Campaign Statement Cover Page    Statement covers ported   Form 16   12   11   18	Recipient Committee		-		COVER PAGE
Statement covers period from 10 21 15 through 21 31 15 th				Date Stamp	CALIFORNIA ACO
SEE INSTRUCTIONS ON REVERSE  1. Type of Recipient Committee: All Committees— Complete Parts 1, 2, 3, and 4.    Officeholder, Candidate Controlled Committee   State Candidate Decision Committee   Spansored				RECEIVED	
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Primarily Formed Ballot Measure   Primarily Formed Ballot Measure   Primarily Formed Ballot Measure   Primarily Formed Carndidate Election Committee   Sponsored	1. Type of Recipient Committee: All Committees - Con	poleto Parte 1 2 2 and 4	2 Type of Statements	# 13 AS F - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
State Candidate Election Committee   Recall   Controlled   Controlled	<u> </u>		1		
Recall   Special Odd-Year Report   Special	Officeholder, Candidate Controlled Committee				uarterly Statement
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General Purpose Committee Spensored	<u></u>				
Sponsored Sponsored Small Contributor Committee Political Party/Central Committee 1405604  Treasurer(s)  NAME OF TREASURER Saifuddin Raniwala MALING ADDRESS  STREET ADDRESS (NO P.O. BDX)  Tracy STATE ZIP CODE AREA CODE/PHONE Tracy CA 95377  MALING ADDRESS (F DIFFERENT) NO.AND STREET OR P.O. BDX P.O. BDX 710  CITY STATE ZIP CODE AREA CODE/PHONE Tracy CA 95378  Tracy CA 95378  Tracy CA 95378  Tracy CA 95378  Tracy CA 95304  OPTIONAL: FAX / E-MAIL ADDRESS  Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  By Signature of Treaduling Officeholder, Candidate, State Measure Proponent  Executed on  Date  Executed on  Date  By Signature of Controlling Officeholder, Candidates, State Measure Proponent  Executed on  Date  Executed on  Date  Executed on  Date  By Signature of Controlling Officeholder, Candidates, State Measure Proponent	(A)	Iso Complete Part 6)	I	•	
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Treasurer(s)  COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTEE)  Hammudi For City Council 2018  STREET ADDRESS (NO P.O. BOX)  CITY  STATE  Tracy  CA  95377  MALINOS ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  P.O. BOX 710  CITY  STATE  Tracy  CA  95378  Tracy  OPTIONAL: FAX/E-MAILADDRESS   Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I executed on   Executed on   Date  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on   Date  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on   Date  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on   By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on   By  Signature of Controlling Officeholder, Candidate, State Measure Proponent	o i omical i arty ochran commune				
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Signature of Controlling Officeriorider, Candidate, State Measure Proponent or Responsible Officer of Sponsor  Executed on	Executed on 4/5 //)	Ву			
Executed on By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on By By	Date	Signature of Controlli	ing Officenoider, Carpilpate, State Measure Propo	nent or Responsible Officer of Spo	pnsor
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	_ <del></del>	Sign	nature of Controlling Officeholder, Candidate, Stat	e Measure Proponent	<del></del>
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www.fppc.ca.gov

### CALIFORNIA 460

Page 2 of 5

5. C	Officeholder or Candida	te Controlled Commit	tee		6.	Primarily Formed Ballo	ot Measure	Committee		
N	NAME OF OFFICEHOLDER OR CAI	NDIDATE				NAME OF BALLOT MEASURE			•	
,	Amer Hammudi									
ō	OFFICE SOUGHT OR HELD (INCLU	IDE LOCATION AND DISTRICT	NUMBER IF APPLICAB	LE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
(	City Council Member: City	y of Tracy								OPPOSE
_	RESIDENTIAL/BUSINESS ADDRES	•	Y STATE	ZIP						
		Tracy	CA	95304		Identify the controlling office		<u> </u>	measure pro	ponent, if any.
		<del></del>				NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT		
п	Related Committees Not tot included in this statement the contributions or make expenditu	at are controlled by you or a	re primarily formed to	ommittees o receive		OFFICE SOUGHT OR HELD	<del></del> -		DISTRICT NO	IF ANY
C	OMMITTEE NAME		I.D. NUMBER				<del></del>			
_	AME OF TREASURER  OMMITTEE ADDRESS ST	REET ADDRESS (NO P.O. BOX	CONTROLLED COMMI		7.	Primarily Formed Candofficeholder(s) or candidate(s)	) for which thi	ceholder Co	orimarily form	ist names of ed.
										SUPPORT OPPOSE
=	OMMITTEE NAME	STATE ZIP COL		DDE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUC	SHT OR HELD	SUPPORT OPPOSE
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	TY .	STATE ZIP COL		DE/PHONE		Atta	ch continuat	ion sheets if ne	ecessary	

#### **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 10 ~ 21 - 18	CALIFORNIA 460
through 12-31-18	Page3 of5
	I.D. NUMBER
	1405604

Hammudi For City Council 2018 Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE General Elections 12,159.00 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received...... Schedule B, Line 3 20. Contributions 0.00 12,159.00 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 0.00 0.00 21. Expenditures 0.00 12,159.00 Made Expenditures Made **Expenditure Limit Summary for State** 2671.14 12.159.00 Candidates 6. Payments Made...... Schedule E, Line 4 \$ \_\_\_\_\_ 0.00 0.00 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 2671.14 12.159.00 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 2671.14 12,159.00 Current Cash Statement 2671.14 To calculate Column B. 0.00 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 0.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 2671.14 amounts in Column A may 0.00 be negative figures that 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 0.00 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** any). 0.00 18. Cash Equivalents ...... See instructions on reverse \$ ..... 0.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ \_\_\_\_\_ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded

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Statement covers period	CALIFORNIA 460
from 10-21-18	FORM <b>400</b>
through 12-31-18	Page 4 of 5
	I.D. NUMBER
	4405004

SCHEDULE E

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Hammudi For City Council 2018 1405604

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 CVC civic donations PET petition circulating 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 FND fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* VOT voter registration PRO professional services (legal, accounting) LEG legal defense PRT print ads WEB information technology costs (internet, e-mail) campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF P	AYMENT AMOUNT PAID
Facebook Facebook.com 1 Hacker Way, Menlo Park, CA 94025	WEB	270.78
Tracy Press 95 W 11th St #101 Tracy, CA 95376	WEB	741.00
Costco 3250 West Grant line Road Tracy, CA 95304	LIT	165.05

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1176.83

#### **Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)		
• •		0.00
2. Unitemized payments made this period of under \$100		<i></i>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1,	Column (e) )	0.00
·		2671.14
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the	Summary Page, Column A, Line 6.) TOTAL \$	<i></i>

2671 14

### Schedule E (Continuation Sheet)

CMP campaign paraphernalia/misc.

CNS campaign consultants

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

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

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

Statement covers period from $0-2/-(8)$	CALIFORNIA 460 FORM
through 12-31-18	Page of
	I.D. NUMBER

RAD radio airtime and production costs

RFD returned contributions

**Payments Made** SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1405604 Hammudi For City Council 2018

OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations PET TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees phone banks TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* VOT voter registration LEG legal defense PRO professional services (legal, accounting) WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT AMOUNT PAID CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Stark Marketing 1,500.00 1172 Murphy Avenue Ste 230. LIT San Jose, CA 95131 Boys And Girls Club of Tracy **CVC** 194.31 753 W Lowell Ave, Tracy, CA 95376

**SUBTOTAL \$** 

1694.31

**Recipient Committee CALIFORNIA Campaign Statement FORM** CITY CLERK'S O **Cover Page** 2019 JAN 15 PM Statement covers period Date of election if applicable: (Month, Day, Year) 11/1/2018 from CITY OF TRACY 1/10/2019 11/06/2018 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☑ Officeholder, Candidate Controlled Committee Preelection Statement Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report ○ Recall O Controlled ☑ Termination Statement O Sponsored
(Also Complete Part 6) (Also Complete Part 5) (Also file a Form 410 Termination) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored O Small Contributor Committee Officeholder Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1405604 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Saifuddin Raniwala Hammudi For City Council 2018 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODE/PHONE Tracy CA 95377 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY CA 95377 Tracv Amer Hammudi MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS P.O Box 710 CITY STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE CA Tracy 95378 CA 95304 Tracy OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 01/101/2019 Executed on \_ Signafure of Treasurer or Assistant Treasurer 01/10/2019 Executed on. Signature of Controlling Officeriolder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent

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COVER PAGE

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

	COVE	R PAG	E - PART	2
CALII FO	FORN DRM	IIA Z	<b>l</b> 60	
Page	2	of	5	]

5. Officeholder or Candidate Controlled Committee	6. Primarily Formed Ballot Measure Committee
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE
Amer Hammudi	NAME OF BALLOT MEASURE
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION
City Council Member: City of Tracy	□ SUPPORT □ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	
Tracy CA 95304	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 contributions or make expenditures on behalf of your candidacy.	OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY
COMMITTEE NAME I.D. NUMBER	
NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS (NO P.O. BOX)	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
COMMITTEE NAME I.D. NUMBER	SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	Attach continuation sheets if necessary

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

Summary Page		to whole dollars.			State	ement covers period	california 460
SEE INSTRUCTIONS ON REVERSE					through.	1/10/2019	Page3 of5
NAME OF FILER Hammudi For City Council 2018			-			· · · · · · · · · · · · · · · · · · ·	I.D. NUMBER 1405604
Contributions Received	(F	Column A TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)		Column CALENDAR Y TOTAL TO D	EAR	Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	0.00	\$	12,1	159.00	General Elections	•
2. Loans Received Schedule B, Line 3	•	0.00	•		0.00	1/1 tf	arough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	12,1	159.00	20. Contributions  Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00			0.00	21. Expenditures	<b>,</b>
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	0.00	\$	12,1	59.00	Made \$	\$
Expenditures Made						Expenditure Limit S	Summary for State
6. Payments Made Schedule E, Line 4	\$ .	<u>2671.14</u>	\$	12,1	59.00	Candidates	
7. Loans Made Schedule H, Line 3		0.00			0.00	20 0	Maria and Maria and American
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ .		\$	12,1	59.00	22. Cumulativ (If Subject to	ve Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00			0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment		0.00			0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$ .	2671.14	\$	12,1	59.00		_ \$
Current Cash Statement							
12. Beginning Cash Balance Previous Summary Page, Line 16	\$.	2671.14	Tο	calculate Colun	nn B	<b>j</b> .	
13. Cash Receipts Column A, Line 3 above		0.00	ado	I amounts in Co	olumn		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		the correspon ounts from Coli	-	*Amounts in this section me reported in Column B.	nay be different from amounts
15. Cash Payments Column A, Line 8 above		2671.14		our last report. ounts in Colum		reported in Column B.	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$ .	0.00	be	negative figure:	s that		
If this is a termination statement, Line 16 must be zero.			pre	uld be subtract	nounts. If		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _	0.00	file	is the first report for this calence carry over the	dar year,		
Cash Equivalents and Outstanding Debts				n Linés 2, 7, an			
18. Cash Equivalents See instructions on reverse	\$ .	0.00	ally	<i>)</i> •			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ .	0.00				FPPC Advice: advi	FPPC Form 460 (Jan/2016 ce@fppc.ca.gov (866/275-3772

	•						SCHEDULE
Schedule E	Amounts may b to whole de			Statem	ent covers period	CALIFO	
Payments Made				from	11/1/2018	FORM	
	·		•	through	1/10/2019	Page	4 of <u>5</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	:					I.D. NUMB	
•						1405604	
Hammudi For City Council 2018						1400004	, 
CODES: If one of the following codes accurately de 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 legal defense) LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expense PET petition circu PHO phone banks POL polling and s	nmunications d appearances ses lating urvey research very and mess	n senger services	RAD radio : RFD return SAL campi TEL t.v. or TRC candid TRS staff/s TSF transf VOT voter	airtime and production ed contributions aign workers' salaries cable airtime and prod fate travel, lodging, an pouse travel, lodging, er between committee	fuction costs and meals and meals s of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DE	SCRIPTION OF PA	YMENT		AMOUNT PAID
Facebook Facebook.com		WEB					270.78
Tracy Press 95 W 11th St #101 Tracy, CA 95376		WEB					741.00
Costco 3250 West Grant line Road Tracy, CA 95304		LIT					165.05
* Payments that are contributions or independent expenditures mu	st also be summarized on Sche	edule D.			SL	JBTOTAL\$	1176.83
Schedule E Summary							
1. Itemized payments made this period. (Include all S	chedule E subtotals.)					\$	2671.14
2. Unitemized payments made this period of under \$1							0.00
Total interest paid this period on loans. (Enter amounts)							0.00
cc intoroct paid time portod of fourier (Enter direct		,	· /-/			•	

2671.14

SCHEDUL	EE.	(CONT.)
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Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Hammudi For City Council 2018	Amounts may be rounded to whole dollars.		Statement covers period  from11/1/2018  through1/10/2019	SCHEDULE E (CONTINUE OF CONTINUE OF CONTIN
CODES: If one of the following codes accurately december of the following codes accurately december of the 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 communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese	is ces arch lessenger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, at TRS staff/spouse travel, lodging,	duction costs  nd meals  and meals  es 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
Stark Marketing	LIT			1,500.00
Boys And Girls Club of Tracy	cvc			194.31

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

1694.31

SUBTOTAL \$

Campaign Statement					Date Sta	imp	CALIFORNIA 460
Cover Page					RECEI	JED .	
-		from	Statement covers period 09/23/2018	Date of election if applicable: (Month, Day, Year)	2018 OCT 30	-	Page 1 of 7  For Official Use Only
SEE INSTRUCTIONS ON REVERSE		thro	ugh10/20/2018	11/06/2018	CITY OF	RACY	
1. Type of Recipient Committee: All C	ommitte	es – Complete	Parts 1, 2, 3, and 4.	2. Type of Statement:	Thav:	e sur l'its	
<ul> <li>✓ Officeholder, Candidate Controlled Comn</li> <li>○ State Candidate Election Committee</li> <li>○ Recall</li> <li>(Also Complete Part 5)</li> <li>☐ General Purpose Committee</li> <li>○ Sponsored</li> <li>○ Small Contributor Committee</li> <li>○ Political Party/Central Committee</li> </ul>	ittee	Commit Con Spo (Also Compl	trolled nsored ete Part 6) y Formed Candidate/ older Committee	Preelection Statemen  Semi-annual Statemen  Termination Statemer (Also file a Form 410  Amendment (Explain Changes made to su	ent nt Termination) below)		ly Statement Odd-Year Report
3. Committee Information		I.D. NUMB 14056		Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO Hammudi For City Council 2018	СОММІТТ	EE)		NAME OF TREASURER Saifuddin Raniwala MAILING ADDRESS	1		
STREET ADDRESS (NO P.O. BOX)				CITY	STA		AREA CODE/PHONE
	_			Tracy	C	A 95377	
<b>3</b> 111	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASUR  Amer Hammudi	RER, IF ANY		
Tracy  MAILING ADDRESS (IF DIFFERENT) NO. AND STRE	CA ET OR P.C	95377 D. BOX	<u></u>	MAILING ADDRESS			
			ADDA CODE DUONE	CITY	STA	ATE ZIP CODE	AREA CODE/PHONE
<b>5.7.1</b>	STATE	ZIP CODE 95378	AREA CODE/PHONE	Tracy	C		
Tracy OPTIONAL: FAX / E-MAIL ADDRESS	CA	90076		OPTIONAL: FAX / E-MAIL ADDR			
4. Verification					· ·		
I have used all reasonable diligence in prepa certify under penalty of perjury under the law	ring and s of the \$	reviewing this State of Califor	statement and to the best of my nia that the foregoing is true and	knowledge the information contained correct.	ed herein and in the	attached sched	dules is true and complete. I
Executed on		<del></del>	Ву	Signature of Treasurer of Ssisty	nt Treasurer		_
Executed on		_	BySignature of Con	trolling Officeholder, Candidate, State/Weastlee	Proponent or Responsible	Officer of Sponsor	<del></del>
Executed onDate			Ву	Signature of Controlling Officeholder, Candidate	e, State Measure Propone	nt	
Executed onDate		_	Ву	Signature of Controlling Officeholder, Candidate	e, State Measure Propone	nt	— FPPC Form 460 (lan/201

## Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PAGE	- PART
CALII FO	FORN DRM	IA Z	<b>160</b>
Page _	2	_ of _	7

Officeholder or Candidate Controll	ed Committee 			marily Formed Ballo			
NAME OF OFFICEHOLDER OR CANDIDATE			NA	E OF BALLOT MLASORL			
Amer Hammudi OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER	IF APPLICABLE)	BAI	LOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
City Council Member: City of Tracy							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S		STATE ZIP CA 95304	ide	ntify the controlling offic	eholder, candidate	e, or state measure pro	ponent, if any.
	Tracy	CA 95304	NA	ME OF OFFICEHOLDER, CAN	IDIDATE, OR PROPO	DNENT	
Related Committees Not Included not included in this statement that are controcontributions or make expenditures on behali	lled by you or are prima	List any committees arily formed to receive	OF	FICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUM	IBER	· <del></del>				
NAME OF TREASURER	CONTRO	DLLED COMMITTEE?	7. Pr	imarily Formed Can iceholder(s) or candidate(s	) for which this co	mmittee is primarily form	rea. 
COMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BOX)	<u> </u>	NA	ME OF OFFICEHOLDER OR (	CANDIDATE	FFICE SOUGHT OR HELD	SUPPOR
CITY STA	ATE ZIP CODE	AREA CODE/PHONE	NA	ME OF OFFICEHOLDER OR (	CANDIDATE C	OFFICE SOUGHT OR HELD	SUPPOR
COMMITTEE NAME	I.D. NUN	MBER	NA	ME OF OFFICEHOLDER OR	CANDIDATE C	OFFICE SOUGHT OR HELD	SUPPOR
NAME OF TREASURER	☐ YI	OLLED COMMITTEE?	NA	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR
COMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BOX)				<del></del>		•
					ach continuation		

### Campaign Disclosure Statement Summary Page

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

FPPC Form 460 (Jan/2016)

www.fppc.ca.gov

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

Statement covers period

Summary Page		from	09/23/2018	FORM 40U
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through _	10/20/2018	Page of 7
Hammudi For City Council 2018				1405604
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates ne State Primary and
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$ 250.00	\$ \frac{12,159.00}{0.00}\$ \$ \frac{12,159.00}{0.00}\$ \$ \frac{12,159.00}{12,159.00}\$	20. Contributions Received \$	sthrough 6/30 7/1 to Date
Expenditures Made  6. Payments Made  7. Loans Made  8. SUBTOTAL CASH PAYMENTS  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  8. Schedule F, Line 3  11. TOTAL EXPENDITURES MADE  Add Lines 8 + 9 + 10	\$ 1,722.62 0.00 0.00	\$ 9,487.89 0.00 \$ 9,487.89 0.00 0.00 \$ 9,487.89	Candidates  22. Cumulat	Summary for State  ive Expenditures Made* o Voluntary Expenditure Limit)  Total to Date
Current Cash Statement  12. Beginning Cash Balance	\$ 0.00 \$ 0.00 \$ 0.00	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

0.00

## Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received			from09/23	/2018	CALIF FC	ORNIA ORM	460	
				through10/2	20/2018	Page .	4	of
SEE INSTRUCTION	4S ON REVERSE					I.D. NU		
NAME OF FILER						14056		
Hammudi F	For City Council 2018							
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	LECTION DATE QUIRED)
10/18/2018	Mark Wible Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Self Employed	100.00	200.	00		
09/26/2018	Oussama Saafein Mountain House, CA 95391	IND COM OTH PTY	Engineer Juniper Network	100.00	100.	00		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
	<u> </u>		SUBTOTAL	\$ 200.00				
	A Summary					tributor C – Individu		
<ol> <li>Amount re (Include al</li> </ol>	ceived this period – itemized monetary contributions.		\$	200.00		(other	ent Comm than PTY	or SCC)
•	ceived this period – unitemized monetary contribution			50.00	PTY	<ul><li>Politica</li></ul>	l Party	ess entity)
3 Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			250.00	scc			Committee 

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

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

	CONEDULE
Statement covers period	CALIFORNIA 160
from09/23/2018	FORM TOO
through10/20/2018	Page5 of7
	I.D. NUMBER

1405604

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammudi For City Council 2018

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
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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Five Star Print and Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT		243.56
Tracy Press 95 W 11th St #101 Tracy, CA 95376	WEB		438.75
Five Star Print and Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT		25.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 707.31

#### Schedule E Summary

FPPC Form 460 (Jan/2016)

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www.fppc.ca.gov

<b>Schedule</b>	E	
(Continua	tion	Sheet)
<b>Payments</b>	Ma <sub>0</sub>	de

Amounts may be rounded to whole dollars.

	<b>331,22 422 4 4 4 4 4 4 4 4 4 4</b>
Statement covers period	CALIFORNIA 460
from09/23/2018	FORM TOO
through10/20/2018	Page6 of7
	I.D. NUMBER
	1405604

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Hammudi For City Council 2018

CODES: If one of the following codes accurately describes			er the code. Otherwise, describe the payment.	
campaign paraphernalia/misc.  campaign consultants  contribution (explain nonmonetary)*  civic donations  fill candidate filing/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  legal defense  campaign literature and mailings	MBR member common meetings and OFC office expens PET petition circulty PhO phone banks POL polling and suppostage, deline PRO professional support print ads	SAL campaign workers' salaries TEL t.v. or cable airtime and production cos TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals senger services TSF transfer between committees of the sa	; me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook Facebook.com		WEB	Advertisement	110.00
PayPal		WEB	Online Donation Service	1.75
Five Star Print and Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304		LIT		243.56
Oscar Moreno Jr.  Tracy, CA 95377		. WEB	Advertisement	500.00
South Side Community Organization 126 W 1st Street Tracy, CA 95376		MTG		100.00
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.	SUBTOTA	<b>L\$</b> 955.31

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.		
SEE INSTRUCTIONS ON REVERSE			
NAME OF FILER			
Hammudi For City Council 2018			

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

Statement covers period	CALIFORNIA 160
from09/23/2018	FORM +OO
through10/20/2018	Page of
	I.D. NUMBER
	1405604

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 TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Chest of Hope 35.00 MTG 68 W 11th St #106 Tracy, CA 95376 Tracy African Americans Association 25.00 MTG P.O. Box 62 Tracy, CA 95376

60.00

**SUBTOTAL \$** 

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

Recipient Committee Campaign Statement Cover Page			Date Stamp	california 460
	Statement covers period from09/23/2018	Date of election if applicable (Month, Day, Year)	TY CLERK'S OFF	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/20/2018	11/06/2018	CITY OF TRAC	Y
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	TRACY, UA	
○ 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 Te Amendment (Explain be	t	Quarterly Statement Special Odd-Year Report
2 Campailles Intermetion	D. NUMBER 1405604	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Hammudi For City Council 2018		Saifuddin Raniwala		
STREET ADDRESS (NO P.O. BOX)	<del></del>	CITY	STATE Z	IP CODE AREA CODE/PHONE
		Tracy		95377
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURE	R, IF ANY	
Tracy CA 9537	<u>'7</u>	Amer Hammudi		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		·
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE Z	ZIP CODE AREA CODE/PHONE
04 050		Tracy	CA 9	95304
Tracy CA 9537 OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS	
4. Verification				
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State or	ing this statement and to the best of my f California that the foregoing is true and	knowledge the information contained correct.	I herein and in the attache	d schedules is true and complete. I
Executed on	Ву	Signature of Treasurer or Assistan	t Treasurer \	
10/25/2018  Date	By Signature of Con	trolling Office Condidate, State Measure Pr	roponent or Responsible Officer of	Sponsor
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	<del></del>
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	EDDC Form 460 (lan/201)

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALII FO	FORNIA DRM	4	60			
Page _	2	of	7_			

. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	t Measure C	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Amer Hammudi OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
City Council Member: City of Tracy RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	TY STATE ZIP		Identify the controlling office	holder. candida		
Tracy	CA 95304		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	didate/Office for which this c	holder Committee ommittee is primarily form	List names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			Att	ach continuatio	n sheets if necessary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period 09/23/2018 CALIFORNIA 460 FORM 10/20/2018 Page 3 of 7

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			through	10/20/2018	Page3 of7
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Hammudi For City Council 2018					1.D. NUMBER 1405604
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Colui CALENDA TOTAL T	AR YEAR	Running in Both th	nmary for Candidates e State Primary and
<ol> <li>Monetary Contributions</li></ol>	\$ 250.00	- \$	2,159.00 0.00 2,159.00 0.00 2,159.00	20. Contributions	hrough 6/30 7/1 to Date \$\$
Expenditures Made  6. Payments Made	\$ 0.00 \$ 1,722.62 0.00 0.00	\$	9,487.86 0.00 9,487.86 0.00 0.00 9,487.86	Candidates  22. Cumulati	Summary for State  ive Expenditures Made* o Voluntary Expenditure Limit)  Total to Date
Current Cash Statement  12. Beginning Cash Balance	\$ 0.00 \$ 0.00 9,487.86 \$ 2,671.14 \$ 0.00	To calculate Co add amounts in A to the corres amounts from of your last rep amounts in Co be negative fig should be subt previous perior this is the first filed for this ca only carry over from Lines 2, 7 any).	n Column ponding Column B port. Some lumn A may pures that tracted from d amounts. If report being lendar year, r the amounts	*Amounts in this section reported in Column B.	may be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	_			FPPC Form 460 (Jan/2016

### Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement coverage of the statement coverage	ers period 5/2018	CALIF FC	FORNIA 460 ORM	
REE INSTRUCTIO	NS ON REVERSE			through10/2	20/2018	Page .	4 of 7	
NAME OF FILER	NO ONTREVENOE					1.D. NUI 14056		
Hammudi l	For City Council 2018					14000		
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	PER ELECTION TO DATE (IF REQUIRED)	
10/18/2018	Mark Wible Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Self Employed	100.00	200.0	00		
09/26/2018	Oussama Saafein Mountain House, CA 95391	☑IND □COM □OTH □PTY □SCC	Engineer Juniper Network	100.00	100.	00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	200.00				
	A Summary eceived this period – itemized monetary contributions	·		200.00	IND -	tributor C		
(Include a	II Schedule A subtotals.)			200.00		(other	than PTY or SCC)	
2. Amount re	eceived this period – unitemized monetary contribution	ons of less tha	n \$100\$	50.00	PTY	– Politica	(e.g., business entity)	
3 Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co			250.00	scc	<del></del>	Contributor Committee	

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

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from09/23/2018	FORM 400
through10/20/2018	Page5 of7
	I.D. NUMBER
	1405604

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammudi For City Council 2018

campaign literature and mailings

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 campaign consultants CNS SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs 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 FND fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* VOT voter registration PRO professional services (legal, accounting) legal defense LEG WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Five Star Print and Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT			243.56
Tracy Press 95 W 11th St #101 Tracy, CA 95376	WEB			438.75
Five Star Print and Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT			25.00

**SUBTOTAL \$** 707.31 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

#### **Schedule E Summary**

	1722.62
1. Itemized payments made this period. (Include all Schedule E subtotals.)	0.00
2. Unitemized payments made this period of under \$100	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	1722.62
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	,

FPPC Form 460 (Jan/2016)

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www.fppc.ca.gov

Schedule	Ē
(Continuat	tion Sheet)
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

	SCHEDOLL E (OOM)
Statement covers period	CALIFORNIA 160
from09/23/2018	FORM <b>400</b>
through10/20/2018	Page6 of7
	I.D. NUMBER
	1405604

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Hammudi For City Council 2018

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 TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook Facebook.com	WEB	Advertisement	110.00
PayPal	WEB	Online Donation Service	1.75
Five Star Print and Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT		243.56
Oscar Moreno Jr. Tracy, CA 95377	WEB	Advertisement	500.00
South Side Community Organization 126 W 1st Street Tracy, CA 95376	MTG		100.00
		SURTOTAL	\$ 055.31

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

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from09/23/2018	CALIFORNIA FORM	460
•		through 10/20/2018	Page	of
SEE INSTRUCTIONS ON REVERSE			I.D. NUMBER	
NAME OF FILER			1405604	

Hammudi For City Council 2018					1405604	
CODES: If one of the following codes accurately describes  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 com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	nmunications d appearance ses lating urvey resear very and me	es	RAD radio airtime and p RFD returned contributi SAL campaign workers TEL t.v. or cable airtime TRC candidate travel, le TRS staff/spouse trave	production costs ions s' salaries e and production costs odging, and meals I, lodging, and meals committees of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	ESCRIPTION OF PAYMENT		AMOUNT PAID
Chest of Hope 68 W 11th St #106 Tracy, CA 95376		MTG				35.00
Tracy African Americans Association P.O. Box 62 Tracy, CA 95376		MTG				25.00
					·	
,	-					

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

Recipient Commi Campaign Staten Cover Page					Date Stamp RECEIVED TY CLERK'S DI	CALIFORNIA 460
		State	ement covers period 07/01/2018	Date of election if applicable: (Month, Day, Year)	PICLERK'S OF PMI2	
SEE INSTRUCTIONS ON REVER	RSE	through _	09/22/2018	11/06/2018	CITY OF TRAC	
1. Type of Recipient C	ommittee: All Committe	es – Complete Parts	1, 2, 3, and 4.	2. Type of Statement:	1.132-132-33 182-33	
● Officeholder, Candida	nmittee Committee	Committee Controlled Sponsore (Also Complete Part 6	d )) ned Candidate/ Committee	Preelection Statemen Semi-annual Statemen Termination Statemen (Also file a Form 410  Amendment (Explain Corrections made to	nt  It  Termination)  below)	Quarterly Statement Special Odd-Year Report
3. Committee Informa	tion	I.D. NUMBER 1405604		Treasurer(s)		
COMMITTEE NAME (OR CAND	DIDATE'S NAME IF NO COMMITT			NAME OF TREASURER		
Hammudi For City C	Council 2018			Saifuddin Raniwala		
				WALLING ABBITLEGG		
STREET ADDRESS (NO P.O. B	BOX)			CITY	STATE	ZIP CODE AREA CODE/PHONE
CITY	STATE	ZIP CODE	AREA CODE/PHONE	Tracy		95377
Tracy		95377	AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY	
•	RENT) NO. AND STREET OR P.O.			MAILING ADDRESS		
CITY		ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
Tracy		95378		Tracy		95304
OPTIONAL: FAX / E-MAIL ADD	DRESS			OPTIONAL: FAX / E-MAIL ADDRE	SS	
4. Verification		<del> </del>				
I have used all reasonable	diligence in preparing and r	eviewing this staten	nent and to the best of my	knowledge the information contained	d herein and in the attach	ed schedules is true and complete. I
certify under penalty of per	rjury under the laws of the S	tate of California tha	at the foregoing is true and	correct.	^	
Executed on	10/30/2018	_	Ву			<u> </u>
	Date 4.0 (0.0 (0.0 4.0 )			Signature of Treasurer or Assistar	nt Treasurer	
Executed on	10/30/2018 Date	_	BySignature of Contr	rolling Officeholder, Captipare State Measure P	roponent or Responsible Officer of	of Sponsor
Eventual or						
Executed on	Date .		Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed on		_	Ву		a	
	Date		- 5	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

FPPC Form 460 (Jan/2016)

**COVER PAGE** 

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

# Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGE	- PART 2
CALII FO	ORNIA DRM	4	60
Page _	2	of	6

NAME OF OFFICEHOLDER OR CANDIDATE			NAME O	F BALLOT MEASURE				
Amer Hammudi								
OFFICE SOUGHT OR HELD (INCLUDE LOC,	ATION AND DISTRICT NUMBER I	F APPLICABLE)	BALLOT	NO. OR LETTER	JURISDICTION	ON		SUPPORT OPPOSE
City Council Member: City of Tra				<del></del>				
RESIDENTIAL/BUSINESS ADDRESS (NO. /		STATE ZIP	Identify	the controlling offic	eholder, candi	date, or state meas	sure propo	nent, if any.
	Tracy	CA 90004	NAME C	F OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Inclu- not included in this statement that are c contributions or make expenditures on i	controlled by you or are primar	List any committees ily formed to receive	OFFICE	SOUGHT OR HELD		DIST	TRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMB	BER			<u>'</u>			
WALL OF THE VOLUME	CONTROL	LLED COMMITTEE?	7. Prima	rily Formed Can	didate/Offic	eholder Comm	i <b>ttee</b> List	names of
NAME OF TREASURER		LLED COMMITTEE?	7. Prima officeh	rily Formed Can older(s) or candidate(s	didate/Offic	s committee is prima	arily formed.	names of
	CONTROI  YES  ADDRESS (NO P.O. BOX)	<u></u>	officeh	orily Formed Can older(s) or candidate(s	) for which this	operation of the committee of the commit	arily formed.	SUPPOF
COMMITTEE ADDRESS STREET A	☐ YES		NAME C	older(s) or candidate(s	) for which this	s committee is prima	OR HELD	SUPPOR
COMMITTEE ADDRESS STREET A	ADDRESS (NO P.O. BOX)	AREA CODE/PHONE	NAME C	older(s) or candidate(s	OANDIDATE	OFFICE SOUGHT	OR HELD	SUPPOR OPPOSE
	STATE ZIP CODE  I.D. NUME	AREA CODE/PHONE BER  LLED COMMITTEE?	NAME C	older(s) or candidate(s	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT (	OR HELD OR HELD OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR OPPOSE
COMMITTEE ADDRESS STREET A  CITY  COMMITTEE NAME  NAME OF TREASURER	STATE ZIP CODE	AREA CODE/PHONE BER  LLED COMMITTEE?	NAME C	older(s) or candidate(s	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT ( OFFICE SOUGHT (	OR HELD OR HELD OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE

## **Campaign Disclosure Statement**

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.	from	07/01/2018	FORM 460
		through _	09/22/2018	Page3 of6
EE INSTRUCTIONS ON REVERSE				I.D. NUMBER
Hammudi For City Council 2018				1405604
Contributions Received	TOTAL THIS PERIOD C	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sun Running in Both th	nmary for Candidates ne State Primary and

Contributions Received	(F	Column A TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions		1,899.00 0.00 1,899.00 0.00	\$	11,909.00 0.00 11,909.00 0.00 11,909.00	General Elections  1/1 through 6/30  7/1 to Date  20. Contributions Received \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	1,899.00	\$	11,303.00	
Expenditures Made  6. Payments Made	\$	4,769.50 0.00 4,769.50 0.00 0.00 4,769.50	\$ \$	7,765.24 0.00 7,765.24 0.00 0.00 7,765.24	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		7,238.54 1,899.00 0.00 4.769.50 4,368.04	add A t am of am be sh	calculate Column B, d amounts in Column o the corresponding nounts from Column B your last report. Some nounts in Column A may negative figures that ould be subtracted from evious period amounts. If is is the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file on	ed for this calendar year, ly carry over the amounts	
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above		0.00	fro an	m Lines 2, 7, and 9 (if y).	FPPC Form 460 (Jan/2 FPPC Advice: advice@fppc.ca.gov (866/275-3 www.fppc.ca

### Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement cov	ers period 1/2018	CALIFORNIA 460		
	. NO ON DEVERSE			through09/2	22/2018	Page	of6	
NAME OF FILER	NS ON REVERSE					I.D. NU		
Hammudi I	For City Council 2018					14056		
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)	
07/19/2018	Mark Wible Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Self Employed	100.00	100.	00		
09/01/2018	Salih Alswafta Fremont, CA 94539	IND COM OTH PTY SCC	Coupa Software	100.00	100.	00		
09/14/2018	Adeeb Alzanoon Sacramento, CA	IND COM OTH PTY	Retired Sacramento State University	100.00	100.	.00		
7/30/2018	Shabnam H Moon Redwood City, CA 94062	☑ IND □ COM □ OTH □ PTY □ SCC	Engineer Gynesonic	500.00	500.	.00		
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$				
1. Amount re	A Summary eceived this period – itemized monetary contributions	S.	•	800.00	IND		ual ient Committee	
	Il Schedule A subtotals.)			1,099.00	ОТН	•	than PTY or SCC) (e.g., business entity)	
	eceived this period – unitemized monetary contribution	ons of less tha	ın \$100\$	.,000.00	PTY	- Politica		
3. Total mon (Add Line	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line	1.) <b>TOTAL \$</b>	1,899.00	(300		PC Form 460 (lan/2016)	

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

| Schedule | Schedule

1405604

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammudi For City Council 2018

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

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 service

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

LEG legal defense LIT campaign literature and mailings	PRO professional services (le	gai, accounting)	WEB information technolo	gy costs (internet, e-ma	ıil)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Five Star Print and Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT				2,516.81
Oscar Moreno Jr. Tracy, CA 95377	WEB				500.00
Five Star Print and Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT				297.69
* Payments that are contributions or independent expenditures m	nust also be summarized on Schedule D.			SUBTOTAL \$	3,314.50
Schedule E Summary					4,993.78
1. Itemized payments made this period. (Include all	Schedule E subtotals.)		•••••	\$	0.00
2. Unitemized payments made this period of under \$100					0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$ — 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)					4,993.78
4. Total payments made this period. (Add Lines 1, 2	, and S. Enter here and on the Sum	illialy i age, c	Old 1111 1, Elito 3./		

FPPC Form 460 (Jan/2016)

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www.fppc.ca.gov

Schedule E	
(Continuation Sheet)	)
Payments Made	

Amounts may be rounded to whole dollars.

MBR member communications

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

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

	• • · · · · · · · · · · · · · · · · · ·
Statement covers period	CALIFORNIA 160
from07/01/2018	FORM 400
through09/22/2018	Page66
	I.D. NUMBER
	1405604

RAD radio airtime and production costs

RFD returned contributions

NAME OF FILER

CMP campaign paraphernalia/misc.

SEE INSTRUCTIONS ON REVERSE

Hammudi For City Council 2018

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 TRS staff/spouse travel, lodging, and meals polling and survey research fundraising events TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* VOT voter registration PRO professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Tracy Chamber of Commerce 230.00 **MBR** 223 E. 10 th street. Tracy, CA 95376 Hall rental at Train station City Of Tracy 1,225.00 MTG 333 Civic Center Plaza Tracy, CA 95376 DJ services Dave Tillman 200.00 MTG Online Donation service PayPal 24.28 **WFB** 

1.679.28

**SUBTOTAL \$** 

		Date Stamp		IFORNIA 460
Statement covers period 67/01/2018	(Month, Day, Year)			For Official Use Only
through	11/06/2018			
mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	Titable (s. ).	±4,	
Committee  Controlled  Sponsored  Also Complete Part 6)  Primarily Formed Candidate/  Officeholder Committee	✓ Amendment (Explain below)	tion)	Special Odd-`	
	Treasurer(s)			
	NAME OF TREASURER Saifuddin Raniwala MAILING ADDRESS		<u>.</u>	
	CITY Tracy	STATE CA	ZIP CODE 95377	AREA CODE/PHÔNE
	NAME OF ASSISTANT TREASURER, IF A Amer Hammudi MAILING ADDRESS			
	сіту Tracy	STATE	ZIP CODE 95304	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS			
By	Signature of Treasurer or Assistant Treasurer of Assistant Treasurer of Treasurer or Assistant Tre	rer or Responsible Office		s true and complete. I
	through	from	Statement covers period 07/01/2018  through 09/22/2018 11/06/2018 11/06/2018 2019 OCT 25 PM 11/06/2018 2019 OCT 25	Statement covers period 07/01/2018   Date of election if applicable: (Month, Day, Year)   DITY CLERK'S OFFIC Page 2019 OCT 25 PM 2: 2 7   DITY OF TRACY   DITY

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2				
CALIFORNIA FORM			460	
Page _	2	of_	_6	

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	t Measure (	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Amer Hammudi				Lupiopiotic		Т	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JÜRISDICTIC	)N		SUPPORT OPPOSE
City Council Member: City of Tracy					-		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI			Identify the controlling office	eholder, candi	date, or state r	measure prop	onent, if any.
Tracy	CA 95304		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
Related Committees Not Included in this Statement included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER						
		7	. Primarily Formed Can	didata/Offic	eholder Co	mmittee <i>Li</i>	et names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	′	officeholder(s) or candidate(s	) for which this	committee is p	orimarily forme	d.
·	YES NO		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)		NAME OF OUT TOLINOLDER ON	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
	☐ YES ☐ NO						☐ OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)				<u> </u>	<del>_</del>	
CITY STATE ZIP C	ODE AREA CODE/PHONE		Att	ach continuati	on sheets if n	ecessary	
CIT SIMIL ZII O			710			•	<u> </u>

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period 07/01/2018	CALIFORNIA 460
through09/22/2018	Page3 of6
	I.D. NUMBER

NAME OF FILER Hammudi For City Council 2018		·	1405604
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$ 0.00 1,899.00 0.00	\$\frac{11,909.00}{0.00}\$ \$\frac{11,909.00}{0.00}\$ \$\frac{11,909.00}{11,909.00}\$	General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$ 4,769.50 0.00 0.00	\$ 7,765.24 0.00 \$ 7,765.24 0.00 0.00 \$ 7,765.24	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	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	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 (866/275-3772)

Schedule A	
<b>Monetary Contributions</b>	Received

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to whole dollars.		Statement coverage of the statement coverage	ers period 1/2018	california 460	
				through09/2	22/2018	Page	4 of 6
SEE INSTRUCTIO	NS ON REVERSE			<u> </u>		I.D. NU	
	For City Council 2018					14056	04
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)
07/19/2018	Mark Wible Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Self Employed	100.00	100.	00	
09/01/2018	Salih Alswafta Fremont, CA 94539	IND COM OTH PTY	Coupa Software	100.00	100.	00	
09/14/2018	Adeeb Alzanoon Sacramento, CA	☑IND □COM □OTH □PTY □SCC	Retired Sacramento State University	100.00	100.	.00	
7/30/2018	Shabnam H Moon Redwood City, CA 94062	IND COM OTH SCC	Engineer Gynesonic	500.00	500	.00	
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$			
1. Amount re	A Summary eceived this period – itemized monetary contributions Il Schedule A subtotals.)			800.00 1,099.00	CON	(other	j.
2. Amount re	eceived this period – unitemized monetary contribution	ns of less tha	n \$100\$	1,000.00	PTY	- Politica	
3. Total mon (Add Line	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line	1.) <b>TOTAL</b> \$	1,899.00	SCC		PC Form 460 (Jan/2016)

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

Schedule	E
<b>Payments</b>	s Made

Amounts may be rounded to whole dollars.

	3CHEDULE E
Statement covers period	CALIFORNIA 160
from07/01/2018	FORM TOO
through09/22/2018	Page5 of6
	I.D. NUMBER
	4405004

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1405604 Hammudi For City Council 2018

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 contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs petition circulating 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 transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)\* VOT voter registration PRO professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Five Star Print and Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT		2,516.81
Oscar Moreno Jr. 710 Heritage Place Tracy, CA 95377	WEB		500.00
Five Star Print and Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT		297.69

**Schedule E Summary** 4.993.78 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 0.00 2. Unitemized payments made this period of under \$100.....\$ 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

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

FPPC Form 460 (Jan/2016)

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

**SUBTOTAL \$** 

4.993.78

3,314.50

Schedule	E
(Continuat	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

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

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

	••·· (- · · · ·
Statement covers period	CALIFORNIA 460
from07/01/2018	FORM 400
through09/22/2018	Page 6 of 6
	I.D. NUMBER
	1405604

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammudi For City Council 2018

CMP campaign paraphernalia/misc.

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 transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)\* VOT voter registration PRO professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings AMOUNT PAID NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Tracy Chamber of Commerce 230.00 **MBR** 223 E. 10 th street. Tracy, CA 95376 Hall rental at Train station City Of Tracy 1.225.00 MTG 333 Civic Center Plaza Tracy, CA 95376 DJ services Dave Tillman 200.00 MTG Online Donation service **PayPal** 24.28 **WEB** 

1.679.28

**SUBTOTAL \$** 

Recipient Committee Campaign Statement Cover Page		CI	Date Stamp RECEIVED TY CLERK'S 0		IFORNIA 460
	Statement covers period from07/01/2018	Date of election if applicable:? (Month, Day, Year)			1 of6  For Official Use Only
EEE INSTRUCTIONS ON REVERSE	through09/26/2018	11/06/2018	CITY OF TRA	CY	
. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		*	
State Candidate Election Committee  ○ Recall (Also Complete Part 5)  □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	Primarily Formed Ballot Measure Committee Committee Controlled Controlled Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te ☐ Amendment (Explain be	ermination)	Quarterly Sta	
3. Committee information	0. NUMBER 1405604	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	*		
Hammudi For City Council 2018		Saifuddin Raniwala			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)	The second control of the second seco	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Tracy	CA	95377	
CITY STATE ZIP COI		NAME OF ASSISTANT TREASURE	ER, IF ANY		
Tracy CA 9537  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	1	Amer Hammudi MAILING ADDRESS			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy CA 95378		Tracy	CA	95304	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS		
				Section 1	
J. Verification		and the state of t	d because and to the second		to American and a second second
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of			d herein and in the attac	ned schedules i	is true and complete. I
09/27/2018					
Executed onDate	Ву	Signature of Treasurer or Assistan	Treasurer		
Executed on	Ву				
Date	Signature of Contro	lling Officeholder, Candidate, State Measure Pr	roponent or Responsible Officer	or Sponsor	
Executed onDate	BySi	gnature of Controlling Officeholder, Candidate,	State Measure Proponent		
		,,,,	, , , , , , , , , , , , , , , , , , ,		
Executed on	BySi	gnature of Controlling Officeholder, Candidate,	State Measure Proponent		

COVER PAGE

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIF FC	ORNIA ORM	460				
Page _	2 (	of6				

5. Officeholder or Candidate Controlled Comm	nittee	6.	. Primarily Formed Ballo	t Measure Committe	e	nest.
NAME OF OFFICEHOLDER OR CANDIDATE		***************************************	NAME OF BALLOT MEASURE			
Amer Hammudi						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
City Council Member: City of Tracy						
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  Tracy	CITY STATE ZII CA 9530		Identify the controlling office	eholder, candidate, or sta	te measure pro	ponent, if any.
- Tracy	OA 9000	<del></del>	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONENT		
Related Committees Not Included in this St not included in this statement that are controlled by your contributions or make expenditures on behalf of your care	or are primarily formed to receiv		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER	· · · · · · · · · · · · · · · · · · ·				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7	. Primarily Formed Cano officeholder(s) or candidate(s)	didate/Officeholder ( ) for which this committee	Committee Lis primarily form	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.			NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	OUGHT OR HELD	SUPPORT OPPOSE
	CODE AREA CODE/PHO	ONE	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	OUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE SO	OUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMMITTEE?  YES NO  BOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
,	CODE AREA CODE/PHO	ONE	Atte	ach continuation sheets i	f necessary	

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period 07/01/2018	california 460
through09/26/2018	Page3 of6
	I.D. NUMBER
	1405604

NAME OF FILER Hammudi For City Council 2018 Calendar Year Summary for Candidates Column A Column B Contributions Received CALENDAR YEAR TOTAL TO DATE TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 1.999.00 12.009.00 1. Monetary Contributions ...... Schedule A, Line 3 \$ \_ 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions 12.009.00 1.999.00 Received 0.00 0.00 4. Nonmonetary Contributions...... Schedule C, Line 3 Expenditures 12.009.00 1.999.00 Made **Expenditures Made Expenditure Limit Summary for State** 7,765.24 Candidates 0.00 0.00 22. Cumulative Expenditures Made\* 4,769.50 7,765.24 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ \_\_\_\_\_ 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 4,769.50 7,765.24 **Current Cash Statement** 0.00 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ \_\_\_\_ To calculate Column B, 12,009.00 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 0.00 amounts from Column B reported in Column B. of your last report. Some 7,765.24 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 4.243.76 be negative figures that 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, 0.00 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 any). 0.00 0.00 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 4

Statement covers period

				from07/01	/2018	FOI	RM 400
SEE INSTRUCTIO	NS ON REVERSE			through09/2	26/2018	Page _	4 of6
IAME OF FILER						I.D. NUMI	
Hammudi I	For City Council 2018					140560	4
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.	EAR	PER ELECTION TO DATE (IF REQUIRED)
07/19/2018	Mark Wible 2106 Lighthouse Circle Tracy, CA 95304	IND COM OTH PTY	Self Employed	100.00	100.0	00	
09/01/2018	Salih Alswafta 677 Chardoney Dr Fremont, CA 94539	☑IND □COM □OTH □PTY □SCC	Coupa Software	100.00	100.	00	
09/14/2018	Adeeb Alzanoon 6000 J Street Sacramento, CA	☑ IND □ COM □ OTH □ PTY □ SCC	Retired Sacramento State University	100.00	100.00		,
09/26/2018	Oussama Saafein 381 West Alameda Dr. Mountain House, CA 95391	☑ IND □ COM □ OTH □ PTY □ SCC	Engineer Juniper Network	100.00	100.00		
7/30/2018	Shabnam H Moon 1022 Palomar Dr. Redwood City, CA 94062	☑ IND □ COM □ OTH □ PTY □ SCC	Engineer Gynesonic	500.00	500.00		
			SUBTOTAL	\$			
1. Amount re	A Summary eceived this period – itemized monetary contributions Il Schedule A subtotals.)		\$	900.00	IND -		
2. Amount re	eceived this period – unitemized monetary contributio	ns of less tha	n \$100\$	1,099.00	OTH – Other (e.g., business entity) PTY – Political Party		
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co			1,999.00			ontributor Committee

Schedule E	Amounts may be rou
Payments Made	to whole dollars.

nded

SCHEDULE E Statement covers period **CALIFORNIA FORM** 07/01/2018 from 09/26/2018 Page \_ 5 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Hammudi For City Council 2018 1405604

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* SAL campaign workers' salaries OFC office expenses CVC civic donations petition circulating t.v. or cable airtime and production costs PET TEL candidate filing/ballot fees candidate travel, lodging, and meals FIL PHO phone banks TRC FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals 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 campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Five Star Print and Sign, LLC 2830 Auto Plaza Way, Suite 140 LIT 2,516.81 Tracy, CA 95304 Oscar Moreno Jr. **WEB** 500.00 710 Heritage Place

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	<b>SUBTOTAL</b> \$ 3,314.50
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LIT

#### Schedule E Summary

Five Star Print and Sign, LLC

2830 Auto Plaza Way, Suite 140

Tracv. CA 95377

Tracy, CA 95304

4.993.78 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... 0.00 2. Unitemized payments made this period of under \$100 ......\$ 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ 4,993.78 

297.69

### Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	OUNEDOLL L (OUT)
Statement covers period	CALIFORNIA / CO
from07/01/2018	FORM 400
through <u>09/26/2018</u>	Page6 of6
	I.D. NUMBER
	1405604

Hammudi For City Council 2018 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 CMP campaign paraphernalia/misc. MBR member communications MTG meetings and appearances RFD returned contributions CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks staff/spouse travel, lodging, and meals polling and survey research TRS FND fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF professional services (legal, accounting) VOT voter registration legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads LIT

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Tracy Chamber of Commerce 223 E. 10 th street, Tracy, CA 95376	MBR		230.00
City Of Tracy 333 Civic Center Plaza Tracy, CA 95376	MTG	Hall rental at Train station	1,225.00
Dave Tillman	MTG	DJ services	200.00
PayPal	WEB	Online Donation service	24.28

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

**SUBTOTAL \$** 

1,679.28

### Recipient Committee Campaign Statement Cover Page

			KL 31 2013	Page 1 of 10
	Statement covers period	Date of election if applicable:	JUL 31 2014	ŝ, Γ
	from 01/01/2018	(Month, Day, Year)	CITYRACT	For Official Use Only
				/
SEE INSTRUCTIONS ON REVERSE	through	11/06/2018	0168195	
1. Type of Recipient Committee: All Committees - C	complete Parts 1, 2, 3, and 4.	2. Type of Statement:	**************************************	
State Candidate Election Committee     Recall (Also Complete Part 5)  General Purpose 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 Termi ☐ Amendment (Explain below Previous was indicated a	☐ Special ination)	rly Statement I Odd-Year Report nt.
3. Committee Information	I.D. NUMBER 1405604	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	140004	NAME OF TREASURER		
Hammudi For City Council 2018		Saifuddin Raniwala		
Hammud For Only Council 2010		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
		Tracy	CA 95377	
CITY STATE ZIP C		NAME OF ASSISTANT TREASURER, IF	ANY	
Tracy CA 953		Amer Hammudi		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
		CITY	STATE ZIP CODE	E AREA CODE/PHONE
CITY STATE ZIP C			CA 95304	
Tracy CA 953	78	Tracy OPTIONAL: FAX/E-MAIL ADDRESS	CA 95504	
OPHONAL: FAX / F-WAIL AUDRESS		OF HONAL, PAX / E-IVIAIL ADDRESS		
l. Verification				
I have used all reasonable diligence in preparing and review	ving this statement and to the best of my	knowledge the information contained her	ein and in the attached sched	dules is true and complete. I
certify under penalty of perjury under the laws of the State of	of California that the foregoing is true and	correct.	•	
07/31/2018  Date	Ву	Signature of Treasurer of Assistant Trea	Suizi	
07/31/2018		Sisting of a manager of the sister of the si		
Executed on	BySignature of Control	trolling Officent/Ider, Candidate, State Measure Propone	ent or Responsible Officer of Sponsor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State	Measure Proponent	
	_	<u> </u>	•	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State	Measure Proponent	<del>_</del>
				EPPC Form 460 (lan/2016)

COVER PAGE

CALIFORNIA 460

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

COVERTA	OL TIAIN 2
CALIFORNIA FORM	460

Page \_\_\_\_2 of \_\_\_\_10

6. Primarily Formed Ballot Measure Committee 5. Officeholder or Candidate Controlled Committee NAME OF BALLOT MEASURE NAME OF OFFICEHOLDER OR CANDIDATE Amer Hammudi JURISDICTION BALLOT NO. OR LETTER OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) SUPPORT OPPOSE City Council Member: City of Tracy RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) STATE ZIP Identify the controlling officeholder, candidate, or state measure proponent, if any. CA 95304 Tracy NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Related Committees Not Included in this Statement: List any committees DISTRICT NO. IF ANY OFFICE SOUGHT OR HELD not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. COMMITTEE NAME I.D. NUMBER 7. Primarily Formed Candidate/Officeholder Committee List names of CONTROLLED COMMITTEE? NAME OF TREASURER officeholder(s) or candidate(s) for which this committee is primarily formed. □ № ☐ YES NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD STREET ADDRESS (NO P.O. BOX) COMMITTEE ADDRESS ☐ SUPPORT OPPOSE AREA CODE/PHONE ZIP CODE CITY STATE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT OPPOSE COMMITTEE NAME I.D. NUMBER OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE ■ SUPPORT ☐ OPPOSE CONTROLLED COMMITTEE? NAME OF TREASURER OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE ☐ SUPPORT ☐ YES П ио □ OPPOSE STREET ADDRESS (NO P.O. BOX) **COMMITTEE ADDRESS** ZIP CODE AREA CODE/PHONE CITY STATE Attach continuation sheets if necessary

### Campaign Disclosure Statement

**Current Cash Statement** 

Amounts may be rounded

SUMMARY PAGE

Summary Page		to whole dollars.			State	ement covers period 01/01/2018	california 460	
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Hammudi For City Council 2018					through .	06/30/2018	Page of 10 I.D. NUMBER 1405604	
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE		Calendar Year Summary for Candidates Running in Both the State Primary and		
1. Monetary Contributions	\$ \$ \$	10,010.00 0.00 10,010.00 0.00 10,010.00	\$ - \$ - \$ -	10,0	010.00 0.00 010.00 0.00 010.00	General Elections  1/1 t  20. Contributions Received \$  21. Expenditures Made \$	hrough 6/30 7/1 to Date  \$\$	
Expenditures Made  6 Payments Made Schedule F. Line 4	s	2,771.46	\$ -	2,7	771.46	Expenditure Limit	Summary for State	

0.00

О.	Payments Made Schedie E, Line 4	4		Ψ		Canadates
7.	Loans Made Schedule H, Line 3		0.00		0.00	l
8.	SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	2,771.46	\$	2,771.46	22. Cumula (If Subject
9.	Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		0.00	Date of Election
	). Nonmonetary AdjustmentSchedule C, Line 3		0.00		0.00	(mm/dd/yy)
	. TOTAL EXPENDITURES MADE	\$	2,771.46	\$	2,771.46	, ,

Expenditure	Limit Summary for State
Candidates	

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

(mm/dd/yy)	
	\$

Total to Date

	10,010.00
	0.00
	2,771.46
\$	7,238.54
Ţ	
\$	0.00
\$	0.00
	0.00
	\$

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 (866/275-3772) www.fppc.ca.gov

Schedule	Α	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 460

Statement covers period

Midnetary Contributions Received					/2018	FORM 400	
SEE INSTRUCTIO	NS ON REVERSE			through06/3	80/2018	Page	4 of 10
NAME OF FILER Hammudi I	For City Council 2018					1.D. NUMB 1405604	
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.	EAR	PER ELECTION TO DATE (IF REQUIRED)
05/14/2018	Adel Saeed Manteca, CA 95337	☑IND □COM □OTH □PTY □SCC	Self Employed	50.00	50.0	00	
05/14/2018	Jamal Assaf Tracy, CA 95391	ZIND COM OTH PTY	Self Employed	2,000.00	2,000.0	00	
05/14/2018	Nasir Abdo Sunnyvale, CA 94086	☑IND □COM □OTH □PTY □SCC	Engineer	100.00	100.	00	
05/20/2018	Liaquat Khan  Mtn House, CA 95391	☑IND □COM □OTH □PTY □SCC	Engineer Texas Instrument	400.00	400.	00	
05/20/2018	Omar Husein Los Banos, CA 93635	IND COM OTH PTY	Agent State Farm Insurance Company	1,000.00	1,000.	00	
			SUBTOTAL \$	3,550.00			
	A Summary				1	tributor Cod	les
<ol> <li>Amount re (Include al</li> </ol>	ceived this period – itemized monetary contributions.  I Schedule A subtotals.)	\$	9,750.00	(other than PTY o		an PTY or SCC)	
2. Amount re	ceived this period – unitemized monetary contribution	ns of less tha	n \$100\$	0.00	PTY-	<ul> <li>Political P</li> </ul>	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	lumn A, Line 1	1.) <b>TOTAL</b> \$	9.750.00	scc	– Smail Co	ntributor Committee

FPPC Form 460 (Jan/2016)

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## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from01/01/	/2018	FC	RM 400
				through06/3	0/2018	Page _	
NAME OF FILER						I.D. NUN	
Hammudi F	or City Council 2018					140560	04
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)
05/14/2018	Salman Razi Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Physician Salman Razi	2,000.00	2,000.	00	
05/14/2018	Saifuddin Raniwala Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Pharmacist Self Employed	600.00	600.	00	
05/14/2018	Ghaleb M Abdulla Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Director Lawrence Livermore National Laboratory	200.00	200.	.00	
05/14/2018	Ibrahim Aljabiri Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Engineer Synoptics, Inc	200.00	200.	.00	
05/14/2018	Abed Abusneineh Tracy, CA 95304	☑IND □COM □OTH □PTY	Engineer Adient Manufacturing	200.00	200.	.00	

**SUBTOTAL \$** 

3,200.00

□scc

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

260.00

3,260.00

				from01/01/2018		FO	ORM TOO
				through06/3	0/2018	Page _	
NAME OF FILER						I.D. NUN	MBER
Hammudi F	or City Council 2018					140560	04
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)
05/24/2018	Highline Jewelers 217 Southland Mall Hayward, CA 94545	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,000.00	1,000.	00	
06/01/2018	Realty Executives-Valley Executives 47 W. 6th St Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.	00	
06/07/2018	Morrar's Carpentry PO Box 11, Tracy, CA 95378	□IND □COM ☑OTH □PTY □SCC		500.00	500.	00	
06/08/2018	Qasem Aldrubi Fremont, CA 94539	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Engineer Quantenna	500.00	500.	00	
06/12/2018	Haroon Saleh	☑ IND □ COM	Self Employed	260.00	260.	00	

**SUBTOTAL \$** 

□отн

□ PTY □scc

\*Contributor Codes

IND - Individual

06/12/2018

COM - Recipient Committee (other than PTY or SCC)

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

Tracy, CA 95391

PTY - Political Party

SCC - Small Contributor Committee

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### Amounts may be rounded

		SCHEDULL
ſ	Statement covers period	CALIFORNIA 160
	from01/01/2018	FORM <b>400</b>
	through06/30/2018	Page7 of10
_		I.D. NUMBER
		1405604

COMEDINE

Schedule E to whole dollars. **Payments Made** SEE INSTRUCTIONS ON REVERSE NAME OF FILER Hammudi For City Council 2018 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 FIL 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 POS postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)\* VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Five Star Print and Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	LIT		129.90
Walmart 3010 W Grant Line Rd, Tracy, CA 95304	OFC		30.00
USPS 125 W. 9th St Tracy, CA 95376	POS		70.00

**SUBTOTAL \$** \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. 229.90

### **Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	5
1. Itemized payments made this period. (include all Schedule L subtotals.)		74.99
2. Unitemized payments made this period of under \$100	\$	<i></i>
• •	đ	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	,
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	2,422.81

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www.fppc.ca.gov

2 347 82

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

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

	•
Statement covers period	CALIFORNIA 160
from01/01/2018	FORM 400
through06/30/2018	Page 8 of 10
	I.D. NUMBER
	l

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1405604 Hammudi For City Council 2018

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 FND fundraising events TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings AMOUNT PAID NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) reserve booth 4th July Tracy Chamber of Commerce 150.00 MBR 223 E. 10 th street, Tracy, CA 95376 reserve booth 4th July Tracy Chamber of Commerce 75.00 **MBR** 223 E. 10 th street, Tracy, CA 95376 next day mailing The UPS Store 10.70 POS 793 S. Tracy Blvd Tracy, CA 95376 Master Voter Files County of San Joaquin 60.00 POL Stockton, CA Room reservation Tracy Civic Center 318.00 MTG 333 Civic Center Plaza Tracy, CA 95376 SUBTOTAL \$ 613.70 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E	
(Continuation Sho	eet)
Payments Made	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

#### 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.

	001125022 2 (001111)
Statement covers period	CALIFORNIA 460
from01/01/2018	FORM 400
through 06/30/2018	Page 9 of 10
	I.D. NUMBER
	1405604

RAD radio airtime and production costs

Hammudi For City Council 2018

MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events POL TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services VOT voter registration LEG legal defense professional services (legal, accounting) PRT print ads WEB information technology costs (internet, e-mail) campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PDQ Promotions Printing and Embroidery 850.70 **CMP** 163 W. 11th street Tracy, CA 95376 Insurance for Hall State Farm Insurance Companies MTG 85.00 1486 W. 11th Steet, Suite 229 Tracy, CA 95376 PDQ Promotions Printing and Embroidery 86.60 CMP 163 W. 11th Street Tracy, CA 95376 Political Reform Division 50.00 FIL 1102 Q Steet, Suite 3000 Sacramento, CA 95811 Five Star Print and Sign, LLC 431.92 CMP 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304 **SUBTOTAL\$** 1504.22 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

(Continuation Sheet)	to whole dollars,	Stater	Statement covers period		CALIFORNIA 460	
Payments Made		from	01/01/2018	FORM	400	
SEE INSTRUCTIONS ON REVERSE		through .	06/30/2018	Page10	of 10	
NAME OF FILER				I.D. NUMBER	·	
Hammudi For City Council 2018				1405604		
CODES: If one of the following codes accura	ately describes the payment you may enter the code. Oth	erwise des	cribe the payment	<u></u>		

Hammudi For City Council 2018						1405604	4
	member com meetings and office expens petition circul phone banks polling and si postage, deliv professional si	munications d appearances es lating urvey research very and mes	s n senger services		radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, an staff/spouse travel, lodging, a transfer between committees voter registration	uction costs d meals and meals s of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Godaddy.Com		WEB	Website				74.99
Five Star Print and Sign, LLC 2830 Auto Plaza Way, Suite 140 Fracy, CA 95304		СМР					309.65

Five Star Print and Sign, LLC 2830 Auto Plaza Way, Suite 140 Tracy, CA 95304	СМР	309.65
Artist & Crafters Insurance 844-520-6991	MTG	39.00
-		

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

SUBTOTAL \$

423.64