

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

SUBTOTAL $ 779.93

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

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Date Stamp
RECEIVED
CITY CLERK'S OF
2016 OCT 27 AM 11:56
CITY OF TRACY
TRACY, CA

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1-7-2016
through 9-24-2016

Date of election if applicable: (Month, Day, Year)
11-8-2016

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] 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 Termination)
- [x] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

Corrections to Pg. 3 Lines 1,3,5, 6,8,11,12,13&16. Pg. 4 totals on Items 1,2 &3. Pg.5 (Pg. 6 on original) Subtotal & entry on 3rd listing.

3. Committee Information

I.D. NUMBER: 1366511

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): MACIEL FOR TRACY MAYOR 2016

STREET ADDRESS (NO P.O. BOX): 210 Forest Hills Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	209/835-2468

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: N/A

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Michael Maciel

MAILING ADDRESS: 210 Forest Hills Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	209/835-2468

NAME OF ASSISTANT TREASURER, IF ANY: N/A

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 10.27.16 (Date) By [signature]

Executed on 10.27.16 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Michael Maciel

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor, City of Tracy

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
210 Forest Hills Drive	Tracy	CA	95376

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	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 7-1-16 through 9-24-16

CALIFORNIA FORM 460

Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MACIEL FOR TRACY MAYOR 2016

I.D. NUMBER: 1366511

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 5,369	$ 21,370
2. Loans Received	*Schedule B, Line 3*	0	20,000
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 5,369	$ 41,370
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 5,369	$ 41,370

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 10,570	$ 13,745
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 10,570	$ 13,745
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 10,570	$ 10,570

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 27,369
13. Cash Receipts	*Column A, Line 3 above*	5369
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	10,570
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 22,168

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 20,000

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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made***
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 1-7-2016
through 9-24-2016

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MACIEL FOR TRACY MAYOR 2016

I.D. NUMBER: 1366511

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7-22-16	Stan Morri 8556 Julie Lynne Circle Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
7-22-16	Michael Souza 6000 W. Linne Road Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Souza Realty & Development	500		
7-22-16	Anthony Souza 105 E. 10th St Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Souza Realty & Development	500		
7-27-16	Evan Knapp 888 San Clemente Drive, Suite 100 Newport Beach, CA 92660	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal Integral Communities	250		
7-27-16	John Stanek 888 San Clemente Drive, Suite 100 Newport Beach, CA 92660	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal Integral Communities	250		
			SUBTOTAL $	1,600		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 4,823
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 546
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 5,369

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 1-7-2016
through 9-24-2016

CALIFORNIA FORM 460

NAME OF FILER
MACIEL FOR TRACY MAYOR 2016

I.D. NUMBER
1366511

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
8-27-16	City of Tracy 333 Civic Center Plaza Tray, CA, 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Security Deposit Refund	223(not233)		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $ 1,973		

*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

Recipient Committee Campaign Statement Cover Page

Date Stamp
RECEIVED
CITY CLERK'S OFFICE
2016 SEP 28 PM 2:07
CITY OF TRACY
TRACY, CA

CALIFORNIA FORM **460**

Page 1 of 11

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7-1-2016
through 9-24-2016

Date of election if applicable: (Month, Day, Year) 11-8-2016

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1366511

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Maciel for Tracy Mayor 2016

STREET ADDRESS (NO P.O. BOX): 210 Forest Hills Drive

CITY: Tracy | STATE: CA | ZIP CODE: 95376 | AREA CODE/PHONE: (209) 835-2468

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Michael Maciel

MAILING ADDRESS: 210 Forest Hills Drive

CITY: Tracy | STATE: CA | ZIP CODE: 95376 | AREA CODE/PHONE: (209) 835-2468

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

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 9-28-16 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 9-28-16 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Michael Maciel

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor, City of Tracy

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
210 Forest Hills Drive	Tracy	CA	95376

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	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 7-1-2016 through 9-24-2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 5,479	$ 21,480
2. Loans Received	*Schedule B, Line 3*	0	20,000
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 5,479	$ 21,480
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 5,479	$ 21,480

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 10,570	$ 13,745
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 10,570	$ 13,745
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 10,570	$ 13,745

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 27,463
13. Cash Receipts	*Column A, Line 3 above*	5,479
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	10,570
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 22,372

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 20,000

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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 7-1-2016
through 9-24-2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7-22-16	Stan Morri 8556 Julie Lynne Circle Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
7-22-16	Michael Souza 6000 W. Linne Road Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Souza Realty & Development	500		
7-22-16	Anthony Souza 105 E. 10th St. Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Souza Realty & Development	500		
7-27-16	Evan Knapp 888 San Clemente Drive, Suite 100 Newport Beach, CA 92660	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal Integral Communities	250		
7-27-16	John Stanek 888 San Clemente Drive, Suite 100 Newpot beach, A 92660	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal Integral Communities	250		
			SUBTOTAL $	1,600		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 4,833
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 646
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 5,479

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7-1-2016
through 9-24-2016

CALIFORNIA FORM 460

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7-27-16	Craig Manchester 888 San Clemente Drive, Suite 100 Newport Beach, CA 92660	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Managing Partner Integral Communities	250		
7-27-16	Lance Waite 888 San Clemente Drive, Suite 100 Newport Beach, CA 92660	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal Integral Communities	250		
8-1-16	Stan Morri 8556 Julie Lynne Circle Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	200	
8-4-16	Koru Pacific Packaging Inc. 503 W. Larch Road, Unit A	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		100		
8-11-16	David Thompson 1678 Toulouse Court Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director Sutter Tracy Community Hospital	100		
			SUBTOTAL $	800		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7-1-2016
through 9-24-2016

CALIFORNIA FORM 460

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-9-16	Gregory DeValle 1579 Frankfurt Way Livermore, CA 94550	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500		
8-22-16	Done Cose P.O. Box 326 Tracy, CA 95378	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Don Cose & Associates	250		
8-27-16	City of Tracy 333 Civic Center Plaza Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Security Deposit Refund	233		
9-16-16	Ponderosa Homes II, Inc. 6130 Stoneridge Mall Road, Suite 185 Pleasanton, CA 94588	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500		
9-16-16	Susan Dell'osso 25 W. Stewart Road Lathrop, CA 95330	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed Dell'osso Farms	500		
			SUBTOTAL $	1,983		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7-1-2016
through 9-24-2016

CALIFORNIA FORM 460

NAME OF FILER
Maciel For Tracy Mayor 2016

I.D. NUMBER
1366511

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-22-16	Albert Navarra 2465 W. Vernalis Road Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250		
9-22-16	Ann Silva 157 E. Eaton Ave. Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
9-24-16	Roy Hawkins 1524 East St. Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	450		

*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 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 7-1-2016 through 9-24-2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

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 *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 5,000	$	☐ PAID $ ☐ FORGIVEN $	$ 5,000 DATE DUE	% RATE $	$ 5,000 4-30-14 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 5,000	$	☐ PAID $ ☐ FORGIVEN $	$ 5,000 DATE DUE	% RATE $	$ 5,000 6-27-14 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 10,000	$	☐ PAID $ ☐ FORGIVEN $	$ 10,000 DATE DUE	% RATE $	$ 10,000 5-16-16 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $	$		$ 20,000	$ (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 0
   Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7-1-2016
through 9-24-2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Maciel For Tracy Mayor 2016

I.D. NUMBER
1366511

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
City of Tracy 333 Civic Center Plaza Tracy, CA 95376		Booth Fee for Arts and Cultural Festival	125
U.S. Post Office 125 W. 9th St. Tracy, CA 95376	POS		188
Tracy Press P.O. Box 419 Trcy, CA 95378	PRT		741

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

SUBTOTAL $ 1,054

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 10,501.81
2. Unitemized payments made this period of under $100 ..... $ 68.04
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 10,569.85

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7-1-2016 through 9-24-2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
Southside Community Oganization 126 W. 1st St. Tracy, CA 95376		Event Booth Fee/Sponsorship	500
Silkscreens by Mary 392 W. Larch Road, Suite 2 Tracy, CA 95304		T-Shirts	488.20
Tracy Instant Printing 1119 Adam Street Tracy, CA 95376	CMP		160.97
Jane Willliford 436 E. Carlton Ave. Tracy, CA 95376		Catering	275
Tracy Press P.O. Box 419 Tracy, CA 95376	PRT		741

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

SUBTOTAL $ 2,165.17

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7-1-2016 through 9-24-2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
West H.S. Cross Country %Michelle Loomis 1221 Claremont Court Tracy, CA 95376		Advertising Sponsorship	100
Strategic Research 3333 W. Country Club Blvd. Stockton, CA 95204	PRT		5,613.64
Tracy Republican Women's Club % Monica Dias 27507 S. Bird Road Tracy, CA 95304		Advertising Sponsorship	150
Gateway Press, Inc. 772 Murphys Creek Road Murphys, CA 95247		Signs	1,419

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

SUBTOTAL $ 7,282.64

Recipient Committee Campaign Statement Cover Page

Date Stamp
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CITY CLERK'S OFFICE
2016 OCT 27 AM 11:56
CITY OF TRACY
TRACY CA

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1-1-2016
through 6-30-2016

Date of election if applicable: (Month, Day, Year)
11-8-2016

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] 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 Termination)
- [x] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

Pg. 3 - Correction to Lines 3 & 4, Column B and Lines 6,8 & 11

Columns A&B

3. Committee Information

I.D. NUMBER: 1366511

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): MACIEL FOR TRACY MAYOR 2016

STREET ADDRESS (NO P.O. BOX): 210 Forest Hills Drive

CITY: Tracy | STATE: CA | ZIP CODE: 95376 | AREA CODE/PHONE: 209/835-2468

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: N/A

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Michael Maciel

MAILING ADDRESS: 210 Forest Hills Drive

CITY: Tracy | STATE: CA | ZIP CODE: 95376 | AREA CODE/PHONE: 209/835-2468

NAME OF ASSISTANT TREASURER, IF ANY: N/A

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

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 10-27-16 (Date) By _____ Signature of Treasurer or Assistant Treasurer

Executed on 10-27-16 (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Michael Maciel

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor, City of Tracy

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
210 Forest Hills Drive	Tracy	CA	95376

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	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 1-1-16 through 6-30-16

CALIFORNIA FORM 460

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MACIEL FOR TRACY MAYOR 2016

I.D. NUMBER: 1366511

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 16,001	$ 16,001
2. Loans Received	*Schedule B, Line 3*	10,000	20,000
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 26,001	$ 36,001
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 26,001	$ 36,001

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 3,319	$ 3,319
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 3,319	$ 3,319
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 3,319	$ 3,319

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 4,687
13. Cash Receipts	*Column A, Line 3 above*	26,001
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	3,319
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 27,369

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 20,000

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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made***
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

*Amounts in this section may be different from amounts reported in Column B.

Recipient Committee Campaign Statement Cover Page

Date Stamp

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TRACY, CA

CALIFORNIA FORM **460**

Page 1 of 3

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 1-1-2016 through 6-30-2016

Date of election if applicable: (Month, Day, Year) 11-8-2016

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☑ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- ☐ 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 Termination)
- ☑ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report

Correction to Summary Page Line, 2, Line 11, Line 12, Line 15, Line 16 & Line 19

3. Committee Information

I.D. NUMBER: 1366511

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Maciel for Tracy Mayor 2016

STREET ADDRESS (NO P.O. BOX): 210 Forest Hills Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	(209) 835-2468

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Michael Maciel

MAILING ADDRESS: 210 Forest Hills Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	(209) 835-2468

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 9-28-16 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 9-28-16 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Michael Maciel

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor, City of Tracy

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
210 Forest Hills Drive	Tracy	CA	95376

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	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 1-1-2016 through 6-30-2016

CALIFORNIA FORM 460

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 16,001	$ 16,001
2. Loans Received	*Schedule B, Line 3*	10,000	20,000
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 26,001	$ 36,001
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 26,001	$ 36,001

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 3,175	$ 3,175
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 3,175	$ 3,175
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 3,175	$ 3,175

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 4,637
13. Cash Receipts	*Column A, Line 3 above*	26,001
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	3,175
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 27,463

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 20,000

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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made***
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

*Amounts in this section may be different from amounts reported in Column B.

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 11

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Date Stamp

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2016 JUL 27 PM 3:13
CITY OF TRACY
TRACY, CA

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1-1-2016
through 6-30-2016

Date of election if applicable: (Month, Day, Year)
11-8-2016

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] 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
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1366511

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Maciel For Tracy Mayor 2016

STREET ADDRESS (NO P.O. BOX): 210 Forest Hills Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	209/835-2468

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Michael Maciel

MAILING ADDRESS: 210 Forest Hills Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95376	209/835-2468

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 7-27-2016 (Date) By _____ Signature of Treasurer or Assistant Treasurer

Executed on 7-27-2016 (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Michael Maciel

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor, City of Tracy

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
210 Forest Hills Drive	Tracy	CA	95376

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	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 1-1-2016 through 6-30-2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 16,001	$ 16,001
2. Loans Received	*Schedule B, Line 3*	10,000	20,000
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 26,001	$ 26,001
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 26,001	$ 26,001

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 3,175	$ 3,175
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 3,175	$ 3,175
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 3,255	$ 3,225

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 4,687
13. Cash Receipts	*Column A, Line 3 above*	26,001
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	3,319
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 27,369

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 20,000

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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 1-1-2016
through 6-30-2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5-20-2016	Corral Hollow Development, LLC 3208 Wycliffe Drive Modesto, CA 95335	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500	$500	
5-20-2016	Terravest Capital Partners, LP 3208 Wycliffe Drive Modesto, CA 95355	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500	$500	
5-20-2016	Chris Tyler 3208 Wycliffe Drive Modesto, CA 95355	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investment Manager Great Gable Partners, LP	$500	$500	
5-20-2016	Stephanie Gallo 3208 Wycliffe Drive Modesto, CA 95355	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Marketing Executive E&J Gallo Winery	$500	$500	
6-16-2016	Inderpal Pal 134 Roth Road Lathrop, CA 95330l	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SELF - EMPLOYED INDEPENDANT REALTOR	$100	$100	
			SUBTOTAL $	2,100		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 16,001
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 16,001

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 1-1-2016
through 6-30-2016

CALIFORNIA FORM 460

NAME OF FILER
Maciel For Tracy Mayor 2016

I.D. NUMBER
1366511

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6-16-2016	Interstate A Enterprises, Inc DBA City Food & Liquor 16470 Cambridge Road Lathrop, CA 95330	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$200	$200	
6-16-2016	Judge & Litt Inc (Sansar Indian Cuisine) 430 W. Grantline Road Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500	$500	
6-16-2016	Tracy Trucking 1455 Lankershire Drive Tracy, CA 95377	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$200	$200	
6-16-2016	Ranjit Singh Gill 403 Riley Court Tracy, CA 95377	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Railport Logistics, Inc.	$250	$250	
6-16-2016	Vanco Truck & Auto Plaza 1033 Charter Way Stockton, CA 95206	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$2,000	$2,000	
			SUBTOTAL $	$3,150		

*Contributor Codes
IND – Individual
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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 1-1-2016
through 6-30-2016

CALIFORNIA FORM 460

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6-16-2016	Harry Randhawa 982 Steamboat Court Lathrop, CA 95330	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Napa Winery	$101	$101	
6-16-2016	Immortal Trucking 15822 Covered Bridge Way Lathrop, CA 95330	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$100	$100	
6-16-2016	Country Mart Gas & food 34243 S. Chrisman Road Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$1,500	$1,500	
6-16-2016	Sucha Singh Mehroke 160 Randall Way Manteca, CA 95337	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed / Owner Manteca Mart Liquor	$1,500	$1,500	
6-16-2016	Raghbir Shergill 1553 Tanya Lane Tracy, CA 95377	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed MGS Transportation	$200	$200	
			SUBTOTAL $	3,401		

*Contributor Codes
IND – Individual
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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 1-1-2016
through 6-30-2016

CALIFORNIA FORM 460

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6-16-2016	Balwant Singh Sandhu 1623 Bella Terra Drive Manteca, CA 95337	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed PRIVATE TRUCK PARKING FACILITY	$100	$100	
6-16-2016	Two Guys Food & Fuel INC 147 Lathrop Road Lathrop, CA 95330	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$2,000	$2,000	
6-16-2016	Joe's Travel Plaza (Dhoot Bros Partnership Inc) 15600 S. Harlan Road Lathrop, CA 95330	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$5,000	$5,000	
6-16-2016	Tracy Liquors 1200 W. 11th St. Tracy, CA 95377	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$250	$250	
6-16-2016		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	7,350		

*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 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 1-1-2016
through 6-30-2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

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 *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 5,000	$	☐ PAID $ ☐ FORGIVEN $	$ 5,000 DATE DUE	% RATE $	$ 5,000 4-30-14 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 5,000	$	☐ PAID $ ☐ FORGIVEN $	$ 5,000 DATE DUE	% RATE $	$ 5,000 6-27-14 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
Michael Maciel 210 Forest Hills Drive Tracy, CA 95376 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$ 10,000	☐ PAID $ ☐ FORGIVEN $	$ 10,000 DATE DUE	% RATE $	$ 10,000 5-16-16 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $	10,000 $		$ 20,000 $	(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 10,000
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ _____
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 10,000
   Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 1-1-2016
through 6-30-2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
Tracy African American Association P.O.Box 62 Tracy, CA 95378		Booth rental at Juneteenth event.	$175.00
Printglobe Inc 5812 Trade Center Drive, Suite 100 Austin,TX 78744		Promotional items: Fans	$460.00
Printglobe Inc 5812 Trade Center Drive, Suite 100 Austin, TX 78744		Promotional items: Flying discs	$905.00

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

SUBTOTAL $ 1,540

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 2,944.64
2. Unitemized payments made this period of under $100 ..... $ 230.45
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 3,175.09

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 1-1-2016 through 6-30-2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
Printglobe Inc 5812 Trade Center Drive, Suite 100 Austin, TX 78744		Promotional items: Buttons	$107.00
Francis L. Dean & Associates P.O. Box 4200 Wheatin, IL 60189		Liability insurance for 4th of July campaign booth	$150.00
Tracy Chamber of Commerce 223 E. 10th Street Tracy, CA 95376		4th of July event booth fee	$100.00
Printglobe Inc 5812 Trade Center Drive, Suite 100 Austin, TX 78744		Shipping: flying discs	$363.79
Tracy African American Association P.O. Box 62 Tracy, CA 95378		Advertisment	$100.00

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

SUBTOTAL $ 820.79

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 1-1-2016 through 6-30-2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Maciel For Tracy Mayor 2016

I.D. NUMBER: 1366511

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
City of Tracy 333 Civic Center Plaza Tracy, CA 95376		Security deposit and permit fee for facility rental (campaign kick-off event)	$258.00
Tracy Instant Printing 1119 Adams Street Tracy, CA 95376		Remittance envelops	$124.85
City of Tracy 333 Civic Center Plaza Tracy, CA 95376		Facility rental fee - Tracy Transit Station (campaign kick-off event)	$201.00

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

SUBTOTAL $ 583.85