Campaign Statement Cover Page			CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from Jan 1, 2023  April 11, 2023  through June 30, 2023	Date of election if applicable: (Month, Day, Year)	CITY CLERK'S OF SELECT of 25  2023 APR II PH 5: 0  CITY OF TRACY
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	rame i, up
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Siso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Siso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	rmination)
3. Committee Information	NUMBER 1448448	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect amenic of Elect amenic	Alexander to	MAILING ADDRESS  MAILING ADDRESS  MAILING ADDRESS  MAILING ADDRESS	code AREA CODE/PHONE  CALJERNIA 95376
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS
Nerification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Control of the Executed on 104-07-2023	ByBySignature of Controlling		onent or Responsible Officer of Sponsor
Executed on	BySigns	alure of Controlling Officeholder Candidate Sta	to Mescure Proposed

**Recipient Committee** 

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

COVER PAGE

5.	Officeholder or Candidate Controlled Committee	6. Primarily Formed Ballot Measure Committee									
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			BALLOT NO. OR LETTER	JURISDICTIO	N	I -	] SUPPORT ] OPPOSE			
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZII  P.O. Boy 751 Tracy CA 95	378	Identify the controlling officeholder, candidate, or state measure proponent, if any.  NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT								
	Related Committees Not Included in this Statement: List any committee 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.	es e		OFFICE SOUGHT OR HELD	<i></i>		DISTRICT NO.	IF ANY			
	COMMITTEE NAME I.D. NUMBER		7	Primarily Formed Candi	date/Office	sholder Co	ommittee <i>Li</i>	st names of			
	NAME OF TREASURER  CONTROLLED COMMITTEE?	<del></del>	<i>.</i>	officeholder(s) or candidate(s) t	or which this i	committee is	primarily torme	ea.			
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE			
	CITY STATE ZIP CODE AREA CODE/PH	ONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE			
	COMMITTEE NAME I.D. NUMBER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE			
	NAME OF TREASURER  CONTROLLED COMMITTEE?			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	UGHT OR HELD	SUPPORT OPPOSE			
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PH	ONE		Attac	h continuatio	n sheets if n	necessary				

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from Jaw. 1, 2023

through April 11, 202 3 age 3 of 5

I.D. NUMBER

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE 1448448 **Calendar Year Summary for Candidates** Column B Column A CALENDAR YEAR TOTAL THIS PERIOD Contributions Received Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions ...... Schedule A, Line 3 \$ \_\_\_\_\_ 1/1 through 6/30 7/1 to Date 20. Contributions Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ \_\_ **Expenditure Limit Summary for State Expenditures Made** Candidates 6. Payments Made...... Schedule E, Line 4 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Total to Date Date of Election (mm/dd/yy) 11. TOTAL EXPENDITURES MADE ...... Add Lines 8 + 9 + 10 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some amounts in Column A may be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ \_\_\_ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 18. Cash Equivalents ...... See instructions on reverse \$ FPPC Form 460 (Jan/2016)) 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ \_ FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule	Ε
<b>Payments</b>	Made

SCHEDULE E through April 11, 2023

Statement covers period CALIFORNIA 46

FORM

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE		through Court Viscos	0 1
ame of filer alexander			1.D. NUMBER 1448 448
CODES: If one of the following codes accurately describes the payment, your campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  MBR member com meetings and office expensions petition circuit phone banks polling and significant professional professional print ads	munications d appearances ses lating	RAD radio airtime and production c RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, ar TSF transfer between committees VOT voter registration WEB information technology costs (	ction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
Amenë Alexander	FIL Statemen	en Candidate Leter Refund	714.36
Sylvery, Si, 1997			
* Payments that are contributions or independent expenditures must also be summarized on Scho	edule D.	SUE	STOTAL \$
Schedule E Summary			F111 21
Itemized payments made this period. (Include all Schedule E subtotals.)			\$ <u>'//4.36</u>
2. Unitemized payments made this period of under \$100	***************************************		
a manufacture (Enter amount from Schedule R. Pa	rt 1 Column (e) )		3
<ol> <li>Total interest paid this period on loans. (Effet amount from Schedule B, Fa</li> <li>Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on</li> </ol>	the Summary Page, Column A	A, Line 6.)	IAL \$

Schedule I			
Miscellaneous	Increases	to	Cash

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE I Statement covers period CALIFORNIA . Oan 1. 2023

from 16010	
	, in .
V (h.m. 1) 11 7072	7
through Conce 11, Soa	× .
unough	

I.D. NUMBER
11111011160

NAME OF FILER	i Alexander		1448448
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Jeb 15,202	3 333 Quec Center Plaza Tracy, CA 95376	Campaign Candidate Statement Fee Refund	714.36
		· ·	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

5	chedule I Summary		_	111/21
1.	Itemized increases to cash this period	•••••	.\$	114136
2.	Unitemized increases to cash of under \$100 this period.		.\$	
3.	Total of all interest received this period on loans made to others. (Schedule H, Column (e).)		.\$	6
4.	Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	AL	\$	714.36

FPPC Form 460 (Jan/2016))

Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460 FORM
	Statement covers period from 10/23/2022	Date of election if applicable:7 (Month, Day, Year)	CLERK'S OFFICE	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2022</u>	11/08/2022	EB-2 PM 4:05	
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	INACY CA	
O State Candidate Election Committee O Recall (Also Complete Part 5)  General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te	t	Quarterly Statement Special Odd-Year Report
2 Cammittaa Intarmatian	D. NUMBER 448448	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
ELECTION COMMITTEE TO SUPPORT ALEXAN	DER FOR TRACY CITY	OLINGA YARBER-ALEX	ANDER	
COUNCIL NOV.2022				
STREET ADDRESS (NO PO BOX)		CITY		P CODE AREA CODE/PHONE 05376
CITY STATE ZIP CO	DE AREA CODE/PHONE	TRACY NAME OF ASSISTANT TREASUR		33370
TRACY CA 9537	6			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	X	MAILING ADDRESS		
SAME AS ABOVE STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZI	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS	
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on 01/31/2023  Date  Date  Date			herein and in the attached	d schedules is true and complete. I
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	<del></del>
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	

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

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2	
CALIFORNIA 460	
Page 2 of Gu	

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballo	t Measure (	Committee					
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE						
	Ameni Alexander				N/A					
OFFICE SOUGHT OR HELD (INCLUDE	LOCATION AND DISTRIC	OT NUMBER IF APP	LICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	NC		SUPPORT	
Tracy City Council									0002	
RESIDENTIAL/BUSINESS ADDRESS (		y STA racy CA			Identify the controlling office			measure propo	onent, if any.	
					NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT  Ameni Alexander					
Related Committees Not Inc not included in this statement that are contributions or make expenditures of	e controlled by you or a	re primarily formed	committees I to receive		OFFICE SOUGHT OR HELD Tracy City Council			DISTRICT NO.	FANY	
COMMITTEE NAME		I.D. NUMBER								
N/A				7.	Primarily Formed Can	didate/Offic	eholder Co	mmittee <i>Li</i> s	t names of	
NAME OF TREASURER		CONTROLLED CO	MMITTEE?		officeholder(s) or candidate(s	) for which this	committee is p	orimarily formed	1.	
			NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD		
COMMITTEE ADDRESS STREE	TADDRESS (NO P.O. BO	OX)			William of Grand and Grand				SUPPORT OPPOSE	
CITY	STATE ZIP CC	DE AREA	CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME		I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER			MMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	☐ SUPPORT ☐ OPPOSE	
COMMITTEE ADDRESS STREE	STATE ZIP CO		CODE/PHONE		Att	ach continuati	ion sheets if n	ecessary		

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 10 - 2 3 - 22	CALIFORNIA 460
through 12 - 31 - 22	Page 3 of 9
	I.D. NUMBER

NAME OF FILER

Ameni Alexander			
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$	\$ 12,100 \$ 12,100 \$ 12,100	1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$	\$ 12,100 \$ 12,100 0 \$ 12,100	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.	\$	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,	*Amounts in this section may be different from amounts reported in Column B.
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	\$	nied for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377)

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Schedule C Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers period from 10/23/2022			california 460		O	
					throu	ıgh <u>12/31/2022</u>		Page	of		
SEE INSTRUCTION	ONS ON REVERSE							I.D. NUME			
Ameni Alexar	nder							144044	,		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	-	
		□IND □COM □OTH □PTY □SCC								•	
		□IND □COM □OTH □PTY □SCC									
		☐IND ☐COM ☐OTH ☐PTY ☐SCC									
		□IND □COM □OTH □PTY □SCC									
Attach add	litional information on appropriately labeled	l continuation	sheets.	SUBT	OTAL S	0			Art Design	44,770,000	
Schedule	C Summary	ny contributio	ens.			0	IN		il ent Committee		
(Include	all Schedule C subtotals.)received this period – unitemized nonmone	•••••			\$ _	0	P1	TH – Other (e TY – Political	han PTY or SCC) e.g., business entity) Party contributor Committee		
3. Total nor (Add Line	nmonetary contributions received this perions 1 and 2. Enter here and on the Summa	od. ry Page, Colu	umn A, Lines 4 and 10.)	тот	'AL \$_	0	_	FPPC	Form 460 (Jan/2016))		

SCHEDULE C

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

www.fppc.ca.gov

Schedule D	
Summary of Expenditures	
Supporting/Opposing Other	
<b>Candidates, Measures and Committ</b>	ees

	SCHEDULE D
Statement covers period from 10/23/2022	california 460 form
through <u>12/31/2022</u>	Page5 of
	I.D. NUMBER

SEE INSTRUCTI NAME OF FILER Ameni Alexan				through 12/31/202	Page	BER
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OF MEASURE NUMBER OR LETTER AND JURISDICTIO OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution				
		Nonmonetary Contribution				
	Support Dppose	Independent Expenditure				
	Зирроп С Сурсов	Monetary Contribution				٠
		Nonmonetary Contribution				
	Support Dppose	Independent Expenditure				
	Support Oppose	Monetary Contribution				
		Nonmonetary Contribution				
	Support Doppose	Independent Expenditure				and a popular execution of the contraction of the c
			SUBTOTAL	\$ 0		
Schedule	e D Summary				\$	0
1. Itemized	I contributions and independent expenditures zed contributions and independent expenditures	made this period. (Include	e all Schedule D subtotals	.)		0

SCH		

Schedule E Payments Made	Amounts may be rounded to whole dollars.			Statement covers per $\frac{10/23/2022}{\text{from}}$ through $\frac{12/31/2022}{12/31/2022}$	FOI	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ameni Alexander					I.D. NUM 144844	BER
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and st	munications I appearances es ating urvey research very and mess	enger services	RAD radio airtime and progretured contribution SAL campaign workers's t.v. or cable airtime at t.v. or cable airtime are candidate travel, lot staff/spouse travel, transfer between convoter registration web	ns salaries and production costs dging, and meals lodging, and meals ommittees of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DE	SCRIPTION OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also b	e summarized on Sch	edule D.			SUBTOTAL	\$ 0
Schedule E Summary					<b>c</b>	0
1. Itemized payments made this period. (Include all Schedul	le E subtotals.)		***************************************		\$	0
Unitemized payments made this period of under \$100				•••••	\$ — \$	0
<ul><li>3. Total interest paid this period on loans. (Enter amount fro</li><li>4. Total payments made this period. (Add Lines 1, 2, and 3.</li></ul>	m Schedule B, Pa Enter here and or	rt 1, Columi the Summ	ary Page, Colum	n A, Line 6.)	TOTAL \$_	0 (2016)

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

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement cover from 10/23/2022	rs period	CALIFOI FORI		
Addition Expenses (11)			through 12/31/20	22	Page 9	of_Q
SEE INSTRUCTIONS ON REVERSE					I.D. NUMBE	
NAME OF FILER Ameni Alexander					1448448	
CODES: If one of the following codes accurately describ  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND legal defense  LIT campaign literature and mailings	MBR member communication meetings and appearar OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and not professional services (I PRT print ads	arch nessenger services	RFD returned contrib SAL campaign work TEL t.v. or cable airt TRC candidate trave	outions ers' salaries time and producel, lodging, and evel, lodging, and en committees con	ction costs meals id meals of the same c	andidate/sponsor ail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT THIS PER (ALSO REPOR	HOD E	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be	SUBTOTALS	\$	\$	\$	\$	
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all	I Schedule F. Column (b) su	ubtotals for			-A100	0
accrued expenses of \$100 or more, plus total uniterrize	a accided expenses areas	• • • • • • • • • • • • • • • • • • • •	INCL	IKKED IOI	ALS \$	0
2. Total accrued expenses paid this period. (Include all So	chedule F, Column (c) subto d payments on accrued ex	otals for payments or penses under \$100.)	1 )	PAID TOT	TALS \$	0

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

| Subtract Line 2 from Line 1. Enter the difference here and | Subtract Line 2 from Line 2 from Line 1. Enter the difference here and | Subtract Line 2 from Line 2 from Line 1. Enter the difference here and | Subtract Line 2 from Line 2 from Line 1. Enter the difference here and | Subtract Line 2 from Line 2 from Line 2 from Line 3. | Subtract Lin

			SCHEDULE G
Schedule G Payments Made by an Agent or Independent	Amounts may be rounded to whole dollars.	Statement covers period from 10/23/2022	CALIFORNIA 460 FORM
Contractor (on Behalf of This Committee)		through	Page <b>8</b> 8 of 11
SEE INSTRUCTIONS ON REVERSE			I.D. NUMBER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

NAME OF FILER

LIT

Ameni Alexander

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications RFD returned contributions CMP campaign paraphernalia/misc. MTG meetings and appearances SAL campaign workers' salaries CNS campaign consultants OFC office expenses CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs petition circulating PET TRC candidate travel, lodging, and meals CVC civic donations PHO phone banks TRS staff/spouse travel, lodging, and meals candidate filing/ballot fees FIL polling and survey research POL TSF transfer between committees of the same candidate/sponsor FND fundraising events POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* VOT voter registration IND PRO professional services (legal, accounting) WEB information technology costs (internet, e-mail) LEG legal defense PRT print ads campaign literature and mailings

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAIL
(IF COMMITTEE, ALSO EXTERNAL ROLLERY			

Attach additional information on appropriately labeled continuation sheets. \* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

TOTAL\* \$ 0

14498448

Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement cove		FORM 460	
					through	022	Page 41	of <u>911</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	
Ameni Alexander		(a)	(b)	(c)	(d)	(e)	<b>(f)</b>	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT ( FORGIVENES THIS PERIO	S CLOSE OF THIS	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				s	s	% RATE	s	s
				FORGIVEN		RAIE		PER ELECTION**
		s	s	\$	DATE DUE	s	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	_ s	%	s	s
				FORGIVEN		RATE		PER ELECTION**
		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
							10 may 10 ma	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive	or committee must en must also be	SUBTOTALS	\$	\$	\$	\$		12 m Lines Royal Horald Haller Man gar than galler Man and hall the same
reported on Schedule E.			1			(Enter (e) on Schedule I, Line 3		
Schedule H Summary					. 0	)	_	
1 Loans made this period	(1 . H \$400 )					0		**If Required
(Total Column (b) plus unitemized loan 2. Payments received on loans	ne of loss than it lill i				_ '	U	_	
(Total Column (c) plus uniternized pay 3. Net change this period. (Subtract Line						0	<del>_</del>	
<ol><li>Net change this period. (Subtract Line (Enter the net here and on the Summ:</li></ol>	ary Page, Column A, Line 7	·.)				lay be a negative number	)	

SCHEDULE H

C	ecipient Committee ampaign Statement over Page			RECEIVED CITY CLERK'S OFF C	ALIFORNIA 460
SE	EE INSTRUCTIONS ON REVERSE	Statement covers period from $\frac{07/01/2022}{\text{through }}$	Date of election if applicable: (Month, Day, Year)	2023 FEB -2 PM 4:05	For Official Use Only
1.	Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	1027771	
*	State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	ermination) elow)	Statement dd-Year Report www.phrl
3.	Committee Information [1.0]	NUMBER 448448	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Election Commettee To Sup	sport Aleyander ov. 2022	MAILING ADDRESS  MAILING ADDRESS  MAILING ADDRESS  MAILING ADDRESS	rber-Alexand EIPCODE CA 95376 ER, IF ANY	AREA CODE/DUONE
	OPTIONAL: FAX / E-MAIL ADDRESS	E AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRE	STATE ZIP CODE	AREA CODE/PHONE
1	Madiffer Allen		OF HONAL. FAX / E-MAIL ADDRE	55	
l.	Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Control o		owledge the information contained	herein and in the attached schedules	s is true and complete. I
	Date	-	ature of Controlling Officeholder, Candidate, St	ate Measure Proponent	
	Executed onDate	BySign:	ature of Controlling Officeholder, Candidate, St	ate Measure Proponent	

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

COVER PAGE

### Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460 FORM

. Officeholder or Candidate Controlled Committee	6. Primarily Formed Ballot Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE  Comeni allerander,	NAME OF BALLOT MEASURE	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  Jeans City Common 1	BALLOT NG. OR LETTER JURISDICTION SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS ADORESS (NO. AND STREET) CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.  NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive	ameni alexander	
COMMITTEE NAME	Tracy City Council DISTRICT NO. IF ANY	
Election Committee & Support 1448448 Wexander For Tracy City Council	7. Primarily Formed Candidate/Officeholder Committee List names of	
NAME OF TREASURER NOV TO CONTROLLED COMMITTEE?  Olinga Warber-Glexander   YES   NO	officeholder(s) or candidate(s) for which this committee is primarily formed.	
T ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOSITION  OPPOSITION  OPPOSITION  NAME OF OFFICEHOLDER OR CANDIDATE	
STATE ZIP CODE ABEA CODE/BHONE  CA 95378  COMMITTEE NAME	NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPO  OPPOS	
n/a	NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPO	
NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOSITION  OPPOSITION  OPPOSIT	
CITY STATE ZIP CODE AREA CODE/PHONE	Attach continuation sheets if necessary	

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 46

Statement covers period

SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Contributions Received  1. Monetary Contributions		through Column B CALENDAR YEAR TOTAL TO DATE  \$ \frac{12,100}{0}\$ \$ \frac{12,100}{0}\$	Running in Both the General Elections	Page 43 of 7  I.D. NUMBER  1448448  mary for Candidates e State Primary and  rough 6/30 7/1 to Date
4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$ <u>12,100</u>	\$ 12, 100	Made \$	\$
Expenditures Made  6. Payments Made	10 100	\$\frac{12,100}{0}\$ \$\frac{12,k00}{0}\$ \$\frac{0}{12,k00}\$ \$\frac{0}{12,100}\$		Summary for State  ve Expenditures Made*  Voluntary Expenditure Limit)  Total to Date  \$
Current Cash Statement  12. Beginning Cash Balance	\$	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).	*Amounts in this section reported in Column B.	\$may be different from amounts
19. Outstanding Debts	/ /		FPPC Advice: ad	FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Amounts may be rounded

SCHEDULE A

Schedule A Monetary Contributions Received			whole dollars.	Statement covers period from 07/01/2022 through 09/24/2022		CALIFORNIA 460 FORM	
SEE INSTRUCTIO	NS ON REVERSE			unough	/	I.D. NUMBER	
NAME OF FILER	i Alexander					1448448	
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 CALENDAR YI (JAN. 1 - DEC.	EAR TO DATE	
07/22/22	Clishard Hensely. Stockton, CH 70020	⊠IND □ COM □ OTH □ PTY □ SCC		\$ 900.00			
07/25/22	Stockton, CH 70020 Michelle Lougin	⊠IND □COM □OTH □PTY □SCC		\$ 100.00			
07/25/32		⊠IND □ COM □ OTH □ PTY □ SCC		#10,980.00			
07/23/22	Pracy, CA 45378  Robert Klipstein.  Zracy, CA 45376	⊠IND □COM □OTH □PTY □SCC		# 20-00			
7/24/22	David Blaunt Oakland, CH 94021	☐HND ☐COM ☐OTH ☐PTY ☐SCC		\$ 100,00			
			SUBTOTAL	\$12,100.00			
	A Summary ceived this period – itemized monetary contribution I Schedule A subtotals.)	ns.	\$ <u>-</u> /	12,100.00	IND - COM	tributor Codes  Individual I - Recipient Committee (other than PTY or SCC)  Other (e.g., business entity)	
2. Amount received this period – unitemized monetary contribution				<u> </u>	PTY	Political Party     Small Contributor Committee	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, 0	Column A, Line	1.)TOTAL \$ _/	2,100.00	DDC Advisor advi	FPPC Form 460 (Jan/2016)	

Schedule	E
<b>Payments</b>	Made

Statement covers period

CALIFORNIA FORM

SCHEDULE E

I.D. NUMBER

SEE INSTRUCTION	IS ON REVERSE
NAME OF FILER	2 .
(Imene	Mexican das

CODES: If one of the following codes accurately descr	ribes the	e payment, you may enter the code.	Otherwise,	describe the payment.
campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events not expendent expenditure supporting/opposing others (explain)* legal defense legal defense campaign literature and mailings	MBF MTC OFC PET PHC POL POS	member communications meetings and appearances conffice expenses petition circulating phone banks polling and survey research spostage, delivery and messenger services professional services (legal, accounting)	RAD RFD SAL TEL TRC TRS TSF VOT	returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City or Iracy 333 Chic Center Pl Tracy, CA 95378	IT.L	Check	\$1,500.00
Electors Digests 22410 Hawkharne Blud, Suite 5	LIT	Check	\$4,015.00
Jorrance, CA 90505 access Media 42432 Front Street Chincael, MA 01013	RAD	Credit Card	\$1,500.00

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

SUBTOTAL \$ 7,015.00

S	h	ed	ule	E	Su	m	ma	ary	

Schedule E Summary	100
Itemized payments made this period. (Include all Schedule E subtotals.)	
2. Unitemized payments made this period of under \$100	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 70
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 12,100

FPPC Form 460 (Jan/2016))

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

Amounts may be rounded to whole dollars.

Statement covers period

**CALIFORNIA FORM** 

Page.

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER llexander mene

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

CMP campaign paraphernalia/misc.

CNS campaign consultants contribution (explain nonmonetary)\*

civic donations

CVC

candidate filing/ballot fees fundraising events

independent expenditure supporting/opposing others (explain)\*

LEG legal defense

campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

petition circulating

phone banks PHO

polling and survey research POL

postage, delivery and messenger services professional services (legal, accounting)

print ads PRT

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Vista Print 1000 Detroit ave Concard, CA 94518	PRT	Credit Card	\$ 2,720.23
Build a Sign - Yard Signer IX Build a Sign	LIT	Segns & Gard Signs Credit Card	\$ 776.00
Metro PCS 933 South Tracy Blod Tracy, CA 95376	WEB		\$ 290.00
150 Radio 150 Battery Street San Francisco, CA	RAD	Radio ads	\$ 1,200.00
Travel/Fuel for Car	TRC	Just for Car to travel and post Signs and fligers	\$ 98.77

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 5,085,00

Schedule	F		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

Statement covers period

CALIFORNIA FORM

	17	7	
Page		of	

SEE INSTRUCTIONS ON REVERSE					
NAME OF FILER					NUMBER (C)
amone alexander					448448
CODES: If one of the following codes accurately describe	s the payment, you may	enter the code. Oth	erwise, describe th	e payment.	
CMP campaign paraphernalia/misc.	MBR member communication MTG meetings and appearar	ns	RAD radio airtime ar RFD returned contri	nd production costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	OFC office expenses	1003	SAL campaign work	ers' salaries	
CVC civic donations	PET petition circulating PHO phone banks		TEL t.v. or cable air TRC candidate trave	time and production c el. lodging, and meals	OSTS
FIL candidate filing/ballot fees FND fundraising events	POL polling and survey rese	arch	TRS staff/spouse tra	avel, lodging, and mea	als
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and n PRO professional services (I		TSF transfer between VOT voter registration		same candidate/sponsor
LEG legal defense LIT campaign literature and mailings	PRT print ads	<b>-9</b> , accounting,	WEB information tec	hnology costs (interne	et, e-mail)
		(a)	(6.)	(c)	(d)
NAME AND ADDRESS OF CREDITOR	CODE OR	OUTSTANDING	(b) AMOUNT INCURRED	AMOUNT PAID THIS PERIOD	OUTSTANDING BALANCE AT CLOSE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	BALANCE BEGINNING OF THIS PERIOD	THIS PERIOD	(ALSO REPORT ON E)	
* Payments that are contributions or independent expenditures must also be	SUBTOTALS S	. 0	. 0	. 0	\$ O
summarized on Schedule D.					
Schedule F Summary					
<ol> <li>Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a</li> </ol>	chedule F, Column (b) sul accrued expenses under S	ototals for \$100.)	INCU	RRED TOTALS	\$
2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized page 1.2)	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		PAID TOTALS	\$
O Net also as this province (Subtract Line 2 from Line 1 Ent	or the difference here and	1			$\wedge$
on the Summary Page, Column A, Line 9.)	***************************************	***************************************			
					FPPC Form 460 (Jan/2016))

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

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Recipient Committee Campaign Statement Cover Page		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DECEIVED C	CALIFORNIA 460
	Statement covers period from 09/25/2022	Date of election if applicable (Month, Day, Year)	OCT 28 2022 CITY CLERK	Page 1 of 183
SEE INSTRUCTIONS ON REVERSE	through 10/22/2022	11/08/2022	TRACY CA	/
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	53486	
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminatio Amendment (Explain below)	Quarterl Special	y Statement Odd-Year Report
3 Committee Information	D. NUMBER 1448448	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Election Committee To Support		Olinga Yarber-Alexander		
Alelxander For Tracy City Council Nov. 2022		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO	DDE _AREA CODE/PHONE	Tracy  NAME OF ASSISTANT TREASURER, IF AN	CA 95376	
OTHER STATES STATES OF STA		NAME OF ASSISTANT TREASURER, IF AN	11	
Tracy CA 9537 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS		
SAME AS ABOVE				
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on 10/27/2022  Executed on Date  Executed on Date  Executed on Date	California that the foregoing is true and of By		Responsible Officer of Sponsor	ules is true and complete.
Date	Si	gnature of controlling officeriolder, Cardidate, State Measi	are i roporterit	FPPC Form 460 (Jan/2016))

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**COVER PAGE** 

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page _2 _ of _183

Officeholder or Candidate Controlled Committee  NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE				
Ameni Alexander		N/A				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NI IMPER IF ARRI ICARI F)	BALLOT NO. OR LETTER	JURISDICTIO	N I	SUPPORT	
	NO DISTRICT NOWIBER II ALL EIGABLE)			1-	OPPOSE	
Tracy City Council						
RESIDENTIAL/RUSINESS ADDRESS (NO. AND STR	REET) CITY STATE ZIP  Tracy CA 95378	Identify the controlling office	eholder, candid	ate, or state measure pro	oonent, if any.	
		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT		
Related Committees Not Included in t	hie Statement' Listany committees	Ameni Alexander				
not included in this statement that are controlled	by you or are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY	
contributions or make expenditures on behalf of y	your candidacy.	Tracy City Council				
COMMITTEE NAME	I.D. NUMBER					
N/A	·					
TALLY	I					
		7. Primarily Formed Can	didate/Office	holder Committee L	ist names of	
	CONTROLLED COMMITTEE?	7. Primarily Formed Cano officeholder(s) or candidate(s)	didate/Office ) for which this o	committee L	ist names of ed.	
NAME OF TREASURER	YES NO	7. Primarily Formed Cano officeholder(s) or candidate(s)	) for which this o	cholder Committee Lommittee is primarily form	ed.	
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS	YES NO	officeholder(s) or candidate(s	) for which this o	committee is primarily form	ed.	
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS	☐ YES ☐ NO	officeholder(s) or candidate(s	CANDIDATE	committee is primarily form	SUPPORT OPPOSE	
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS  CITY STATE	(NO P.O. BOX)  ZIP CODE AREA CODE/PHONE	officeholder(s) or candidate(s	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)	officeholder(s) or candidate(s	CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE	
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS  CITY STATE	(NO P.O. BOX)  ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE	
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS  CITY STATE  COMMITTEE NAME  NAME OF TREASURER	YES   NO	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE	
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS  CITY STATE  COMMITTEE NAME	YES   NO	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT	

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 09/25/2022 CALIFORNIA 460 FORM 10/22/2022 Page 3 of 1.D. NUMBER

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1448448 Ameni Alexander Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 12,000.00 1. Monetary Contributions...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0 20. Contributions 0 12,000.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 12,000.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 13,077.23 **Candidates** 0 22. Cumulative Expenditures Made\* 13,077.23 8 SUBTOTAL CASH PAYMENTS...... Add Lines 6+7 \$ (If Subject to Voluntary Expenditure Limit) 0 1,077.23 Total to Date Date of Election 0 (mm/dd/yy) 0 13,077.23 0 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. 0 add amounts in Column A to the corresponding \*Amounts in this section may be different from amounts 0 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 0 amounts in Column A may Λ be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 18. Cash Equivalents ...... See instructions on reverse 1,077.23 FPPC Form 460 (Jan/2016)) 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Advice: advice@fppc.ca.gov (866/275-3772)

CALIFORNIA 4

Date Stamp

## Recipient Committee Campaign Statement

Cover Page			Z CENTED O	1 7
	$\begin{array}{c} \text{Statement covers period} \\ \text{from}  \underline{07/01/2022} \end{array}$	Date of election if applicable: (Month, Day, Year)	SEP 3 0 2022	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through $\underline{09/24/2022}$	11/08/2022	TRACY CA	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	inplete Parts 1, 2, 3, and 4.  imarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6)  imarily Formed Candidate/ fficeholder Committee Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain below		
	DE AREA CODE/PHONE	Treasurer(s)  NAME OF TREASURER  OLINGA YARBER-ALEXAL  MAILING ADDRESS  CITY  TRACY  NAME OF ASSISTANT TREASURER  MAILING ADDRESS  CITY  OPTIONAL: FAX/E-MAIL ADDRESS	STATE ZIP CODE CA 95376  , IF ANY	AREA CODE/PHONE  AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of 0  Executed on 09/29/2022  Date  Executed on Date  Executed on Date	California that the foregoing is true and  By -  By -  Signature of Cont  By		nent or Responsible Officer of Sponsor  e Measure Proponent  e Measure Proponent	true and complete. I PC Form 460 (Jan/2016))

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## Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM TOU
Page of

Officeholder or Candidate Controlled Co	ommittee	6.	Primarily Formed Ballo	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
AMENI ALEXANDER			N/A			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
TRACY CITY COUNCIL						
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	ET) CITY STATE ZIP		Identify the controlling office	eholder, candi	date, or state measure pro	ponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT	
	·		AMENI ALEXANDER			
Related Committees Not Included in this not included in this statement that are controlled by	S Statement: List any committees		OFFICE SOUGHT OR HELD		DISTRICT N	D. IF ANY
contributions or make expenditures on behalf of you	r candidacy.		TRACY CITY COUNCIL			
COMMITTEE NAME	I.D. NUMBER					
N/A						
****		7.	Primarily Formed Can	didate/Offic	eholder Committee	List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	• • •	officeholder(s) or candidate(s	) for which this	committee is primarily for	ned.
	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D
COMMITTEE ADDRESS STREET ADDRESS (NO	D P.O. BOX)		NAME OF OFFICEROESER OR	CANDIDATE		SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	U SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (No						☐ OPPOSE
	D P.O. BOX)					
COMMITTEE ADDRESS STREET ADDRESS (W	D P.O. BOX)					

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{07/01/2022}{}$	CALIFORNIA 460
through <u>09/24/2022</u>	Page3 of
	I.D. NUMBER
	1448448

AMENI ALEXANDER			1448448
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$\frac{12,000}{0}\$ \$\frac{12,000}{0}\$ \$\frac{12,000}{0}\$	\$\frac{12,000}{0}\$ \$\frac{12,000}{0}\$ \$\frac{12,000}{0}\$	1/1 through 6/30 7/1 to Date  20. Contributions Received \$ 0 \$ 0  21. Expenditures Made \$ 0 \$ 0.
Expenditures Made  6. Payments Made	\$\frac{13,077.23}{0}\$ \$\frac{13,077.23}{1,077.23}\$ \$\frac{0}{13,077.23}\$	\$\frac{13,077.23}{0}\$ \$\frac{13,077.23}{1,077.23}\$ \$\frac{0}{13,077.23}\$ \$\frac{0}{13,077.23}\$	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance	\$	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).	*Amounts in this section may be different from amounts reported in Column B.  FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377; www.fppc.ca.go

### Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d	follars.	Statement covers period from 07/01/2022		FORM 460	
				through <u>09/24/20</u>	22	Page	. 1
NAME OF FILER AMENI ALE	EXANDER					1.D. NUI 144844	1
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
07/22/2022	CLIFFORD HENSELY STOCKTON, CA 95020	IND COM OTH SCC		\$ 900.00			
07/25/2022	MICHELLE LOUGIN OAKLAND, CA 94621	IND COM THE PTY SCC		\$ 100.00			
07/25/2022	AMENI ALEXANDER TRACY, CA 95378	IND COM OTH PTY SCC		\$10,980.00			
07/23/2022	ROBERT KLIPSTEIN TRACY, CA 95376	IND COM OTH PTY SCC		\$ 20.00			
07/24/2022	DAVID BLOUNT OAKLAND, CA 94621	IND COM OTH PTY SCC		\$ 100.00			
			SUBTOTAL	\$ 12,000.00			

\*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 C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period **CALIFORNIA** from \_\_\_\_\_07/01/2022 **FORM** through  $\underline{09/24/2022}$ I.D. NUMBER 1448448

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

AMENI ALEXANDER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
07/24/22	CLIFFORD HENSELY STOCKTON, CA 95210	☑ IND □ COM □ OTH □ PTY □ SCC		\$ 900.00				
07/23/22	MICHELLE LOUGIN OAKLAND, CA 94621	IND COM OTH PTY SCC	HOME CARE HOUSE CLEANING SERVICES	\$ 100.00				
07/24/22	DAVID BLOUNT OAKLAND, CA 94521	☑IND □COM □OTH □PTY □SCC	UNEMPLOYED	\$ 100.00				
07/23/22	ROBERT KLIPSTEIN TRACY, CA 95376	☑IND □COM □OTH □PTY □SCC	RETIRED	\$ 20.00				
Attach add	Attach additional information on appropriately labeled continuation sheets.  SUBTOTAL \$ 1,120.00							
	Pahadula C Summany							

1.	Amount received this period – itemized nonmonetary contributions.  (Include all Schedule C subtotals.)	; <u>1</u>	12,000.00
2	Amount received this period – unitemized nonmonetary contributions of less than \$100	<b>5</b> _	0

\*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

3. Total nonmonetary contributions received this period. 

Schedule	Ε
<b>Payments</b>	Made

	SCHEDULE E				
Statement covers period	california 460 form				
from <u>07/01/2022</u>					
through <u>09/24/2022</u>	Page 6 of 7				
	I.D. NUMBER				
	1448448				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AMENI ALEXANDER

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

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

TSF transfer between
VOT voter registration
WEB information techn

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
CITY OF TRACY 333 CIVIC CENTER PL, TRACY, CA 95376	FIL	СНЕСК	\$1,500.00
ELECTOR DIGESTS 22410 HAWTHORNE BLVD, SUITE 5, TORRANCE, CA 90505	LIT	CHECK	\$4,015.00
ACCESS MEDIA 42432 FRONT STREETCHIOCGEE, MA 01013	RAD	CREDIT CARD	\$1,540.00
VISTA PRINIT, 1000 DETROIT AVE, CONCORD, CA 94518	PRT	CREDIT CARD	\$2,720.23

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

**SUBTOTAL** \$ 13,077.23

### Schedule E Summary

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Schedule	F		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

**CALIFORNIA** Statement covers period **FORM** 07/01/2022 through <u>09/24/2022</u> I.D. NUMBER 1448448

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AMENI ALEXANDER

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

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries

OFC office expenses CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals POL polling and survey research

fundraising events transfer between committees of the same candidate/sponsor TSF POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\*

VOT voter registration PRO professional services (legal, accounting) legal defense

campaign literature and mailings

	DDT 1.4 - 4-	\\/EE	Information technology costs (internet, e-mail)
nas	PRT print ads	VV⊏E	illionnation technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
VISTA PRINT, 1000 DETROIT AVENUE, CONCORD, CA 94518	CREDIT PRD	\$1,077.23	\$2,720.23	\$1,642.77	\$1,077.23
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	<b>\$</b> 1,077.23	\$ 2,720.23	\$ 1,642.77	<b>\$</b> 1,077.23

#### Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and 

FPPC Form 460 (Jan/2016))

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

Executed on .

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

## Recipient Committee Campaign Statement Cover Page — Part 2

Officeholder or Candidate Controlled Co	mmittee	6.	Primarily Formed Balle	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Ameni Alexan der	<del>-</del> .		NA			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND I	4		BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT OPPOSE
TRACY CITY COUNCIL RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET	TRACY (2 9537) CITY STATE ZIP	16	Identify the controlling offic	eholder, cand	idate, or state measure pr	
			NAME OF OFFICEHOLDER, CA	ANDIDATE, OR	PROPONENT	
Related Committees Not Included in this	Statement: List any committees		Ameni Alex	ander		
not included in this statement that are controlled by yo contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER		•		•	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	didate/Offic	eholder Committee	List names of
	☐ YES ☐ NO		onicendider(s) or candidate(s,	i ioi winch this	committee is printarily form	neu.
COMMITTEE ADDRESS STREET ADDRESS (NO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
CITY • STATE Z	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	<u> </u>
w ( A			WWE OF OFFICEROEDER OR	O/ ((1015/ () E		SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
	YES NO					OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO F	P.O. BOX)				1	1 0, 1002
CITY STATE Z	IP CODE AREA CODE/PHONE		Atta	ch continuati	on sheets if necessary	

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

www.fppc.ca.gov

	Statement covers period from <u>の1 - の1 - 20 シス</u>	CALIFORNIA 460
	through 06-30-2022	Page 3 of 14
<del>-</del>		I.D. NUMBER
		12018-14/8
ımn	B Colondor Voor Sum	many for Candidates

NAME OF FILER Amen alexander Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR (FROM ATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE General Elections 1. Monetary Contributions...... Schedule A, Line 3 \$ \_ 1/1 through 6/30 7/1 to Date 2. Loans Received...... Schedule B. Line 3 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS....... Add Lines 1 + 2 Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State Candidates** 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 \$ should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ \_\_ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** anv). 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement cov		california 460 form	
				through <u></u> 6 6 =	30 - 2022	Page	of 14
NAME OF FILER	1					I.D. NUMB	
Am	en Al-fander.					1445	8212101
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
W/r		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
a/w		□IND □COM □OTH □PTY □SCC					
NIA		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
	·	□IND □COM □OTH					
NID		PTY SCC					
MA		☐IND ☐COM ☐OTH· ☐PTY ☐SCC					

SUBTOTAL \$

\*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

SCHE	ווום	FR.	PART
SUME	שטע		TMR!

Amounts may be rounded

Sched	ule	В	_	<b>Part</b>	1
Loans	Re	ce	iν	ed	

to whole dollars.

(May be a negative number)

Statement covers period	CALIFORNIA	160		
from 01 - 01 - 20 12	FORM	400		
through 06 -30 - 2099	Page 5 of	: 14		

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER A lexan der (b) AMOUNT (d) OUTSTANDING (e) INTEREST (c) AMOUNT PAID IF AN INDIVIDUAL, ENTER ORIĞİNAL CUMULATIVE OUTSTANDING FULL NAME, STREET ADDRESS AND ZIP CODE OCCUPATION AND EMPLOYER PAID THIS BALANCE OR FORGIVEN **BALANCE AT** AMOUNT OF CONTRIBUTIONS RECEIVED THIS OF LENDER CLOSE OF THIS PERIOD (IF SELF-EMPLOYED, ENTER BEGINNING THIS PERIOD THIS PERIOD\* PERIOD LOAN TO DATE PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) CALENDAR YEAR ☐ PAID RATE VD PER ELECTION\*\* FORGIVEN DATE INCURRED DATE DUE □ COM □ OTH □ PTY □ SCC CALENDAR YEAR PAID RATE P10 FORGIVEN PER ELECTION\*\* DATE INCURRED DATE DUE ☐ COM ☐ OTH ☐ PTY ☐ SCC CALENDAR YEAR PAID RATE NIV ☐ FORGIVEN PER ELECTION\* DATE DUE DATE INCURRED □ COM □ OTH □ PTY □ SCC 0 SUBTOTALS \$ 0 (Enter (e) on Schedule E, Line 3) †Contributor Codes

Schedule B Summary		<b>/~</b>
1. Loans received this period	\$ .	
(Total Column (b) plus unitemized loans of less than \$100.)	_	0
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.)		0
3. Net change this period. (Subtract Line 2 from Line 1.)	Т\$.	
Enter the net here and on the Summary Page, Column A, Line 2.		

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.

FPPC Form 496 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

#### Schedule B – Part 2 Loan Guarantors

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE				through 56-30-202	Page 0	of 14		
NAME OF FILER					I.D. NUMBEI	र		
Ameni Alexander					1448	448		
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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE		
	☐ IND ☐ COM		LENDER		S			
Ø JA	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)			
•	□IND □COM		LENDER		CALENDAR YEAR			
DIA	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)			
	□IND □COM		LENDER		\$			
W/A	□OTH □PTY □SCC	□PTY	□PTY		DATE		PER ELECTION (IF REQUIRED)	
	□IND □COM		LENDER		CALENDAR YEAR			
d/r-	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)			
			SUB	TOTAL \$	Enter on Summary Page, Line 17 only.	Agenta State of State		

Schedule C		
Nonmonetary	<b>Contributions</b>	Received

SCHEDULE C

Nonmonetary Contributions Received			to whole dollars.		Statement covers period from 01 - 01 - 20 22		california 460 form	
	IONS ON REVERSE				through 06 - 30	0-2022	Page	
NAME OF FILER	menni Alexandre							8448
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)	DESCRIPTION GOODS OR SERV		CUMULAT DAT CALENDA (JAN 1 - I	TE R YEAR	PER ELECTION TO DATE (IF REQUIRED)
NIA		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
W/A		□IND □COM □OTH □PTY □SCC						
Ala		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
	1	☐IND ☐COM ☐OTH ☐PTY ☐SCC						
Attach addit	tional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	NTH-98	100 pt	
1. Amount re (Include a	C Summary eceived this period – itemized nonmonetary II Schedule C subtotals.)				7	IND - COM OTH PTY	other th Other (e. Political I	nt Committee an PTY or SCC) g., business entity)
3. Total nonr (Add Line	nonetary contributions received this period s 1 and 2. Enter here and on the Summary	Page, Colun	nn A, Lines 4 and 10.)	ТОТА	L \$		FPPC F	orm 460 (Jan/2016))

Schedule D	,
Summary of E	xpenditures
Supporting/O	pposing Other
	leasures and Committees

Statement covers period from 1 - 0 - 2022 CALIFORNIA 460 FORM through 10 - 30 - 2022 Page of 14

SEE INSTRUCTION	ONS ON REVERSE			through $D6-3$	O -2092 Page 2	
NAME OF FILER	1				I.D. NUMI	
Ameri	Al-exander				144	18448
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution				
		Nonmonetary Contribution				
NA	Support Oppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
MA	☐ Support ☐ Oppose	Independent Expenditure				
		Monetary  Contribution				
		Nonmonetary Contribution				
d in	☐ Support ☐ Oppose	Independent Expenditure				
			SUBTOTAL	\$		
	D Summary			,	•	D
1. Itemized c	ontributions and independent expenditures made	this period. (Include a	ill Schedule D subtotals	i.)	\$	

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

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be rounded to whole dollars.		Statement cover from DI - 6 1 5	CHEDULE D (CONT.)  ORNIA 460  On 14	
Ameni	Al exander					84418
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMÜLATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution				
		Nonmonetary Contribution				
N/A	☐ Support ☐ Oppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
NIA	☐ Support ☐ Oppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
NA	☐ Support ☐ Oppose	Independent Expenditure				
		Monetary Contribution				
	•	Nonmonetary Contribution				
NIR	☐ Support ☐ Oppose	Independent Expenditure				
ALLEY CONTRACTOR OF THE PARTY O			SUBTOTA	L S		

CI				

Schedule	E
<b>Payments</b>	Made

through 66-30-2029

Statement covers period

FORM

CALIFORNIA 460

FORM

Page 10 of 14

142181

SEE	INST	RUCTION	IS C	NC.	RΕV	ERS	SE

NAME OF FILER

Ameri Alexanden

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

FRC candidate travel, lodging, and meals FRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
W/D					
& IR					
NA					

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

**SUBTOTAL**\$

#### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	<u>،</u>		_
2. Unitemized payments made this period of under \$100	<b>;</b>	<del></del>	_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	}	<u>a</u>	_
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$	<u> </u>	-

FPPC Form 460 (Jan/2016))

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

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be roun to whole dollars.	Statement cov	-	california 460		
			through 6-2	20-2022	Page 11 o	of <u> </u>
SEE INSTRUCTIONS ON REVERSE					I.D. NUMBER	
NAME OF FILER				1		
Ameni Alexander -					12494	48
CODES: If one of the following codes accurately describ	es the payment, you may	enter the code. Other	nerwise, describe th	e payment.		
CMP campaign paraphernalia/misc.	MBR member communication	ns	RAD radio airtime a	nd production cos	ts	
CNS campaign consultants	MTG meetings and appeara OFC office expenses	nces	RFD returned contri SAL campaign worl	cers' salaries		
CTB contribution (explain nonmonetary)* CVC civic donations	PET petition circulating			time and producti	on costs	
FIL candidate filing/ballot fees	PHO phone banks			el, lodging, and m		
FND fundraising events	POL polling and survey reserved POS postage, delivery and r			avel, lodging, and	meais the same candidate/	/sponsor
IND independent expenditure supporting/opposing others (explain)* LEG legal defense	PRO professional services (I		VOT voter registrati		the same same	оролюо.
LIT campaign literature and mailings	PRT print ads	3,	WEB information tec	hnology costs (int	ternet, e-mail)	
		(a)		(c)	(0	d)
NAME AND ADDRESS OF CREDITOR	CODE OR	OUTSTANDING	(b) AMOUNT INCURRED	AMOUNT PA		ANDING
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	BALANCE BEGINNING OF THIS PERIOD	THIS PERIOD	THIS PERIC		AT CLOSE PERIOD
NIA						
PIA						
NIA.						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	5	\$		\$	
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized 2. Total accrued expenses paid this period. (Include all Sch	accrued expenses under \$	als for navments on			2	
accrued expenses of \$100 or more, plus total unitemized	payments on accrued expe	enses under \$100.).		. PAID TOTAL	.S \$	

May be a negative number FPPC Form 460 (Jan/2016))
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Schedule G	
Payments Made by an Agent or Independ	dent
Contractor (on Behalf of This Committee	()

Statement covers period

CALIFORNIA 460

SCHEDULE G

through 0 6, 30, 20 22

Page 3 of 14

I.D. NUMBER

1214 844

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ameni Alexander

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

CMP campaign paraphernalia/misc.
CNS campaign consultants

CTB contribution (explain nonmonetary)\*
CVC civic donations
FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)

IND independent expenditure supporting/opposing others (explain)\* LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PIA				
NA				
N II-				
· Nex				

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$



Schedule H Loans Made to Others*			may be rounded ole dollars.		Statement covers period from 61 - 01 - 2022		çalifornia 460 form	
SEE INSTRUCTIONS ON REVERSE					through 06 - 3	30-2022	Page 13	of 14
NAME OF FILER							I.D. NUMBER	
Ameri A pexander							1448	448
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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	I OANED THIS	(c) REPAYMENT ( FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	\$	RATE	\$	\$PER ELECTION**
MA		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
ŀ				☐ PAID				CALENDAR YEAR
				\$	\$	RATE	\$	\$PER ELECTION**
NIM		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					_			
Loans made this period  (Total Column (b) plus unitemized loans	s of less than \$100.)				\$	<u>-</u>		**If Required
2. Payments received on loans	nents of less than \$100.)					<u>or</u>		
3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summar	? from Line 1.) ry Page, Column A, Line 7.)		***************************************		NET \$			

(May be a negative number)

Schedule I		Amounts may be rounded		SCHEDULE			
Miscellane	ous Increases to Cash	to whole dollars.	Statement covers period	CALIFORNIA 460			
			from 617 01-2022	FORM 400			
oss motomotion	NO ON PENEDOS		through 06-36-2027	Page 1 4 of 14			
SEE INSTRUCTION NAME OF FILER	NS ON REVERSE			I.D. NUMBER			
	D) examples.			1448448			
Ameni							
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH			
TCOLIVED.	(II COMMITTEE, ALSO ENTENTES, NOMBER)			INCREASE TO CASH			
MIA							
V- // -							
NIA							
01/0							
MA							
010							
0.72)							
\$							
Δ., .							
MA							
Attach additio	onal information on appropriately labeled continuation sheets.		SUBTOTAL	\$			
Schedule I S	Summary						
1. Itemized incr	reases to cash this period		\$ <u>-6</u>				
2. Unitemized i	ncreases to cash of under \$100 this period		\$				
3. Total of all int	terest received this period on loans made to others. (Sch	nedule H, Column (e).)	\$				
	aneous increases to cash this period. (Add Lines 1, 2, ar		TOTAL \$				
watering i d	g-, -···- · · · · )			FPPC Form 460 (Jan/2016)) e@fppc.ca.gov (866/275-3772)			

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