Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		Date :	200	CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from10/23/2016 through11/23/2016	Date of election if applicable: (Month, Day, Year)	P	age 1 of 8 For Official Use Only
1. Type of Recipient Committee: All Committees Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Complete Parts 1, 2, 3, and 4. 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 Special O Suppleme	Statement idd-Year Report ental Preelection t - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Rammudi for City Council 2016	I.D. NUMBER 1389050 E)	Treasurer(s) NAME OF TREASURER Shawnda Deane MAILING ADDRESS 1787 Tribute Road, Suite K		
	CODE AREA CODE/PHONE 815 (916)285-5733 .BOX		TATE ZIP CODE CA 95815	AREA CODE/PHONE (916) 285-5733
OPTIONAL: FAX / E-MAIL ADDRESS (916) 333-1344 / Hammudi 2016@deaneand.compan	CODE AREA CODE/PHONE	CITY	ATE ZIP CODE CA 95815	AREA CODE/PHONE (916)285-5733
I. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Catifor Executed on	nia that the foregoing is true and or reft By	Engine or	Officer of Sponsor	true and complete. I certify
Date	,	Signature of Controlling Officeholder, Candidate, State Measure Proponent		FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

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Page	4	. Dī	

NAME OF OFFICEHOLDER OR CANDIDATE			NAME C	OF BALLOT MEASURE				
Amer Hammudi								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICAE	BLE)	BALLO	T NO. OR LETTER	JURISDICTI	ОИ		SUPPORT
City Council Member: City of Tracy								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP	Identi	fy the controlling o	fficeholder, ca	ndidate, or st	ate measure ¡	proponent, if a
1787 Tribute Road, Suite K	Sacramento CA	95815	NAME	OF OFFICEHOLDER, CA	ANDIDATE, OR PE	ROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your o	u or are primarily formed candidacy.		OFFICE	SOUGHT OR HELD			DISTRICT NO.	F ANY
COMMITTEE NAME	I.D. NUMBER							
			7 Daims	saily Esamed Co	ndidata/Offic	anhaldar Co	mmittoo Ji	·
NAME OF TREASURER	CONTROLLED COMMIT	ITEE?		arily Formed Ca				
NAME OF TREASURER	CONTROLLED COMMIT		officel	nolder(s) or candidate	(s) for which th	is committee is	primarily form	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	☐ YES ☐ N		officel		(s) for which th	is committee is		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	. BOX)		officeh NAME	nolder(s) or candidate	(s) for which the	OFFICE SOU	primarily form	ed.
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Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 160
from	10/23/2016	FORM TO
through	11/23/2016	Page3 of8
		I.D. NUMBER
		1300050

NAME OF FILER Hammudi for City Council 2016 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0.00 0,00 20. Contributions 100.00 6,153.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received 0.00 100.00 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ 100.00 6,253.00 Expenditures Made **Expenditure Limit Summary for State** Candidates 0.00 22. Cumulative Expenditures Made* 6,153.00 (If Subject to Voluntary Expenditure Limit) -488.80 0.00 9. Accrued Expenses (Unpaîd Bills)Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 0.00 100.00 6,253.00 **Current Cash Statement** To calculate Column B. add 100.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 1,274.03 Column A may be negative 0.00 figures that should be 16, ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)

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

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

> I.D. NUMBER 1389050

SCHEDULE A

SEE INSTRUCTIONS ON REVERS

NAME OF FILER

Hammudi for City Council 2016

	, out of the second sec		j			
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2016	Ghaleb M. Abdulla 4444 Lindsey Lane Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Director Lawrence Livermore National Laboratory	50.00	249,00	
11/08/2016	Kholoud A. Abusneineh 1870 Oregano Way Tracy, CA 95376		Real Estate Agent Klemm Real Estate	50.00	150.00	
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
	SUBTOTAL\$ 100.00					

Schedule A Summary

- 2. Amount received this period unitemized monetary contributions of less than \$100\$

*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

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

Schedule E
Payments Made

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from 10/23/2016	FORM TOU
through11/23/2016	Page5 of8
	I.D. NUMBER
	1389050

Hammudi for City Council 2016

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

			•		
CMP	campaign paraphemalia/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
ND.	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 LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Card Service Center 5055 Norwood Road Dallas, TX 75356	Cr	edit Card Payment	213.75
Card Service Center 5055 Norwood Road Dallas, TX 75356	Cr	edit Card Payment	488.80
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		376.14

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

SUBTOTAL\$ 1,078.69

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,270.08
2. Unitemized payments made this period of under \$100	\$ 3.95
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	1,274.03

FPPC Form 460 (Jan/2016)

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHED	ULEE	E (CON	1T.)

Statement covers period	CALIFORNIA 160
from10/23/2016	FORM TOO
through	Page 6 of 8
	I.D. NUMBER
	1389050

Hammudi for City Council 2016

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 CNS campaign consultants MTG meetings and appearances OFC office expenses SAL campaign workers' salaries contribution (explain nonmonetary)* CTB TEL t.v. or cable airtime and production costs petition circulating CVC civic donations PET TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL polling and survey research staff/spouse travel, lodging, and meals fundraising events POL FND transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF POS IND voter registration LEG legal defense PRO professional services (legal, accounting) VOT WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads ЦŢ

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OF	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			91.39
Lubna Hammudi 1864 Mount Pellier Street Tracy, CA 95304	OFC			100.00

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

SUBTOTAL \$

191.39

					SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ied	Statement cove		FORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through 11/23/	2016 Page	7 of 8
Hammudi for City Council 2016				13890	50
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants	es the payment, you may MBR member communication MTG meetings and appeara	ns		nd production costs	
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	OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	earch messenger services	SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registrati WEB information tec	ters' salaries time and production cost l, lodging, and meals avel, lodging, and meals an committees of the sal on hnology costs (internet, e	me candidate/sponsor e-mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. 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
Card Service Center 5055 Norwood Road Dallas, TX 75356	Credit Card Payment	488.80	0.00	488.80	0.0
 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 	SUBTOTALS	\$ 488.80 \$	0.00	488.80	0.0
Schedule F Summary 1. Tota) accrued expenses incurred this period. (Include all S	Schedule F. Column (h) su	uhtotals for			
accrued expenses of \$100 or more, plus total unitemized	accrued expenses under	\$100.)	INCU	RRED TOTALS \$ _	0.00
2. Total accrued expenses paid this period. (Include all Scheaccrued expenses of \$100 or more, plus total unitemized	payments on accrued exp	enses under \$100.)		.PAID TOTALS \$_	488.80
 Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.) 	ter the difference here and		••••••	NET \$ _N	-488.80 lay be a negative number

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

State	ement covers period	CALIFORNIA ACO
from	10/23/2016	FORM 400
through	11/23/2016	Page 8 of 8

SCHEDULE G

,		
SEE INSTRUCTIONS ON REVERSE	through11/23/2016	Page 8 of 8
NAME OF FILER		I.D. NUMBER
Hammudi for City Council 2016		1389050
NAME OF AGENT OR INDEPENDENT CONTRACTOR		

Card Service Center

Carc	Service Center				
CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code. C)therwise	e, 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
ND:	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)

^{*} 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 LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tank Town Media, LLC dba Tracy Press 145 West 10th Street Tracy, CA 95376	PRT	Action and the second s		213.75
		ALLE ALLE ALLE ALLE ALLE ALLE ALLE ALLE		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

213.75

^{*} 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.

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		QITY	REPOSITION CLERK'S		CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from09/25/2016 through10/22/2016	Date of election if applicable: 0 6 (Month, Day, Year)	OCT 27 F TY OF T TRACY.	RACY	Page1 of
O State Candidate Election Committee O Recall (Also Complete Part 5) O General Purpose Committee O Sponsored O Small Contributor Committee	nplete Parts 1, 2, 3, and 4. imarily Formed Ballot Measure ommittee Controlled Sponsored So Complete Part 6) imarily Formed Candidate/ ficeholder Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminat Amendment (Explain below)		Special C	v Statement Odd-Year Report ental Preelection nt - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Hammudi for City Council 2016 STREET ADDRESS (NO P.O. BOX)	NUMBER	Treasurer(s) NAME OF TREASURER Shawnda Deane MAILING ADDRESS 1787 Tribute Road, Suite K			
1787 Tribute Road, Suite K CITY STATE ZIP COD Sacramento CA 95815 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO.	(916) 285-5733	CITY Sacramento NAME OF ASSISTANT TREASURER, IF, Amer Hammudi MAILING ADDRESS	STATE CA ANY	ZIP CODE 95815	AREA CODE/PHONE (916)285-5733
OPTIONAL: FAX / E-MAIL ADDRESS (916)333-1344 / Hammudi2016@deaneandcompany.co		1787 Tribute Road, Suite K CITY Sacramento OPTIONAL: FAX / E-MAIL ADDRESS	STATE CA	ZIP CODE 95815	AREA CODE/PHONE (916)285-5733
I. Verification I have used all reasonable dlligence in preparing and reviewing the under penalty of perjury under the laws of the State of California to the Executed on	ByBy	vied the information contained herein and			true and complete. I certify
Executed on	By	ignature of Controlling Officeholder, Candidate, State Measur Ignature of Controlling Officeholder, Candidate, State Measur			

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

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Page _	2	. of _	11	

				. Illianiy i oninca wan	ot weasure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		*****		NAME OF BALLOT MEASURE				· · · · · · · · · · · · · · · · · · ·
Amer Hammudi				•	,			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLIC	CABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council Member: City of Tracy								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STA	TE ZIP		**************************************	ficeboldes co			arananant if an
1787 Tribute Road, Suite K	Sacramento CA	A 95815		Identify the controlling of			ate measure	proponem, ir an
				NAME OF OFFICEHOLDER, CA	NDIDATE, OR PF	ROPONENT		
Related Committees Not Included in this	Statement: List any	committees :						
not included in this statement that are controlled by y contributions or make expenditures on behalf of you	you or are primarily form			OFFICE SOUGHT OR HELD			DISTRICT NO. I	IF ANY
COMMITTEE NAME	I.D. NUMBER							
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NAME OF TREASURER				Primariiv Formen Lar	minaren iirin	renniner L.n		
	CONTROLLED COM	MITTEE?						
		MITTEE? NO		officeholder(s) or candidate(s) for which thi	is committee is	primarily form	
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COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)			officeholder(s) or candidate(s) for which thi	OFFICE SOU	primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)	NO		officeholder(s) or candidate(s) for which thi	OFFICE SOU	primarily form	SUPPORT
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COMMITTEE ADDRESS STREET ADDRESS (NO P. CITY STATE Z COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX) ZIP CODE AREA I.D. NUMBER CONTROLLED COM YES O. BOX)	CODE/PHONE MITTEE?		Officeholder(s) or candidate(NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	candidate Candidate Candidate Candidate	OFFICE SOUR OFFICE SOUR OFFICE SOUR	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA 160
from	09/25/2016	FORM 400
through _	10/22/2016	Page3 of11
		I.D. NUMBER

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER Hammudi for City Council 2016 1389050 Column A Column B **Calendar Year Summary for Candidates** Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions 1,669.00 6,053.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received 100.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 6,153.00 **Expenditures Made Expenditure Limit Summary for State** Candidates 0.00 22. Cumulative Expenditures Made* 4,878.97 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 488,80 Date of Election Total to Date (mm/dd/yy) 0.00 100.00 **Current Cash Statement** To calculate Column B. add 1,669.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above 3,198.94 Column A may be negative 1,174.03 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any).

488.80

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

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

	SCHEDULE A
Statement covers period	CALIFORNIA 4 CA

09/25/2016

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		D.U.			2	~

SEE INSTRUCTIONS ON REVERSE	through <u>10/22/2016</u>	Page4 of11_
NAME OF FILER		I.D. NUMBER

Hammudi for City Council 2016

1389050

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)
10/04/2016	Sal Alswafta 677 Chardonnay Drive Fremont, CA 94539	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Director, Revenue Recognition Coupa Software	200.00 Received through inter Democracy Engine, LLC 850 Quincy Street NW, Washington, DC 20011	"	
10/21/2016	California Real Estate PAC (CREPAC) - California Association of Realtors Small Contributor Committee (ID# 890106) 525 South Virgil Avenue Los Angeles, CA 90020	□IND □COM □OTH □PTY ☑SCC		250.00	250.00	
10/07/2016	Wahid Chrabakh 2467 Night Shade Lane Fremont, CA 94539	⊠IND □COM □OTH □PTY □SCC	Engineer Manager ShareThis	100.00 Received through inter Democracy Engine, LLC 850 Quincy Street NW, Washington, DC 20011		
09/29/2016	Tarek Derbas 5010 Portillo Valley San Ramon, CA 94582	⊠IND □COM □OTH □PTY □SCC	Engineering Executive Oracle Corporation	100.00	100.00	
10/18/2016	Floor Select 319 Ryan Avenue Mountain House, CA 95391	□IND □COM 図OTH □PTY □SCC		150.00	150.00	

Schedule A Summary

- 2. Amount received this period unitemized monetary contributions of less than \$100\$

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from09/25/	2016	FO	RM 🗀	
				through10/22/	2016	Page	_5 of1	1
NAME OF FILER						I.D. NUM	BER	
Hammudi for	City Council 2016					138905	0	
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 YE (JAN. 1 - DEC.	AR 31)	PER ELECTI TO DATE (IF REQUIRE	
10/18/2016	Shabbir Hassan 4650 Whirlaway Lane Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Engineer Lexmark	100.00	16	0.00		
10/08/2016	Sam Hindi 880 East Hillsdale Blvd. Foster City, CA 94404	⊠IND □COM □OTH □PTY □SCC	Councilmember City of Foster City	Received through interpretary Engine, LLC 850 Quincy Street MM, Washington, DC 20011	mediary:	0.00		
10/10/2016	Homayun Niazmand 21330 South Corral Hollow Road Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Retired n/a	100.00	10	0.00		
10/18/2016	Salman S. Razi 2406 Berryessa Court Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Physician Salman S. Razi	100.00	60	0.00		
10/22/2016	Oussama Saafein 381 West Alameda Drive Mountain House, CA 95391	⊠IND □COM □OTH □PTY □SCC	Engineer Juniper Networks	100.00	1(0.00		
			SUBTOTAL	\$ 500.00		(3) (4) (3)		

Amounts may be rounded

to whole dollars.

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

).	from09/25,	/2016	FU	RIVI 190
				through10/22,	/2016	Page	6 of 11
NAME OF FILER			,			I.D. NUM	BER
Hammudi for	City Council 2016					138905	0
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 YE (JAN, 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/30/2016	Amer Samman 2361 Kara Place Livermore, CA 94550	⊠IND □COM □OTH □PTY □SCC	Engineer Avago	100.00	16	00.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
***************************************			SUBTOTAL	\$ 100.00			

Amounts may be rounded

to whole dollars.

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

POS postage, delivery and messenger services

PRT

print ads

professional services (legal, accounting)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card	Payment		932.25
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card	Payment		719.55
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO				595.55
* Payments that are contributions or independent expenditures	must also be summarized on	Schedule D.	SUB	TOTAL\$	2,247.35
Schedule E Summary					
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)			\$	3,097.45
2. Unitemized payments made this period of under \$100	***************************************	*****		\$	101.49
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Part 1, Column	າ (e).)		\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. I	Enter here and on the Summa	ary Page, Colu	ımn A, Line 6.) TOTA	L \$	3,198.94

transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

TSF

VOT voter registration

ND

LEG

LIT

legal defense

campaign literature and mailings

independent expenditure supporting/opposing others (explain)*

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

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

Staten	nent covers period	CALIF	ORNI	A A		
from	09/25/2016	FO	RM	- 6	10)(
through_	10/22/2016	Page	8	of	11	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammudi for City Council 2016

I.D. NUMBER 1389050

SCHEDULE E (CONT.)

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		d appearant ses lating survey resea ivery and m	ces	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration information technology cost	duction costs ad meals and meals es of the same	,
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	1	AMOUNT PAID
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815		PRO					400.10
Stark Marketing 1172 Murphy Avenue, Suite 230 San Jose, CA 95131		LIT					300.00
Tank Town Media, LLC dba Tracy Press 145 West 10th Street Tracy, CA 95376		PRT					150.00
* Payments that are contributions or independent expenditures must al	so be summarized on	Schedule D	-		SI	JBTOTAL \$	850.10

Schedule	e F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

| CALIFORNIA 46 | FORM | 46 | | CALIFORNIA | 46 | | CALIFORNIA | 46 | CALIFORNIA | 4

1389050

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammudi for City Council 2016

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 member communications CMP campaign paraphernalia/misc. returned contributions CNS campaign consultants meetings and appearances office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* petition circulating t.v. or cable airtime and production costs CVC civic donations phone banks candidate travel, lodging, and meals candidate filing/ballot fees PHO FIL TRS staff/spouse travel, lodging, and meals

FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals

ND 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

IT campaign literature and mailings PRT print ads WEB information 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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO	595.55	0.00	595.55	0.00
Card Service Center 5055 Norwood Road Dallas, TX 75356	Credit Card Payment	0.00	488.80	0.00	488.80
•					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	\$ 595.55 \$	488.80	595.55	488.80

Schedule F Summary

Schedule G		
Payments N	lade by an Age	ent or Independent
Contractor	(on Behalf of T	his Committee)

Amounts may be rounded to whole dollars. Statement covers period from 09/25/2016

CALIFORNIA 460

SCHEDULE G

Page ____10___ of ___11__

I.D. NUMBER

1389050

Hammudi for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Card Service Center

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

CMP campaign paraphemalia/misc. MBR member communications RAD radio airtime and production costs 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

candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL. staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TRS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)*

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

IT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

* 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 LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Five Star Print & Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	СМР		216.25
Five Star Print & Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	СМР		557.55
Five Star Print & Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	CMP		162.00
Five Star Print & Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	СМР		210.80

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

1,146.60

^{*} 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.

Schedule G (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 09/25/2016 from.

Page ___11___ of ___11__

LD, NUMBER 1389050

SCHEDULE G (CONT.)

EE	INSTRUCTIONS	ON	REVERSE
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NAME OF FILER

Hammudi for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Card Service Center

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

CMP campaign paraphernalia/misc. campaign consultants CNS CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND

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

LIT campaign literature and mailings MBR member communications MTG meetings and appearances

OFC office expenses petition circulating PET PHO phone banks

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

PRT print ads RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

through $\frac{10/22/2016}{}$

t.v. or cable airtime and production costs TEL 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)

^{*} 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 L.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PDQ Promotions 163 West 11th Street Tracy, CA 95376	F14		216.00
Tank Town Media, LLC dba Tracy Press 145 West 10th Street Tracy, CA 95376	PRT		278.00

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.

494.00

www.fppc.ca.gov

TOTAL* \$

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2016 through09/24/2016	Date of election if applicable: (Monlh, Day, Year)	Chilips 1	Page 1 of D For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	Spe	arterly Statement ecial Odd-Year Report pplemental Preelection stement - Altach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Hammudi for City Council 2016 STREET ADDRESS (NO P.O. BOX) 1787 Tribute Road, Suite K CITY STATE ZIP COL Sacramento CA 95815	(916) 285-5733	Treasurer(s) NAME OF TREASURER Shawnda Deane MAILING ADDRESS 1787 Tribute Road, Suite K CITY Sacramento NAME OF ASSISTANT TREASURER, IF AN Amer Hammudi	CA 958	GODE AREA CODE/PHONE 815 (916)285-5733
OPTIONAL: FAX / E-MAIL ADDRESS (916)333-1344 / Hammudi2016@deaneandcompany.c	DE AREA CODE/PHONE	MAILING ADDRESS 1787 Tribute Road, Suite K CITY Sacramento OPTIONAL: FAX / E-MAIL ADDRESS		CODE AREA CODE/PHONE 815 (916)285-5733
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	that the foregoing is true and correct! By By Signature of Con By By	tant Treasurer Lant Treasurer	ponsible Officer of Sponsor roponent	

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

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PAGI	E - PAI	RT2
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FC)RM		7.1	
Dago	2	~ £	10	
Page		. of _	10	-

Officeholder or Candidate Controlled Con	nmittee		6. Pri	marily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAN	E OF BALLOT MEASURE				.
Amer Hammudi								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICA	BLE)	BAL	LOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council Member: City of Tracy								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP	-				******	
1787 Tribute Road. Suite K	Sacramento CA	95815	lde	ntify the controlling of	ficeholder, ca	ndidate, or state m	ieasure p	roponent, if any
			NAM	ME OF OFFICEHOLDER, CA	NDIDATE, OR PF	ROPONENT		
Related Committees Not Included in this	Statement: Listanic	ammittaas						
not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primarily forme		OFF	ICE SOUGHT OR HELD		DIST	RICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER					<u></u>		
COMMITTEL NAME	KU. NUMBER							
NAME OF TREASURER	CONTROLLED COMMI	ITTEE?		marily Formed Car				
	☐ YES ☐ N	40			·	<u> </u>		
COMMITTEE ADDRESS (NO P.C). BOX)		NAN	IE OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
CITY STATE ZI	P CODE AREA CO	ODE/PHONE	NAN	E OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER							U OFFOSE
			AAM	E OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMI	TTEE?	NAN	E OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	
	☐ YES ☐ N	10						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)		_		***************************************			
CITY STATE ZI	P CODE AREA CO	ODE/PHONE				on sheets if neces		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SUIVIIVIART PAGE
Statem	ent covers period	CALIFORNIA 160
from	01/01/2016	FORM TOO
through _	09/24/2016	Page3 of10
		I.D. NUMBER

CLUMANDVOACE

NAME OF FILER Hammudi for City Council 2016 1389050 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 4,384.00 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B. Line 3 0.00 0.00 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 4,384.00 4,384.00 Received 4. Nonmonetary Contributions Schedule C, Line 3 100.00 100.00 21. Expenditures Made 4,484.00 **Expenditures Made Expenditure Limit Summary for State** Candidates 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 1,680.03 (If Subject to Voluntary Expenditure Limit) 595.55 595.55 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 100.00 100.00 \$ 2,375.58 **Current Cash Statement** To calculate Column B. add 4,384.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 1,680.03 Column A may be negative figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 595.55 FPPC Form 460 (Jan/2016)

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

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

	SCHEDULE A
Statement covers period	CALIFORNIA 160
from <u>01/01/2016</u>	FORM
through _09/24/2016	Page4 of10

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hâ

ammudi for	City Council 2016			13890	50
			1		

	crty council avec				23050	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/21/2016	Adem Ahmed Abdella 1381 Haley Court Tracy, CA 95377		Professor Pediatric and Preventive Dentistry Alexandria Dental Faculty	200.00	200.00	
09/21/2016	Nasir Abdo 679 Garland Avenue, Apt. 92 Sunnyvale, CA 94086	⊠IND □COM □OTH □PTY □SCC	Software Engineer Infineon	100.00	100.00	
08/31/2016	Ghaleb M. Abdulla 4444 Lindsey Lane Tracy, CA 95377	COM	Director Lawrence Livermore National Laboratory	99.00	199.00	
09/19/2016	Ghaleb M. Abdulla 4444 Lindsey Lane Tracy, CA 95377	N COM	Director Lawrence Livermore National Laboratory	100.00	199.00	
08/31/2016	Kholoud A. Abusneineh 1870 Oregano Way Tracy, CA 95376		Real Estate Agent Klemm Real Estate	100.00	100.00	
			SUBTOTAL\$	599.00		

Schedule A Summary

1	Amount received this period – itemized monetary contributions.		
	(Include all Schedule A subtotals.)	\$_	3,149.00
	· · · · · · · · · · · · · · · · · · ·	-	

- 2. Amount received this period unitemized monetary contributions of less than \$100\$ 1,235.00
- 3. Total monetary contributions received this period. 4,384.00

*Contributor Codes

IND-Individual

COM-Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

01/01/2016

				through 09/24/	^{'2016} P	age5 of10
NAME OF FILER			·		1.	D. NUMBER
Hammudi for (City Council 2016				1	389050
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAI (JAN. 1 - DEC. 31	R TODATE
09/24/2016	Qasem Aldrubi 1660 Firth Court Fremont, CA 94539	⊠IND □COM □OTH □PTY □SCC	Engineer Quantenna Communications	500.00	500	.00
09/21/2016	Liaquat Ali khan 613 West Privado Way Tracy, CA 95391	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Engineer Texas Instruments	200.00	200	.00
09/19/2016	Manadher Kharroubi 5833 Pistoia Way San Jose, CA 95138	E COM	Principal Software Engineer Arteris	100.00	100	.00
09/13/2016	Shabnam Moon 1022 Palomar Drive Redwood City, CA 94062	⊠IND □COM □OTH □PTY □SCC	Engineer Gynesonics	200.00	200	.00
08/31/2016	Omar Ziad State Farm Agency 1486 West 11th Street Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		250.00	250	.00
			SUBTOTALS	\$ 1,250.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.
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CALIFORNIA

FORM

Statement covers period

from.

SUBTOTAL\$

1,300.00

01/01/2016

				through 09/24/	2016	Page6 of10
NAME OF FILER						I.D. NUMBER
Hammudi for (City Council 2016					1389050
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR TO DATE
09/07/2016	Saifuddin H. Raniwala 2721 Magazine Lane Tracy, CA 95377	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Pharmacist City Center Pharmacy Brentwood	100.00	10	0.00
08/31/2016	Salman Razi 2406 Berryessa Court Tracy, CA 95304		Physician Salman Razi	500.00	50	0.00
09/18/2016	Mohammad Shakil 1511 Riverview Avenue Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Owner Economy Express, LLC	100.00	10	0.00
09/19/2016	The Diamond Ring Company 2855 Stevens Creek Blvd., Suite 2167 Santa Clara, CA 95050	□IND □COM 図OTH □PTY □SCC		600,00	60	0.00
		□IND □COM □OTH □PTY □SCC				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedul Nonmoi	le C netary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers p		CALIFO FOI	
SEE INSTRUC	TIONS ON REVERSE				through09/24/203	16	Page	7 of 10
NAME OF FILE							I.D. NUMB	ER
Hammudi fo	or City Council 2016						1389050	l
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 OF GOODS OR SERVIC		CALEN	ATIVE TO ATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/19/2016	Jamal Mansour 2804 Hawkins Court Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Manager Walmart	Filing Fees	100.00		100.00	
		□IND □COM □OTH □PTY □SCC						
VAN		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
Attach ad	ditional information on appropriately labe	eled continuat	ion sheets.	SUBTOT	AL\$ 100.00		do do an di de	odogramiczniem i cz
1. Amount	e C Summary received this period – Itemized nonmonetar all Schedule C subtotals.)				\$100.0	INE	ontributor Coo	

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

PTY - Political Party

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

SCC - Small Contributor Committee

0.00

100.00

3. Total nonmonetary contributions received this period.

Schedule E Payments Made	Amounts may to whole t		d	fro		nt covers period	FOF	RM 400
SEE INSTRUCTIONS ON REVERSE				thr	ough _	09/24/2016		3 of10
NAME OF FILER							I.D. NUM	IBER
Hammudi for City Council 2016			<u></u>				138905	0
CODES: If one of the following codes accurately descr 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 con MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, de	nmunication d appearar nses llating s survey rese livery and r	s oces	RAD RFD SAL TEL TRC TRS	radio a return campa t.v. or candio staff/s transfe voter	airtime and produc ed contributions aign workers' salai cable airtime and late travel, lodging, pouse travel, lodgi	tion costs ries production costs , and meals ng, and meals ttees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTIO	N OF PA	YMENT		AMOUNT PAID
Five Star Print & Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304		LIT						736.6
Pive Star Print & Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304		LIT		A STATE OF THE STA				725,7
Lubna Hammudi 1864 Mount Pellier Street Tracy, CA 95304		FND			4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		-	200.0
* Payments that are contributions or independent expenditur	es must also be sumn	narized on	Schedule D.				SUBTOTAL \$	1,662.3
Schedule E Summary		***************************************						***************************************
1. Itemized payments made this period. (Include all Sched	lule E subtotals.)		,,.,,				\$	1,662.36

0.00

1,680.03

Schedule	∍ F			
Accrued	Expenses	(Unpaid	Bills)	

Amounts may be rounded to whole dollars.

Statement covers period 01/01/2016 through 09/24/2016

CALIFORNIA FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Page 9 I.D. NUMBER

1389050

Hammudi for City Council 2016 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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

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

WEB information technology costs (internet, e-mail) LIT campaign literature and mailings PRT print ads

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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO	0.00	595.55	0.00	595,55
* Payments that are contributions or independent expenditures must also be	CHRIOTALC	£ 0.00	50E 5E	2 00	EOE EE

SUBTOTALS \$ 0.00\$ 0.00\$ 595.55**S** 595.55 summarized on Schedule D.

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

0.00

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

NET \$ 595.5

Schedule G				
Payments N	lade by an	Agent or	·Independe	nt
Contractor (on Behalf	of This C	ommittee)	

Amounts may be rounded to whole dollars.

	OUNEDULE C
Statement covers period	CALIFORNIA ACO
from 01/01/2016	FORM 400
through <u>09/24/2016</u>	- Page10 of10
	I.D. NUMBER

1389050

NAME OF FILER

Hammudí for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Lubna Hammudi

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. campaign consultants MTG meetings and appearances RFD returned contributions CNS OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* CVC civic donations PET petition circulating TEL. t.v. or cable airtime and production costs candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals FND fundraising events POL. polling and survey research transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF ND VOT voter registration professional services (legal, accounting) legal defense

WEB information technology costs (internet, e-mail) LП campaign literature and mailings PRI print ads

^{*} 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 LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
El Patio 1005 East Pescadero Avenue, Suite 123 Tracy, CA 95304	FND		200.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

200.00

COMEDIALE

^{*} 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.

Recipient Committee	•	r	- FEWER	COVERPAGE
Campaign Statement			COMIC OFF	ICE CALIFORNIA 460
Cover Page		CITY CI	ERK'S OFF	FORM FOU
(Government Code Sections 84200-84216.5)			- 00 BH O	7
	Statement covers period	Date of election if applicable: SE	P 29 AM 9	
	from01/01/2016	(Month Day Vaca)		Page1 of/
		i I bit	Y OF IKAU	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through09/24/2016	11/08/2016	Y OF TRAC RACY, CA	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	rimarily Formed Ballot Measure	▼ Preelection Statement		Quarterly Statement
O	Committee Controlled	Semi-annual Statement	Ä	Special Odd-Year Report
) Sponsored	Termination Statement		Supplemental Preelection
	liso Complete Pad 6)	(Also file a Form 410 Termina	ation)	Statement - Attach Form 495
	rimarily Formed Candidate/	Amendment (Explain below)		
	fficeholder Committee			
O Political Party/Central Committee (A	iso Complete Part 7)			
3. Committee Information I.D	NUMBER 1389050	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1389000	NAME OF TREASURER		
Hammudi for City Council 2016				
		Shawnda Deane MAILING ADDRESS		
		1787 Tribute Road, Suite	ic.	
STREET ADDRESS (NO P.O. BOX)		CITY		ZIP CODE AREA CODE/PHONE
1787 Tribute Road, Suite K		Sacramento	CA	95815 (916) 285-5733
CITY STATE ZIP CO.	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF		
Sacramento CA 9581		Amer Hammudi		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	ox .	MAILING ADDRESS		
CITY STATE ZIP COL		1787 Tribute Road, Suite I	•	
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY		ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		Sacramento	CA	95815 (916)285-5733
(916)333-1344 / Hammudi2016@deaneandcompany.c	com	OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				
I have used all reasonable diligence in preparing and reviewing	this statement and to the heat of multime			
under penalty of perjury under the laws of the State of California	that the foregoing is true and correct.		d in the attached so	hedules is true and complete. I certify
19-25-2012	3 3			
Executed on C (X 3 X 0) ()	Ву	er or Assistant Treasure		
Executed on09-25-2010	P.			
Date	BySignature of Con	td:ifng Diffeetfolder, Candidate, State Measure Proponent of	Responsible Officer of Sp	onsor
Executed on	Ву			
Date .		Signature of Controlling Officeholder, Candidate, State Meas	ure Proponent	
Executed on	Ву	Signature of Controlling Office 1.1.		
- ••••		Signature of Controlling Officeholder, Candidate, State Meas	ure i-roposent	FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PAGI	E-PA	RT2
CALII FO	ORNI ORM	A <u>/</u>	16	0
Page _	2	_ of _	9	

Officeholder or Candidate Controlled Comm	ittee	6.	. Primarily Formed Balle	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Amer Hammudi							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC City Council Member: City of Tracy	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ИС		SUPPORT OPPOSE
,	STATE ZIP		Identify the controlling of	ficeholder, car	ndidate, or state	measure p	oponent, if any
1787 Tribute Road, Suite K Sa	cramento CA 95815		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in this Statement that are controlled by you contributions or make expenditures on behalf of your care	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DIS	STRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER				****		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Can officeholder(s) or candidate(s				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C			Attac	ch continuatio	on sheets if nece	essary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		SUMMART PAGE
Statem	ent covers period	CALIFORNIA 160
from	01/01/2016	FORM TOU
through _	09/24/2016	Page3 of9
		LD. NUMBER

Hammudi for City Council 2016 1389050 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TODATE General Elections 7/1 to Date 1/1 through 6/30 2. Loans Received Schedule B. Line 3 20. Contributions 4,384.00 Received 4. Nonmonetary Contributions Schedule C, Line 3 100.00 100.00 21. Expenditures Made 4,484.00 Expenditures Made **Expenditure Limit Summary for State** Candidates 0.00 0.00 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 595.55 595.55 Total to Date Date of Election (mm/dd/yy) 100.00 100.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 13. Cash Receipts Column A, Line 3 above amounts in Column A to the 4,384.00 corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 1,680.03 15. Cash Payments Column A, Line 8 above Column A may be negative figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 595.55

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

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

	SCHEDULE A
Statement covers period	CALIFORNIA 460
from01/01/2016	FORM TOO
through09/24/2016	Page4 of9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammudi for City Council 2016

I.D. NUMBER 1389050

	City Connect 2016				13890	150
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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)
09/21/2016	Adem Ahmed Abdella 1381 Haley Court Tracy, CA 95377	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Professor Pediatric and Preventive Dentistry Alexandria Dental Faculty	200.00	200.00	
09/21/2016	Nasir Abdo 679 Garland Avenue, Apt. 92 Sunnyvale, CA 94086	XIND ☐COM ☐OTH ☐PTY ☐SCC	Software Engineer Infineon	100.00	100.00	
08/31/2016	Ghaleb M. Abdulla 4444 Lindsey Lane Tracy, CA 95377	COM	Director Lawrence Livermore National Laboratory	99.00	199.00	
09/19/2016	Ghaleb M. Abdulla 4444 Lindsey Lane Tracy, CA 95377	[₹]#VD	Director Lawrence Livermore National Laboratory	100.00	199.00	
08/31/2016	Kholoud A. Abusneineh 1870 Oregano Way Tracy, CA 95376	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Real Estate Agent Klemm Real Estate	100.00	100.00	
			SUBTOTAL\$	599.00		

Schedule A Summary

- 2. Amount received this period unitemized monetary contributions of less than \$100\$ 1,235.00
- 3. Total monetary contributions received this period.

 (Add Lines 1 and 2. Enter here and on the Summany Page, Column A. Line 1.)

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 4,384.00

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

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

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole o		Statement cover	2016	ALIFORNIA 460 FORM of 9
NAME OF FILER					1.	D. NUMBER
Hammudi for	City Council 2016	,			1	389050
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAI (JAN. 1 - DEC. 31	R TODATE
09/24/2016	Qasem Aldrubi 1660 Firth Court Fremont, CA 94539	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Engineer Quantenna Communications	500.00	500	.00
09/21/2016	Liaquat Ali khan 613 West Privado Way Tracy, CA 95391	⊠IND □COM □OTH □PTY □SCC	Engineer Texas Instruments	200.00	200	.00
09/19/2016	Manadher Kharroubi 5833 Pistoia Way San Jose, CA 95138	⊠IND □COM □OTH □PTY □SCC	Principal Software Engineer Arteris	100.00	100	.00
09/13/2016	Shabnam Moon 1022 Palomar Drive Redwood City, CA 94062	⊠IND □COM □OTH □PTY □SCC	Engineer Gynesonics	200.00	200	00
08/31/2016	Omar Ziad State Farm Agency 1486 West 11th Street Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		250.00	250	.00
			SUBTOTALS	1,250.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from.

01/01/2016

				through 09/24/	2016	Page	6of9
NAME OF FILER						I.D. NUM	
Hammudi for (City Council 2016					138905	0
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE (JAN. 1 - DEC.)	AR	PER ELECTION TO DATE (IF REQUIRED)
09/07/2016	Saifuddin H. Raniwala 2721 Magazine Lane Tracy, CA 95377	∑IND ☐COM ☐OTH ☐PTY ☐SCC	Pharmacist City Center Pharmacy Brentwood	100.00	10	0.00	
08/31/2016	Salman Razi 2406 Berryessa Court Tracy, CA 95304	⊠IND □COM □OTH □PTY □SCC	Physician Salman Razi	500.00	50	0.00	
09/18/2016	Mohammad Shakil 1511 Riverview Avenue Tracy, CA 95377	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Owner Economy Express, LLC	100.00	10	0.00	
09/19/2016	The Diamond Ring Company 2855 Stevens Creek Blvd., Suite 2167 Santa Clara, CA 95050	□IND □COM ☑OTH □PTY □SCC		600.00	60	0.00	
Mark Indiana		□IND □COM □OTH □PTY □SCC					
			SUBTOTALS	1,300.00			

Amounts may be rounded

to whole dollars.

*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedul Nonmor	le C netary Contributions Received		Amounts may be rounded to whole dollars.		St from	tatement covers p		CALIFO FOR	
SEE INSTRUCT	TIONS ON REVERSE R				throu	ugh 09/24/201	16	Page	7 of 9
Hammudi fo	or City Council 2016							1389050	
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 O GOODS OR SERVIO		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE IAR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/19/2016	Jamal Mansour 2804 Hawkins Court Tracy, CA 95377	⊠IND □COM □OTH □PTY □SCC	Manager Walmart	Filing Fees		100.00		100.00	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC			The state of the s	-			
Attach add	ditional information on appropriately labe	led continuat	ion sheets.	SUBTOT	TAL \$	100.00			
1. Amount	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)				\$	100.0	IND	ntributor Cod Individual M Recipient (other tha	
	received this period – unitemized nonmonet nmonetary contributions received this period.	•	ns of less than \$100		\$	0.0	T PTY	l – Other (e.g ′ – Political Pa	g., business entity)

100.00

Schedule E Payments Made	Amounts may t to whole d			Stateme	ent covers perio	CALIFO	
SEE INSTRUCTIONS ON REVERSE				through _	09/24/2016	Page	8 of <u>9</u>
NAME OF FILER						I.D. NUM	IBER
Hammudi for City Council 2016						138905	0
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fND independent expenditure supporting/opposing others (explain)* legal defense LTC campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET pelition circu PHO phone banks POL polling and s POS postage, deli	munications d appearances ises lating	er services	RAD radio RFD return SAL camp. TEL t.v. or TRC candid TRS staff/s TSF transf VOT voter	airtime and productions aign workers' sala cable airtime and date travel, lodging pouse travel, lodging	ction costs production costs , and meals ,ing, and meals illees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESC	CRIPTION OF PA	YMENT		AMOUNT PAID
Five Star Print & Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304		LIT					736.6
Five Star Print & Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304		LIT			MARAMORE WITH THE TOTAL TO THE T		725.7
Gubna Hammudi 1864 Mount Pellier Street Tracy, CA 95304		FND					200.0
Payments that are contributions or independent expenditures r	nust also be summ	arized on Schedu	le D.	***		SUBTOTAL\$	1,662.3
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	E subtotals.)	**********	*****	********		\$	1,662.36
2. Unitemized payments made this period of under \$100	•••••	*********	*****************	***********		\$	17.67
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column (e).)	*********			\$	0.00

			SCHEDULE
Schedule F	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Accrued Expenses (Unpaid Bills)	to whole dollars.	from <u>01/01/2016</u>	FORM TOO
SEE INSTRUCTIONS ON REVERSE		through09/24/2016	Page9 of9
NAME OF FILER			I.D. NUMBER
Hammudi for City Council 2016			1389050
CODES: If one of the following codes accurately describ	es the payment, you may enter the code. C	Otherwise, describe the paymen	t.
CMP campaign paraphemalia/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 prod	uction costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and	d 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	s 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 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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO	0.00	595.55	0.00	595.55
* Payments that are contributions or independent expenditures must also be	SUBTOTALS \$	0.00	595.55	0.00	595.55

summarized on Schedule D.

Schedule F Summary

 Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	\$595.55
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	\$0.00
Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET	\$ 595.55 May be a negative number