

497 Contribution Report

Amounts may be rounded to whole dollars.

CITY CLERK

NAME OF FILER MANNY CARDOZA FOR YUBA CITY COUNCIL 2020		Date of This Filing <u>8/13/2020</u>	Date Stamp YUBA CITY AUG 13 2020 PM 4:22 YUBA CITY HUMAN RESOURCES	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-763-2499	I.D. NUMBER (if applicable) 1421116	Report No. <u>1</u>		
STREET ADDRESS 784 CRESTMONT CT		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY YUBA CITY	STATE CA	ZIP CODE 95992	No. of Pages <u>1</u>	

1. Contribution(s) Received

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
8/13/2020	TERESA J HELLBERG 484 ST JAMES CT YUBA CITY, CA 95991	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

* 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

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NAME OF FILER MANNY CARDOZA FOR YUBA CITY COUNCIL 2020			Date of This Filing <u>8/31/2020</u>	Date Stamp CITY CLERK AUG 31 2020 YUBA CITY	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-763-2499	I.D. NUMBER (if applicable) 1421116		Report No. <u>2</u>		
STREET ADDRESS 784 CRESTMONT CT			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY YUBA CITY	STATE CA	ZIP CODE 95991	No. of Pages <u>1</u>		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
8/31/2020	RECOLOGY, INC POLITICAL ACTION COMMITTEE FPPC #921099 50 CALIFORNIA ST, 24TH FLOOR SAN FRANCISCO, CA 94111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
8/31/2020	LABORERS LOCAL 185 PAC FPPC # 870122 - SMALL CONTRIBUTOR COMMITTEE 555 CAPITOL MALL, SUITE 400 SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

Reason for Amendment: _____

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NAME OF FILER MANNY CARDOZA FOR YUBA CITY COUNCIL 2020			Date of This Filing 9/15/2020	Date Stamp YUBA CITY FPPC RECEIVED SEP 15 2020 PM 2:00	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-763-2499	I.D. NUMBER (if applicable) 1421116		Report No. 3		
STREET ADDRESS 784 CRESTMONT CT			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY YUBA CITY	STATE CA	ZIP CODE 95991	No. of Pages 1		

1. Contribution(s) Received


DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
9/15/2020	OPERATING ENGINEERS LOCAL UNION NO 3 DISTRICT 60 PAC FPPC ID #891400 1620 SOUTH LOOP RD ALAMEDA, CA 94502	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/15/2020	GOLDEN VALLEY FRUIT PACKING, INC 7880 CA HWY 70 MARYSVILLE, CA 95901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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NAME OF FILER MANNY CARDOZA FOR YUBA CITY COUNCIL 2020			Date of This Filing 9/17/2020		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-763-2499	I.D. NUMBER (if applicable) 1421116		Report No. <u>4</u>		
STREET ADDRESS 784 CRESTMONT CT			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY YUBA CITY	STATE CA	ZIP CODE 95991	No. of Pages <u>1</u>		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
9/17/2020	YUBA CITY FIREFIGHTERS ASSOCIATION FPPC ID #1256192 824 CLARK AVE YUBA CITY, CA 95991	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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SEP 30 2020

YUBA CITY

YUBA CITY HUMAN RESOURCES
SEP 30 12 01 PM '20

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NAME OF FILER MANNY CARDOZA FOR YUBA CITY COUNCIL 2020			Date of This Filing 9/30/2020
AREA CODE/PHONE NUMBER 530-763-2499	I.D. NUMBER (if applicable) 1421116		Report No. 5
STREET ADDRESS 784 CRESTMONT CT			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY YUBA CITY	STATE CA	ZIP CODE 95991	No. of Pages 1

1. Contribution(s) Received

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
9/30/2020	H-NYC, LLC (MEHMET NOYAN) 685 W ALLUVIAL AVE, SUITE 101 FRESNO, CA 93711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PARTNER, H-NYC, LLC	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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Reason for Amendment: _____

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CITY CLERK

NAME OF FILER MANNY CARDOZA FOR YUBA CITY COUNCIL 2020		Date of This Filing 10/1/2020	Date Stamp OCT 01 2020 YUBA CITY OCT 1 12:20 PM '20 YUBA CITY HUMAN RESOURCES	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-763-2499	I.D. NUMBER (if applicable) 1421116	Report No. 6		
STREET ADDRESS 784 CRESTMONT CT		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY YUBA CITY	STATE CA	ZIP CODE 95991	No. of Pages 1	

1. Contribution(s) Received

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
10/1/2020	PIPE TRADES DISTRICT COUNCIL #36 PAC, FPPC #910629 1303 N RABE AVE, SUITE 202 FRESNO, CA 93727	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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CITY CLERK

NAME OF FILER MANNY CARDOZA FOR YUBA CITY COUNCIL 2020		Date of This Filing 10/5/2020	Date Stamp OCT 05 2020 YUBA CITY YUBA CITY HUMAN RESOURCES DEPARTMENT OCT 5 12:04 PM '20	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-763-2499	I.D. NUMBER (if applicable) 1421116	Report No. 8		
STREET ADDRESS 784 CRESTMONT CT		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY YUBA CITY	STATE CA	ZIP CODE 95991	No. of Pages 1	

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10/5/2020	CALIFORNIA REAL ESTATE PAC (CREPAC) - ID #890106 515 S. FIGUEROA ST, SUITE 1110 LOS ANGELES, CA 90071	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER MANNY CARDOZA FOR YUBA CITY 2020	Date Stamp CITY CLERK OCT 26 2020 YUBA CITY
AREA CODE/PHONE NUMBER 530-763-2499	Date of This Filing 10/26/2020
I.D. NUMBER (if applicable) 1421116	Report No. 9
STREET ADDRESS 784 CRESTMONT CT YUBA CITY	<input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1
STATE CA	ZIP CODE 95991

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/26/2020	SUNDEEP DALE/DALE INVESTMENTS, LLC 1535 RICHLAND RD YUBA CITY, CA 95993	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER, DALE INVESTMENTS, LLC	1000.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%

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