	*			COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	california 460
	Statement covers period	Date of election if applicable: (Month, Day, Year)	Y TOLERHIC DENIG	Page 1 of 3 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	from <u>01-01-2021</u> through <u>06-30-2021</u>	11-03-2020	TET AUG 30 AM II: 00	-
1. Type of Recipient Committee: All Committees – Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	TOACH	
✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored Spo Complete Part 6) rimarily Formed Candidate/ fficeholder Committee Spo Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain b Candidate disclosure file	ermination)	terly Statement ial Odd-Year Report
	NUMBER 28189	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	20100	NAME OF TREASURER	*	
		Olinga Yarber-Alexander		
		MAILING ADDRESS		
Committee To Elect Ameni Alexander For City Counc	cil			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	
CITY STATE ZIP COL	DE AREA CODE/PHONE	Tracy NAME OF ASSISTANT TREASUR	CA 9537	6
		NAME OF ASSISTANT TREASOR	KER, IF AIN I	
Tracy CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRI	ESS	
l. Verification				
I have used all reasonable diligence in preparing and reviewin	g this statement and to the best of my k	nowledge the information contained	herein and in the attached sch	edules is true and complete. I
certify under penalty of perjury under the laws of the State of C			Ÿ.	
Executed on 08-25-2021	Ву			
Date	3,	/Rignature of Transpurer or Accirtant	Transurar	
Executed on $\frac{08\text{-}25\text{-}2021}{}$	By Signature of Control	olling Officeholder, Candidate, State Measure Pr	roponent or Responsible Officer of Spons	or
Executed on	By			
Date Date	Si	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	77

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

Date

FPPC Form 460 (Jan/2016))

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

S	chedule	E
P	avments	Made

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA 460
from <u>01-01-2021</u>	FORM TOO
through <u>06-30-2021</u>	Page of3
	I.D. NUMBER
	1 100100

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	through <u>06-30-2021</u>	Page of3
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER
NAME OF FILER		
Ameni Alexander		1428189
CODES: If one of the following codes accurately describes the payment, you may enter the code. Other	wise, describe the payment.	nets

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 commod meetings and OFC office expens PET petition circulty PHO phone banks POL polling and suppostage, deliver professional support print ads	I appearances es ating urvey research very and mess	enger services	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production co candidate travel, lodging, and meals staff/spouse travel, lodging, and mea transfer between committees of the s voter registration WEB returned contributions information technology costs (interne	ls ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DESCR	IPTION OF PAYMENT	AMOUNT PAID
Ameni Alexander Tracy, CA 95376		FIL	Candidate Filing Fee Refund Payment		\$225.58
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	edule D.		SUBTOTA	L \$
Schedule E Summary					225.58
1. Itemized payments made this period. (Include all Schedule E subtotals.)					
4. Total payments made this period. (Add Lines 1, 2, and 5.	Enter nois and on		, , , , , , , , , , , , , , , , , , , ,	,	

Schedule	1	Amounts may be ro	unded		SCHEDULE I
	eous Increases to Cash	to whole dollar		Statement covers period from 01-01-2021	california 460 form
				through _06-30-2021	Page3 of3
	NS ON REVERSE				I.D. NUMBER
NAME OF FILER	_ c				1428189
Ameni Alexan	der				1420103
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESC	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
02-04-2021	City of Tracy Finance Department 333 Civic Center Plaza Tracy, CA 95376	I	Candidate Filing F Refund Payment	ee	# 225.58
		1	8		
2		×	ş.		
Attach addi	tional information on appropriately labeled continuation sheets	S.	1973	SUBTOTA	AL\$
Schedule I	Summary	98		225 50	
1. Itemized in	creases to cash this period.			\$ 225.58	
2. Unitemized	d increases to cash of under \$100 this period			\$0	
3. Total of all	interest received this period on loans made to others. (S	Schedule H, Column (e).)	\$0	
4. Total misce	ellaneous increases to cash this period. (Add Lines 1, 2, Page, Line 14.)	and 3. Enter here an	d on the	TOTAL \$	FPPC Form 460 (Jan/2016)) dvice@fppc.ca.gov (866/275-3772)
				FPPC Advice: a	uvice@ippc.ca.gov (ooo/2/3-3//2)

www.fppc.ca.gov

Recipient Committee

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

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	9	_ 1	,

5.	Officeholder or Candidate Controlled Commi	ttee		6.	. Primarily Formed Ballo	t Measure (Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
	Ameni Alexander								
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPL	ICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	1	SUPPORT OPPOSE
	Tracy City Council								OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	ry stat Yracy CA			Identify the controlling office	holder, candid	date, or state	measure pro	ponent, if any.
	1	lacy CA	33310		NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
	Related Committees Not Included in this Stat	oment: Listanya	ammittaas		Ameni Alexander				
	not included in this statement that are controlled by you or				OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
	contributions or make expenditures on behalf of your candi				Tracy City Council				
	COMMITTEE NAME	I.D. NUMBER							
	Committee To Elect Ameni Alexander To Tracy	1428189		7	. Primarily Formed Cand	lidate/Offic	eholder Co	ommittee /	ist names of
	NAME OF TREASURER	CONTROLLED COM	MITTEE?	'	officeholder(s) or candidate(s)	for which this	committee is	primarily form	red.
	Olinga Yarber-Alexander	YES D	NO		NAME OF OFFICEHOLDER OR	CANDIDATE	LOFFICE SOI	JGHT OR HELI	<u> </u>
I	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)			Ameni Alexander	CANDIDATE	City Coun		SUPPORT OPPOSE
_	CITY STATE ZIP CO	DDE AREA C	ODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	JGHT OR HEL	D
	Tracy CA 9537		Andrew Control of the						SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	JGHT OR HEL	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COM			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	JGHT OR HEL	SUPPORT OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	•	CODE/PHONE		Atta	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

fro	Statement covers period $ \frac{10/18/2020}{} $ m	CALIFORNIA 460
thr	ough <u>12/31/2020</u>	Page3 of5
		I.D. NUMBER
		1428189

1428189
A Column B CALENDAR YEAR TOTAL TO DATE CHEDULES) Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
\$\frac{11,700.00}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{11,700.00}\$ \$\frac{11,700.00}{0}\$ \$\frac{11,700.00}{0}\$ \$\frac{11,700.00}{0}\$ \$\frac{11,700}{0}\$ \$\frac{11,700}{0}\$ \$\frac{11,700}{0}\$ \$\frac{11,700}{0}\$ \$\frac{11,700}{0}\$ \$\frac{11,700}{0}\$ \$\frac{11,700}{0}\$
S
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). FPPC Form 496 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Supportir	D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may b to whole do		Statement cover from $\frac{10/18/2020}{}$		CALIF FO	
SEE INSTRUCTION NAME OF FILER Ameni Alexa		·		through 12/31/202	20	Page	BER
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVI CALENDA (JAN. 1 - E	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	Ameni Alexander Support Oppose Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Independent Independent Independent Independent Independent Independent Independent	Payment for Street and Highway Sign Design	\$700.00	\$11,700.00	0	\$11,700.00
	Support Oppose	Expenditure	SUBTOTAL	\$ 700.00			

2. Unitemized contributions and independent expenditures made this period of under \$100......\$

СН			

*					SCHEDULE				
Schedule E	Amounts may b			Γ	Statement covers period	CALI	LIFORNIA 460		
Payments Made	10 1111010				from	_ F (ORM 400		
					through 12/31/2020	_ Page	5 of		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	A CONTRACTOR OF THE CONTRACTOR						JMBER		
Ameni Alexander						1428	189		
CODES: If one of the following codes accurately describe	es the pavment, v	ou may e	enter the code.	Otherw	vise, 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 com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunication d appearant ses lating urvey resea very and m	s ces		RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and procured candidate travel, lodging, a staff/spouse travel, lodging transfer between committee voter registration WEB radio airtime and production returned contributions.	on costs s oduction cos and meals s, and meals es of the sa	; me candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION OF PAYMENT		AMOUNT PAID		
James Young, 2020 Vision		Lit	Check				\$700.00		
Tracy, CA 95376									
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.			s	UBTOTAL	. \$		
Schedule E Summary									
Itemized payments made this period. (Include all Schedul	le E subtotals.)					\$_	700.00		
2. Unitemized payments made this period of under \$100							n		
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Par	t 1, Colur	nn (e).)			\$_	0		

700.00

FPPC Form 496 (Feb/2019)

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA 460

FORM

Page _____ of ____ 9

. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Ameni Alexander							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Tracy City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	ry STATE ZIP 'racy CA 95376		Identify the controlling office	holder, candi	date, or state m	neasure prop	onent, if any.
	Tacy CA 33370		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR I	PROPONENT		
Related Committees Not Included in this Stat	amant: List any committees		Ameni Alexander				
not included in this statement that are controlled by you or	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
contributions or make expenditures on behalf of your candi	dacy.		Tracy City Council				
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE? YES NO OX)	7.	Primarily Formed Cand officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR O Ameni Alexander	for which this	eholder Com committee is pr OFFICE SOUG City Counci	HT OR HELD	st names of d. Support Oppose
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	ox)				<u> </u>		
CITY STATE ZIP CO	DE AREA CODE/PHONE		Attac	ch continuation	on sheets if nec	cessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ameni Alexander

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{09/20/2020}{}$	california 460 form
through <u>10/17/2020</u>	Page3 of9
	I.D. NUMBER
	1428189

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$\frac{1,000}{0}\$ \$\frac{1,000}{0}\$ \$\frac{1,000}{0}\$ \$\$\frac{1,000}{0}\$	\$\frac{11,000}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{11,000}\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. ENDING CASH BALANCE 17. Add Lines 12 + 13 + 14, then subtract Line 15 18. If this is a termination statement, Line 16 must be zero.	\$\frac{1,528}{0}\$ \$\frac{0}{1,528}\$ \$\frac{0}{0}\$ \$\frac{1,528}{1,528}\$ \$\$\$ \$\frac{581}{1,000}\$ \$\frac{1,528}{53}\$	\$\frac{10,967}{0}\$ \$\frac{10,967}{0}\$ \$\frac{0}{0}\$ \$\frac{10,967}{0}\$ \$\frac{10,967}{0}\$ 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	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0</u> \$ <u>0</u>	any).	FPPC Form 496 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	e A / Contributions Received		nts may be rounded o whole dollars.	Statement cov from <u>09/20/2020</u>	•	california 460 form		
SEE INSTRUCTI	IONS ON REVERSE			through 10/17/20)20	Page	o	of
NAME OF FILER Ameni Alexa	3	A SAMPLE CO.				I.D. NU 142818		
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	YEAR	TO D	LECTION DATE QUIRED)
10-13-2020	Ameni Alexander Tracy, CA 95376	IND COM OTH PTY	Retired	\$ 1,000	\$11,000			
WARREN TO THE PARTY OF THE PART		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL \$	4		But a second		
1. Amount red (Include all	A Summary eceived this period – itemized monetary contribution Il Schedule A subtotals.)			000	IND - COM OTH PTY	(other t - Other (d - Political	al ent Committe than PTY or e.g., busines	r SCC) ess entity)

Schedule B – Part 1 Loans Received	Aff	to whole dollar			Statement coverage from 09-20-2020	CALIFORN FORM	MIA 460		
SEE INSTRUCTIONS ON REVERSE					through <u>10-17-2</u>	020	Page _5	of9	
NAME OF FILER							I.D. NUMBER		
Ameni Alexander							1428189		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION: TO DATE	
				PAID				CALENDAR YEAR	
				\$	\$	RATE	\$	\$	
				FORGIVEN		RAIE		PER ELECTION"	
		\$	s	\$		\$		s	
[†] □ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED		
				☐ PAID				CALENDAR YEAR	
				\$	\$	RATE	\$	s	
				FORGIVEN		KAIL		PER ELECTION**	
				\$		\$		\$	
TO IND COM OTH PTY SCC		\$	\$		DATE DUE		DATE INCURRED		
				☐ PAID				CALENDAR YEAR	
				\$	\$	%	\$	\$	
				☐ FORGIVEN		RATE		PER ELECTION**	
		s	\$	\$		\$		s	
[†] □IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED		
	S	UBTOTALS \$;	}	\$	\$			
Sahadula D Summani						(Enter (e) on Sched	tule E, Line 3)		
Schedule B Summary				c	0				
 Loans received this period (Total Column (b) plus unitemized loan 				Ф ——					
(Total Column (b) plus uniternized loan 2. Loans paid or forgiven this period			***************	\$	0		Contributor Codes ID – Individual		
(Total Column (c) plus loans under \$10	00 paid or forgiven.)			,			OM – Recipient Co	ommittee	
(Include loans paid by a third party tha	t are also itemized on Sche	dule A.)			0		(other than F	PTY or SCC)	
3. Net change this period. (Subtract Line	e 2 from Line 1.)	•••••		NET \$	***************************************		TH – Other (e.g., t TY – Political Part		
Enter the net here and on the Summar	y Page, Column A, Line 2.						CC – Small Contril		

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

** If required.

(May be a negative number)

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

Schedule Nonmone	etary Contributions Received		Amounts may be rounded to whole dollars.	Statement covers period from $\frac{09-20-2020}{}$		period	CALIFORNIA 460		
SEE INSTRUCTI	ONS ON REVERSE				thro	ough <u>10-17-2020</u>		Page	6 9 of
NAME OF FILER Ameni Alexar					L			1.D. NUMI 142818	BER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC						A PARTITION OF THE PART	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach addition	onal information on appropriately labeled (continuation	sheets.	SUBTO	TAL \$	S			
Amount red (Include all	C Summary ceived this period – itemized nonmonetary Schedule C subtotals.)						OTH PTY	other that Other (e.g. Political P	t Committee an PTY or SCC) g., business entity)
3. Total nonm (Add Lines	onetary contributions received this period 1 and 2. Enter here and on the Summary	Page, Colur	nn A, Lines 4 and 10.)	ТОТА	L \$ _	0			

pporti	y of Expenditures ing/Opposing Other tes, Measures and Committees	to whole do	ollars.	Statement cover 69-20-2020 from		CALIF(FOI	
:INSTRUC	TIONS ON REVERSE			through <u>10-17-20</u>	20	Page	7 of 9
ne of file neni Alexa	R					I.D. NUMI 142818	
DATE .	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVI CALENDA (JAN. 1 - E	R YEAR	PER ELECT TO DATE (IF REQUIRE
	Ameni Alexander Tracy City Council	Monetary Contribution Nonmonetary Contribution	\$ 1,000	\$ 1,332	\$11,000		
	☑ Support ☐ Oppose	Independent Expenditure					
		☐ Monetary Contribution ☐ Nonmonetary Contribution					
	Support Oppose	Independent Expenditure Monetary Contribution					
		Nonmonetary Contribution				The second paper is the second paper in the se	
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	. \$	and the second of the second o	ren ga	
hedule	D Summary						
temized o	contributions and independent expenditures made	this period. (Includ	e all Schedule D subtotals	5.)		\$	332
Jnitemize	ed contributions and independent expenditures ma	ade this period of ur	nder \$100			\$	· · · · · · · · · · · · · · · · · · ·
ntal cont	tributions and independent expenditures made thi	s neriod (Add Lines	1 and 2 Do not enter on	the Summary Page	tot	ΔI \$ 1,	332

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Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period 09-20-2020 from	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE		through <u>10-17-2020</u>	Page8 of9		
Ameni Alexander			I.D. NUMBER 1428189		
CODES: If one of the following codes accu	rately describes the payment, you may enter the cod	le. Otherwise, describe the paymen	.		
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member communications MTG meetings and appearances	RAD radio airtime and production RFD returned contributions	on costs		

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 st POS postage, delir PRO professional sprint ads	amunications d appearance ses lating urvey researd very and mes	s h senger services	Otherwise, RAD RFD SAL TEL TRC TRS TSF VOT WEB	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the sam voter registration	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	ON OF PAYMENT	AMOUNT PAID
Tracy Press Newspaper 95 W. 11 Street Tracy, CA 95376		PRT	For 4 Week	s of Campaig	n Ads	\$1,332
						l·

SUBTOTAL \$ 1,332

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

Schedule F	Amounts may be roun to whole dollars.	Statement cov	ers period	CALIFORNIA 460		
Accrued Expenses (Unpaid Bills)		,	from <u>09-20-2020</u>	<u> </u>	FORM	TOU
9			through	020	Page9	of 9
SEE INSTRUCTIONS ON REVERSE					, ago	
NAME OF FILER					I.D. NUMBER	₹
Ameni Alexander					1428189	
CODES: If one of the following codes accurately describe	es the payment, you may	enter the code. Oth				
CMP campaign paraphernalia/misc.	MBR member communication		RAD radio airtime a RFD returned contri		ts	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and appeara OFC office expenses	inces	SAL campaign work			
CVC civic donations	PET petition circulating			time and producti		
FIL candidate filing/ballot fees	PHO phone banks	- auah		el, lodging, and m avel, lodging, and		
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POL polling and survey rese POS postage, delivery and r			en committees of		didate/sponsor
LEG legal defense	PRO professional services (VOT voter registrati	on		
LIT campaign literature and mailings	PRT print ads		WEB information tec	hnology costs (inf	ternet, e-mail)	
	0005.00	(a)	(b)	(c)		(d) OUTSTANDING
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING	AMOUNT INCURRED	AMOUNT PA		LANCE AT CLOSE
(11 00111111111111111111111111111111111		OF THIS PERIOD	THIS PERIOD	(ALSO REPORT O	ON E) O	F THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	\$	\$		\$ 0	
Schedule F Summary						
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a 	chedule F, Column (b) sub accrued expenses under \$	ototals for 6100.)	INCU	RRED TOTAL	_s \$	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	dula C Caluman (a) aubtat	ala far naumanta an			^	
Net change this period. (Subtract Line 2 from Line 1. Ento on the Summary Page, Column A, Line 9.)	er the difference here and	•		NE	ET \$	
on the sammary rage, seaming, the experimental					maj be a	negative number n 496 (Feb/2019)

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

Recipient Committee Campaign Statement Cover Page			Date Stamp CALIFORNIA 460 FORM CITY CLERK'S 0 Page 1 of 9//
	Statement covers period from $\frac{07/01/2020}{}$	Date of election if applicable: (Month, Day, Year)	2020 SEP 23 PM 2: 17 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>09/19/2020</u>	11/03/2020	CITY OF TRACY TRACY, GA
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	imarily Formed Ballot Measure ommittee Controlled Sponsored Complete Part 6) Cimarily Formed Candidate/ fficeholder Committee Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	ermination)
2 (Committee Intermetion	NUMBER 28189 Council	Treasurer(s) NAME OF TREASURER Olinga Yarber-Alexander MAILING ADDRESS CITY Tracy	STATE ZIP CODE AREA CODE/PHONE CA 95376
Tracy CA 95376 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP COD OPTIONAL: FAX / E-MAIL ADDRESS		MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRE	STATE ZIP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C Executed on 09/23/2020 Date Executed on Date		knowledge the information contained	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

Executed on _

Date

Date

FPPC Form 496 (Feb/2019)

Recipient Committee Campaign Statement Cover Page — Part 2

CALI F	FORN ORM	NIA 460
Page .	2	of11

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	: Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Ameni Alexander							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N		SUPPORT OPPOSE
Tracy City Council							OFFOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	ry state zip 'racy CA 95376		Identify the controlling officel	holder, candid	late, or state r	measure propo	onent, if any.
1	1acy CA 33370		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT		
Related Committees Not Included in this Stat	ement: List any committees	•	Ameni Alexander				
not included in this statement that are controlled by you or	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
contributions or make expenditures on behalf of your candi	dacy.		Tracy City Council				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office	eholder Co committee is p	mmittee Lis	t names of d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	YES NO		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NOT.S. D			Ameni Alexander		City Counc	cil	OPPOSE
CITY STATE ZIP CO		NE —	NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HE		GHT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)						
CITY STATE ZIP CO	DDE AREA CODE/PHON	NE	Attac	ch continuatio	on sheets if ne	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ameni Alexander

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{07/01/2020}{}$	california 460
through <u>09/19/2020</u>	_ Page3 of11
	I.D. NUMBER
	1428189

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	\$\frac{10,000}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\frac{0}{21}\$. Expenditures Made \$\frac{0}{30}\$ \$\frac{9,419}{30}\$
Expenditures Made 6. Payments Made	\$\frac{9,419}{0}\$ \$\frac{9,419}{1,300}\$ \$\frac{1,332}{9,419}\$	\$\frac{9,419}{0}\$ \$\frac{9,419}{1,300}\$ \$\frac{1,332}{9,419}\$	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	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.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 1,320	-	FPPC Form 496 (Feb/2019 FPPC Advice: advice@fppc.ca.gov (866/275-3772

Cabadula	. A	Amoun	ts may be rounded				SCHEDULE A
Schedule Monetary	Contributions Received		whole dollars.	Statement covers period from $\frac{07/01/2020}{}$		california 460	
SEE INSTRUCTI	ONS ON REVERSE			through <u>09/19/20</u>	20	Page	e4 of11
NAME OF FILER Ameni Alexa						I.D. NI 14281	UMBER 89
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
07/02/2020	Ameni Alexander	☑IND □COM □OTH □PTY □SCC	Ameni Alexander	\$10,000	\$10,000		\$10,000
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL	\$ 10,000			
1. Amount re (Include a	A Summary eceived this period – itemized monetary contribution all Schedule A subtotals.)		\$),000	IND - COM OTH PTY	(othe – Other – Politic	
3. Total mon (Add Line	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1	.) TOTAL \$ \frac{10}{2}	0,000 F		FP	PC Form 496 (Feb/2019) c.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule A (Continuation Sheet)

Amounts may be rounded

Monetary Contributions Received		to whole (onars.	Statement coverage from 07/01/2020	-	CALIFORNIA 460 FORM		
				through <u>09/19/20</u>	020	1	5 of	
NAME OF FILER Ameni Alexa						I.D. NU	JMBER	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \() (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
07/02/2020	Ameni Alexander	☑ IND □ COM □ OTH □ PTY □ SCC	Ameni Alexander	\$10,000	\$10,000		\$10,000	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 10.000				

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party SCC – Small Contributor Committee

Schedule Nonmone	C etary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from $\frac{07/01/2020}{}$		california 460		
	DNS ON REVERSE				thro	ough <u>09/19/2020</u>		Page	
Ameni Alexan	nder							1.D. NUME	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach additi	ional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$ 0			
Amount re (Include al	C Summary ceived this period – itemized nonmonetal Schedule C subtotals.)					0	IND COI OTH	(other th H – Other (e ⁄ – Political	I nt Committee nan PTY or SCC) .g., business entity)

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$ _

SCC - Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE D

Statement covers period from $\frac{07/01/2020}{\text{from}}$ CALIFORNIA 460

FORM $\frac{09/19/2020}{\text{FORM}}$ through $\frac{09/19/2020}{\text{I.D. NUMBER}}$

NAME OF FILER	POSITION AND THE PROPERTY AND THE PROPER									
Ameni Alexan	nder				142818	9				
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)				
07/02/2020	Ameni Alexander Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Contribution to myself for political expenses	\$10,000	\$10,000	\$10,000				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure								
		Monetary Contribution Nonmonetary Contribution Independent	,							
	☐ Support ☐ Oppose	Expenditure	,							
			SUBTOTAL \$	10,000						

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	
2. Unitemized contributions and independent expenditures made this period of under \$100\$	
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

NAME OF FILER								
Ameni Alexar	nder				142818	9		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
07/02/2020	Ameni Alexander ✓ Support □ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Contribution to myself for political expenses	\$10,000	\$10,000	\$10,000		
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	,					
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				-		
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						

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

Amounts may be rounded to whole dollars.

	00//== - (/ - / -
Statement covers period $07/01/2020$ from	CALIFORNIA 460
through <u>09/19/2020</u>	Page of11
	I.D. NUMBER
	1428189

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ameni Alexander

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

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

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

campaign literature and mailings

MBR member communications RFD returned contributions MTG meetings and appearances OFC office expenses

petition circulating PET PHO phone banks

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

PRT print ads RAD radio airtime and production costs

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

transfer between committees of the same candidate/sponsor VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
James White Gravis Marketing	WEB	Texts and Robot Calls	\$1,400
Lily Griege Latino Voter Guide	PRT	Voter Guide Magazine	\$ 850
Blanca California Voter Guide	PRT	Voter Guide Magazine	\$ 975
Tracy Clerks Office 333 Civic Center Drive Tracy, CA 95376	FIL	Candidate Filing Fees	\$1,525
Tracy Press Newspaper 95 W. 11th Street, #101 Tracy, CA 95376	PRT	Campaign Ads	\$ 664

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

SUBTOTAL \$ 5,414

SCH	EC	UL	Ε	Е
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Schedule	Ε
Payments	Made

Amounts may be rounded

	SCHEDULE E
Statement covers period	california 160
from <u>07/01/2020</u>	FORM 400
through <u>09/19/2020</u>	_ Page of
	I.D. NUMBER
	1428189

Payments Made	to whole dollars.	from 07/01/2020	FORM 460
SEE INSTRUCTIONS ON REVERSE		through <u>09/19/2020</u>	Page of
NAME OF FILER			I.D. NUMBER
Ameni Alexander			1428189

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 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	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Krisna Copy Center			
Berkeley, CA 94704	CMP	Banners, Lawn Signs, Bumper Stickers	\$1,713
CC Canvas			
Tracy, CA 95376	CMP	T-Shirts, and Door Hangers	
Button Works			
Sacramento, CA 95834	СМР	Campaign Buttons	\$ 210

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

SUBTOTAL \$ 2,670

9 4 1 9

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	3
2. Unitemized payments made this period of under \$100	β
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)) <u> </u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	§ <u>9,419</u>

Schedule F		
Accrued Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 07/01/2020 through $\underline{09/19/2020}$ I.D. NUMBER 1428189

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

Ameni Alexander

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

RAD radio airtime and production costs MBR member communications 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 CVC civic donations

PHO phone banks candidate filing/ballot fees FIL TRS POL polling and survey research fundraising events

POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* IND professional services (legal, accounting) legal defense LEG

PRT print ads

TRC candidate travel, lodging, and meals

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

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bank of Stockton 1460 Eastlake Circle	PRT	\$ 528	\$ 528	\$ 528	0
Tracy Press Newspaper 95 W 11th Street, #101	PRT	\$1,998	\$1,998	\$ 660	\$1,332
* Payments that are contributions or independent expenditures must also be	SUBTOTALS	\$ 2,526	\$ 2,526	\$ 1,194	\$ 1,332

summarized on Schedule D.

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)

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

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

May be a negative number

FPPC Form 496 (Feb/2019)

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www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page			Date Stamp	FO	ORNIA 460
	Statement covers period from !~ !~ !~ 2020	Date of election if applicable: (Month, Day, Year)	n rockan a u	FO FO	or Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 6-31-2020	11-3-2020	020 JUL 30 PM I		
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	TRÁCY, CA	i, ·	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored (so Complete Part 6) rimarily Formed Candidate/ officeholder Committee (so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	t	Quarterly Staten Special Odd-Yea	
3. Committee Information	NUMBER \$189	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee To Elect Amer To Teney eig Councic	i. Alexander.	NAME OF TREASURER O I VNO A MAILING ADDRESS	Arben.	ZIP CODE	AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	5374	NAME OF ASSISTANT TREASUR	ER, IF ANY	95376	AREA CODE/PHONE
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS		
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on	California that the foregoing is true and c By By Signature of Control By Signature of Control		Treasurer oponent or Responsible Officer State Measure Proponent		ue and complete. I
				· FPPC	C Form 496 (Feb/2019)

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COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
Page of

5. (Officeholder or Candidate Controlled Committee	(6. Primarily Formed Ballot Measure Committee						
7	NAME OF OFFICEHOLDER OR CANDIDATE	<u>.</u>		NAME OF BALLOT MEASURE					
Ċ	A Meni Alexander DEFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	DN] SUPPORT] OPPOSE	
i	TRACY CITY COUNCY (MEN RESIDENTIAL RUSINESS ADDRESS (NO. AND STREET) CITY TRACY CO	95376			controlling officeholder, candidate, or state measure proponent, if any. FICEHOLDER, 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	Districtions.		RICT NO.	T NO. IF ANY	
Ō	COMMITTEE NAME I.D. NUMBER			1 0					
ī	NAME OF TREASURER CONTROLLED	COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Office for which this	committee is primari	ly forme	st names of ed.	
Č	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			Amen, Alyand		OFFICE SOUGHT O		☐ SUPPORT	
		REA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	R HELD	SUPPORT OPPOSE	
Č	COMMITTEE NAME I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE	
	☐ YES	COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	R HELD	SUPPORT OPPOSE	
_	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AI	REA CODE/PHONE		Atta	ch continuatio	on sheets if necessa	ary		

Campaign Disclosure Statement Summary Page

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 460 Statement covers period 2020 **FORM** Page 3 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER 1428180 Ameri Alexander

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$	\$ \$ \$	1/1 through 6/30 7/1 to Date 20. Contributions
Expenditures Made 6. Payments Made	\$	\$ \$ \$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 496 (Feb/2019
		i	FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from \\ \ \ \ \ \ \ \ \ \ \ \ \			CALIFORNIA 460 FORM Page 4 of 4	
						I.D. NUMBER		
Ame	en Alexander							
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
	NIA	□IND □COM □OTH □PTY □SCC			-			
	MA	□IND □COM □OTH □PTY □SCC						
	NA	□IND □COM □OTH □PTY □SCC	-					

SUBTOTAL \$

□IND □сом □отн ☐ PTY

□scc □IND □ сом □ отн

PTY □scc

*Contri	butor	Codes
IND -	Individ	ual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

AJG

MA

PTY – Political Party SCC – Small Contributor Committee