

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Alice English			Date of This Filing <u>9/30/20</u>	Date Stamp CITY CLERK'S OFFICE 2020 SEP 30 AM 11:48 CITY OF TRACY TRACY, CA	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)		Report No. <u>2020-1</u>		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Tracy	STATE CA	ZIP CODE 95377	No. of Pages <u>1</u>		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Measure Y			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER Y	JURISDICTION Tracy	SUPPORT	OPPOSE X

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
9/29/20	Lawn and larger signs	2175.55

Reason for Amendment _____
