**497 Contribution Report**

**NAME OF FILER**
Sam Hindi for City Council 2020

**AREA CODE/PHONE NUMBER**

**STREET ADDRESS**

**CITY**
Foster City

**STATE**
CA

**ZIP CODE**
94404

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**1. Contribution(s) Received**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE*</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/19/2020</td>
<td>Sanaa Eseifan</td>
<td>□ IND</td>
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**Reason for Amendment:**

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*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