497-Contril	bution Report	Amou	ints may be rounded to	o whole dollars.		
	ME OF FILER MENI ALEXANDER A CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1428189 EET ADDRESS STATE ZIP CODE		Date of This Filing 10/06/2020 Report No. 1 Amendment to Report No. (explain below) No. of Pages 2		CALIFORNIA 497 CITY CLERK'S OF FORM 2020 OCT -6 FM 2: TRACE FOR STRACE	
1. Contributio	n(s) Received					
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NTRIBUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/0 <i>5</i> /2020	AMENI ALEXANDI TRACY, CA 95376	ER		IND COM OTH PTY SCC	TRACY SCHOOL BOARD	#/000 Check if Loan Provide interest rate
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan
			*	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan Provide interest rate
Reason for Amendr CAMPAIGN	ment: \$1,000 DOLLAR Co	ONTRIBUTION FROM MYSELF TO	MYSELF FOR MY P	OLITICAL	* Contributor Codes IND - Individual COM - Recipient Committee (other OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee	than PTY or SCC)

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER AMENI ALEXA	ANDER		Date of This Filing 10/0 5 /2020	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE	ENUMBER	I.D. NUMBER (if applicable) 1428189	Report No1		FORM For Official Use Only	
CITY TRACY		STATE ZIP CODE CA 95376	Amendment to Report No. (explain below) No. of Pages2			
2. Contribut	ion(s) Made				<u> </u>	
DATE MADE	FULL NAME, STRE	ET ADDRESS AND ZIP CODE OR RECIPIENT OMMITTEE, ALSO ENTER (.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)	
10/05/2020	AMENI ALEXANDER TRACY, CA 95376		AMENI ALEXANDER TRACY CITY COUNCIL	\$1,000	NOV. 3, 2020	
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