Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on =

FPPC Form 460 (Jan/2016))

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

Recipient Committee Campaign Statement Cover Page — Part 2

Page 2 o	f_6
CALIFORNIA FORM	460
COVER PA	GE - PART 2

. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure Comm	ittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Rafael Menis			F			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICAB	BLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Pinole City Councilmember						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI		ZIP 94564	Identify the controlling office	nolder, candidate, or	state measure prop	onent, if any.
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROPON	ENT	
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 canditures.	are primarily formed to re-		OFFICE SOUGHT OR HELD) DISTRICT NO.	IF ANY
NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITT	7.	Primarily Formed Cand	idate/Officeholde	er Committee Li	st names of
WINE OF THEADONER	☐ YES ☐ NO		The Control of the Co	C. 74 C. 7 SAME NO. 4C. 7		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E			NAME OF OFFICEHOLDER OR C	CANDIDATE OFFIC	CE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C		PHONE	NAME OF OFFICEHOLDER OR C	CANDIDATE OFFIC	CE SOUGHT OR HELD	☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFIC	CE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMITT	ree?	NAME OF OFFICEHOLDER OR C	CANDIDATE OFFIC	CE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	*	E/PHONE	Attac	ch continuation shee	ets if necessary	•

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 7/1/2022	california 460
through	Page 3 of 6
	I.D. NUMBER
	1446701

Rafael Menis Calendar Year Summary for Candidates Column B Column A Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE General Elections 2,991 716 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0 2. Loans Received Schedule B, Line 3 20. Contributions 716 2,991 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 20 20 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 736 3011 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 2,705.31 2,515.82 **Candidates** 6. Payments Made..... Schedule E, Line 4 0 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 2,515.82 2,705.31 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6+7 \$ (If Subject to Voluntary Expenditure Limit) 0 0 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 20 20 (mm/dd/vv) 10. Nonmonetary Adjustment......Schedule C, Line 3 2535.82 2,725.31 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 2085.51 To calculate Column B. 716 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 0 amounts from Column B reported in Column B. of your last report. Some 2,515.82 15. Cash Payments Column A, Line 8 above amounts in Column A may 285.69 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 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, 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ _0 only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse FPPC Form 460 (Jan/2016)) 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			its may be rounded		SCHEDI				
		to	to whole dollars. Statement covers period from $\frac{7/1/2022}{}$				FORNIA 460 ORM		
SEE INSTRUCTIO	ONS ON REVERSE			through 9/24/202	2	Page	4 of _6		
NAME OF FILER Rafael Menis						I.D. NU 144670	JMBER D1		
	FULL NAME, STREET ADDRESS AND ZIP CODE OF		IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION		

Kataei Meilis						
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/22	Jennifer Mathers	IND COM OTH PTY SCC	Landscape Designer, The Garden Route Company	50	100	
8/31/22	Jennifer Mathers	☑ IND □ COM □ OTH □ PTY □ SCC	Landscape Designer, The Garden Route Company	50	100	
9/19/22	Rafael Menis	☑IND □COM □OTH □PTY □SCC	Independent Contractor- home healthcare aide Allpro staffnet LLC	400	900	
		□IND □COM □OTH □PTY □SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL	\$ 500		

S	ch	ed	ule	A	Sui	mma	ary
---	----	----	-----	---	-----	-----	-----

1. Amount received this period – itemized monetary contributions.	500	
(Include all Schedule A subtotals.)		

2. Amount received this period – unitemized monetary contributions of less than \$100\$

 *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

Schedul	e C		Amounts may be rounded			SCHEDULE C					
Nonmonetary Contributions Received		to whole dollars.				Statement covers period from 7/1/22			CALIFORNIA 460		
0.55 1110751107	FIGURE ON DELICEDE				thre	ough		Page 5	of		
NAME OF FILE	FIONS ON REVERSE							I.D. NUME	BER		
Rafael Meni	s							1446701			
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 add	litional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$					
1. Amount (Include 2. Amount	received this period – itemized nonmonetar all Schedule C subtotals.)	tary contribut				20	— IND COI OTH — PTY	other th d – Other (e d – Political I	nt Committee nan PTY or SCC) .g., business entity)		
3. Total nor (Add Line	nmonetary contributions received this period es 1 and 2. Enter here and on the Summar	u. y Page, Colu	mn A, Lines 4 and 10.)	тот	AL\$	20	_				

Amounts may be rounded

<u>.</u>						SCHEDULE
	Amounts may be rounded to whole dollars.				CALIF FO	ORNIA 460
SEE INSTRUCTIONS ON REVERSE				through <u>9/24/2022</u>	Page _	of_6
NAME OF FILER					I.D. NUN	18ER
Rafael Menis					144670	01
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events FND independent expenditure supporting/opposing others (explain)* POS pi	nember com neetings and ffice expens etition circul hone banks olling and si ostage, deliv rofessional s	munications I appearance es ating urvey resea	s ces	wise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs	duction costs nd meals and meals s of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Political Data Intelligence 3780 Kilroy Airport Way, Suite 200 PMB #992, Long Beach, CA 90806			Voter information	, canvassing tools		600
City of Pinole 2131 Pear St, Pinole, CA 94564		FIL	Candidate Stateme	ent		392.64
Prestige Printing 12925 Alcosta Blvd Suite 6, San Ramon, CA 94583		СМР	Yard Signs			1382.85
* Payments that are contributions or independent expenditures must also be summariz	zed on Sche	dule D.		SI	JBTOTAL :	\$ 2375.49
Schedule E Summary			-1			
1. Itemized payments made this period. (Include all Schedule E subto	otals.)	organizateur-e				2375.49
Uniternized payments made this period of under \$100					,	140.33
2. Total interest paid this period on loans. (Enter amount from Schedu						
s lorgi interest haid this period on loans (Enter amount from Schedi	B P P21		FILE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4D	

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM

Page 2 of 9

Officeholder or Candidate Controlled Comn	nittee		6.	Primarily Formed Ballo	t Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE Cameron Sasai			-	NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF A	APPLICABLE)	_	BALLOT NO. OR LETTER	JURISDICTIO	ОИ		SUPPORT OPPOSE
RESEDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		STATE ZIP	4	Identify the controlling office	eholder, candi	date, or state mea	sure propor	nent, if any.
				NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily for	any committees med to receive		OFFICE SOUGHT OR HELD		DIS	STRICT NO. IF	ANY
COMMITTEE NAME	(.D. NUMBER		=	Harries is a small and a state of the state				
NAME OF "REASURER	CONTROLLED	COMMITTEE?	_ 7.	Primarily Formed Can officeholder(s) or candidate(s) for which this	committee is prim	narily formed.	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	, BOX)	_	-	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
CITY STATE ZIP		REA CODE/PHO	<u>≡</u>	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED YES	COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO.P.O.								
CITY STATE ZIP	CODE AF	REA CODE/PHO	VE.	Att	ach continuati	ion sheets if nece	ssary	

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 7/1/22	CALIFORNIA 460				
through 9/24/22	Page _3 of _9				
H	LD. NUMBER				
	EDDG #1420007				

SASAI FOR PINOLE CITY COUNCIL 2022			FPPC #1439007
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
Monetary Contributions	\$ 2386.00 175.00	\$ 6060.22 0,00 \$ 6060.22 175.00 \$ 6235.22	1/1 through 6/30 7/1 to Date
Expenditures Made 6. Payments Made	0.00 \$ 5551.64 0.00	\$ 8966.46 0.00 \$ 8966.46 0.00 0.00 8 8966.46	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 Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a 'ermination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts	2386.00 0.00 5551.64 4344.82 \$ 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 perlod 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).	
18. Cash Equivalents	3	-,	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

A Contributions Received	to	whole dollars,	Statement covers period from 7/1/22		CALIFORNIA 46	
ONS ON REVERSE			through 9/24/22		Page	of _9
R PINOLE CITY COUNCIL 2022					I.D. NU	MBER #1439007
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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR	/EAR	PER ELECTIO TO DATE (IF REQUIRED
Aaron Baggs, 2 incle, CA 94564	☑IND □COM □OTH □PTY □SCC	Medical Doctor, The Permanente Medical Group	75.00	100.00		
Emily Manotok City, CA 94404	☑IND □COM □OTH □PTY □SCC	NONE	60.00	160.00		210.00
Josephine Valderas, Mill Valley, CA 94941	☑ IND □ COM □ OTH □ PTY □ SCC	NONE	50.00	75.00		425.00
Paul Romey, Long Beach, CA 90803-5312	☑IND □COM □OTH □PTY □SCC	Self-Employed, Sweet Threads	100.00	400.00		
Elizabeth Barba, Lockeford, CA 95237	IND COM OTH PTY	Cord Blood Technician, StemExpress	300.00	300.00		500.00
		SUBTOTAL	\$ 585.00			
Il Schedule A subtotals.)	•••••			IND COM OTH PTY	– Individu M – Recip (other H – Other ′ – Politici	ual ient Committee than PTY or SCC) (e.g., business enti
	Contributions Received INS ON REVERSE PINOLE CITY COUNCIL 2022 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Aaron Baggs, 2 inole, CA 94564 Emily Manotok City, CA 94404 Josephine Valderas, Mill Valley, CA 94941 Paul Romey, August Long Beach, CA 90803-5312 Elizabeth Barba, Lockeford, CA 95237 A Summary Ceived this period – itemized monetary contributions is Schedule A subtotals.)	Contributions Received INS ON REVERSE PINOLE CITY COUNCIL 2022 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * CONTRIBUTOR CODE * Aaron Baggs, 2 inole, CA IND COM OTH PTY SCC Emily Manotok Foster IND COM OTH PTY SCC Emily Manotok Foster IND COM OTH PTY SCC Josephine Valderas, IND COM OTH PTY SCC Paul Romey, Long Beach, CA IND COM OTH PTY SCC Elizabeth Barba, Lockeford, CA 95237 IND COM OTH PTY SCC A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)	Contributions Received INS ON REVERSE PINOLE CITY COUNCIL 2022 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Aaron Baggs, Inole, CA 94564 Group Medical Doctor, The Permanente Medical Group Grown Grow	Statement cover from 71/122 through 9/24/22 th	Statement covers period from 71/122 Through 9/124/22 Through 9/124/22 Through 9/124/22 Through 9/124/22 Through 9/12/22 Through 9/124/22 Through 9/124/	Statement covers period from 71/1/22 Page CALIFO

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

FORM

Statement covers period

from <u>7/1/22</u>

				through <u>9/24/22</u>		Page _	
NAME OF FILER SASAI FO	R PINOLE CITY COUNCIL 2022					107	#1439007
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) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN, 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/31/22	Flora Ninomiya, Richmond, CA 94806-5728	IND COM OTH PTY SCC	NONE	100.00	100.00		
9/7/22	Sandy Samuels inole, CA 94564	☑IND □COM □OTH □PTY □SCC	Engineer, Bayer HealthCare	100.00	100.00		
9/10/22	Donald Cushing Sobrante, CA 94803	☑IND □COM □OTH □PTY □SCC	NONE	250.00	250.00		
9/21/22	Maribel Cervantes, Ban Pablo, CA 94806	IND COM OTH PTY	Teacher, Making Waves Academy	60.00	100.00		100.00
9/23/22	Rafael Menis, Pinole, CA 94564	IND COM OTH PTY	Home Healthcare Aide, Allpro Staffnet LLC	100.00	100.00		
			SUBTOTAL	\$ 610.00	Sie en de		

*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 A (Continuation Sheet) Monetary Contributions Received Amounts may be rounded to whole dollars. Statement covers period from 7/1/22 Through 9/24/22 Page 6 of 9 I.D. NUMBER FPPC #1439007 PATE SCHEDULE A (CONT.) CALIFORNIA 460 FORM FORM FORM FORM OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR CODE TO DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF SELF-EMPLOYER, ENTER NAME) TO DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF SELF-EMPLOYER, ENTER NAME) TO DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF SELF-EMPLOYER, ENTER NAME)

DA ^T E 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 DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/22	Michael Nye, 94801	☑IND □COM □OTH □PTY □SCC	NONE	100.00	100.00	
9/24/22	Antonio Mayorga, Pinole, CA 94564	IND COM OTH PTY	Principle Admitting Worker, UCSF	150.00	150.00	
9/24/22	Stephen Tilton, 94564	☑IND □COM □OTH □PTY □SCC	Deputy Sheriff/Captain, City of San Francisco	100.00	100.00	
9/24/22	Yoko Olsgaard, Oakland, CA 94619-1556	ZIND COM OTH PTY SCC	NONE	200.00	200.00	
		☑IND □COM □OTH □PTY □SCC				
			SUBTOTAL	550.00		

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
(othe: than PTY or SCC)
OTH -- Other (e.g., business entity)
PTY -- Political Party
SCC -- Small Contributor Committee

Amounts may be rounded SCHEDULE C Schedule C to whole dollars. Statement covers period **Nonmonetary Contributions Received** CALIFORNIA **FORM** through 9/24/22 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILES FPPC #1439007 SASAI FOR PINOLE CITY COUNCIL 2022 CUMULATIVE TO IF AN INDIVIDUAL, ENTER PER ELECTION AMOUNT/ DATE CALENDAR YEAR (JAN 1 - DEC 31) FULL NAME, STREET ADDRESS AND DESCRIPTION OF CONTRIBUTOR CODE* OCCUPATION AND EMPLOYER TO DATE (IF REQUIRED) DATE FAIR MARKET ZIP CODE OF CONTRIBUTOR GOODS OR SERVICES (IF SELF-EMPLOYED, ENTER RECEIVED VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) 175.00 175,00 IND Deputy Sheriff/Captain, Food for campaign 9/24/22 Stephen Tilton, □сом City of San Francisco event Pinole, CA 94564 □отн ☐ PTY Scc ☐ IND СОМ □отн □ PTY □ scc ☐ IND □ COM □ OTH □ PTY □ scc Сом □отн □ PTY □ scc **SUBTOTAL \$ 175.00** Attach additional information on appropriately labeled continuation sheets. *Contributor Codes **Schedule C Summary**

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

 IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

	Amounts may be			SCHEDULE I
Schedule E	Statement covers period	CALIFORNIA 460		
Payments Made	to whole do		from <u>7/1/22</u>	FORM TOO
SEE INSTRUCTIONS ON REVERSE			through <u>9/24/22</u>	Page 8 of 9
NAME OF FILER SASAI FOR PINOLE CITY COUNCIL 2022				FPPC #1439007
SASAI FOR TINOED CIT (COCKCID 2022				
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candida:e filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* legal de*ense 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, deli	munications appearances es ating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a	uction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Allyn Beltran, San Francisco, CA 94116		Campaign	Management	500.00
Victor Tiglao, CA 94520		Campaign	Management	2000.00
City of Pinole		Check for	Candidate Statement	175.00
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.	SU	JBTOTAL \$ 2675.00
Schedule E Summary			-	
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)			\$
2. Unitemized payments made this period of under \$100				\$
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Pai	t 1, Column (e).)		\$ <u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summary Page, Co	olumn A, Line 6.)TO)TAL \$

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period 7/1/22 from	california 460 FORM
through <u>9/24/22</u>	Page 9 of 9
	I.D. NUMBER FPPC #1439007

SEE INSTRUCTIONS ON REVERSE NAME OF FILER SASAI FOR PINOLE CITY COUNCIL 2022 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 paraphemalia/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 FIL candidate filing/ballot fees PHO phone banks 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) PRT print ads LIT campaign literature and mailings AMOUNT PAID NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I D. NUMBER) 484.70 Campaign Literature Autumn Press 1015.96 Campaign Merchandise Alliance Graphics 1080.00 Advertisement Contra Costa Marketplace 125.00 Consulting Services Holly Lim Strategies

SUBTOTAL \$2705.66

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

~					COVER PAGE
Re⊍ipient Committee Campaign Statement Cover Page			Date	Stamp	CALIFORNIA 460
	Statement covers period from $\frac{08/17/2022}{}$	Date of election if applicable: (Month, Day, Year) 2022	SEP 26	M 1:55	Page 1 of 7 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>09/22/2022</u>	11/08/2022			
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5)	rimarily Formed Ballot Measure Committee O Controlled O Sponsored Jiso Complete Parl 8)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	Qual	rterly Statement cial Odd-Year Report
General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)				
	D. NUMBER 452992	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	10000	NAME OF TREASURER			
Campaign to Elect Debbie Long for Pinole City Coun	cil 2022	Debbie Long			
. •		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY		STATE ZIP C	
		El Sobrante		CA 948	03 510-684-3080
CITY STATE ZIP CO		NAME OF ASSISTANT TREASUR	RER, IF ANY		
Pinole CA 9456					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
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El Sobrante CA 9480		J., .		0,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRI	ESS		
4. Verification					
I have used all reasonable diligence in preparing and reviewing	ng this statement and to the best of my k	nowledge the information contained	d herein and in	the attached sci	nedules is true and complete. I
certify under penalty of perjury under the laws of the State of					
Executed on 9/22/22	By				
CIO 2 To a la company de la co		Assistan	t Treasurer		
Executed on	BySignature of Contro	olling Officeholder, Candicate, State Measure Pr	roponent or Respons	sible Officer of Spons	or
Executed on	Ву	Company of Company of the Late of the Company of th	Photo Macross D.		
Date	Si	gnature of Controlling Officeholder, Candidate,	State Measure Prop	onent	
Executed onDate	BySi	gnature of Controlling Officeholder, Candidate,	State Measure Prop	onent	 -

Officeholder or Ca	ndidate Controlled (Committee		6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDE	R OR CANDIDATE				NAME OF BALLOT MEASURE				
Debbie Long									
OFFICE SOUGHT OR HEL	LD (INCLUDE LOCATION AN	ID DISTRICT NUME	BER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Pinole City Council in	n Contra Costa County								OPPOSE
RESIDENTIAL/BUSINESS	ADDRESS (NO. AND STR	EET) CITY Pinole	STATE ZIP CA 94564		Identify the controlling office	eholder, candi	date, or state	measure prope	onent, if any.
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
Related Committee	es Not Included in th	nis Statement:	List any committees						
not included in this state	ement that are controlled by expenditures on behalf of yo	y you or are prima			OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME		I.D. NUM	IBER						
				7	Primarily Formed Can	didate/Offic	eholder Co	mmittee Lis	t names of
NAME OF TREASURER		CONTRO	OLLED COMMITTEE?	•	officeholder(s) or candidate(s) for which this	committee is p	primarily forme	d.
/		☐ YE	s 🗌 NO		NAME OF OFFICEHOLDER OR	CANDIDATE	DEFICE SOL	JGHT OR HELD	т
COMMITTEE ADDRESS	STREET ADDRESS (I	NO P.O. BOX)			Debbie Long	CANDIDATE	Pinole City		SUPPORT OPPOSE
CITY	STATE	ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
COMMITTEE NAME		I.D. NUM	MBER						OPPOSE
					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF TREASURER		CONTR	OLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
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COMMITTELADURESS	OTTLET ABONESO (101.0.000							
CITY	STATE	ZIP CODE	AREA CODE/PHONE		Att	ach continuati	ion sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA from ____08/17/2022 FORM through _____09/22/2022 Page 3 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1452992 **Debbie Long for Pinole City Council 2022** Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 2848.00 2848.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date .00 20. Contributions 2848.00 2848.00 2848.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received .00 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures e 1161.39 2848.00 Made 2848.00 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 1161.39 1161.39 **Candidates** 6. Payments Made Schedule E, Line 4 .00 .00 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 1161.39 1161.39 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date .00 (mm/dd/yy) .00 10. Nonmonetary Adjustment...... Schedule C, Line 3 1161.39 1161.39 s 1161.39 11 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 2848.00 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 .00 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 1161.39 15. Cash Payments Column A, Line 8 above amounts in Column A may 1686.61 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14. then subtract Line 15 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. 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). 18. Cash Equivalents..... See Instructions on reverse 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	Amounts may be rounded		SCHEDULE
Monetary Contributions Received	to whole dollars.	Statement covers period from $\frac{08/17/2022}{}$	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through <u>09/22/2022</u>	Page 4 of 7
NAME OF FILER Debbie Long for Pinole City Council 2022			I.D. NUMBER 1452992

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/09/2022	Z Rental Properties/Frank Zuikiki 2503 San Pablo Ave. #E Pinole CA 94564	☑IND □COM □OTH □PTY □SCC	Property Mgmt	300.00	300.00	300.00
09/15/2022	IBEW Local 302 #1300752 1875 Arnold Dr. Martinez CA 94533	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PAC	1000.00	1000.00	1000.00
09/20/2022	Ken Fujita Pinole CA 94564	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00	200.00
09/20/2022	CA Real Estate PAC #890106 c/o Reed & Davidson LLP 513 S. Figueroa St. #1110	□IND ☑ COM □ OTH □ PTY □ SCC	PAC	1000.00	1000.00	1000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

Schedule A Summary

Amount received this period – itemized monetary contributions.	2500.00	
(Include all Schedule A subtotals.)	Б	_

2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ 2848.00

*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

	A	ounts may be ro	undad				SCHED	ULE B - PART
Schedule B – Part 1 Loans Received	AIII	to whole dollars	s.		Statement coverage from <u>08/17/2022</u>	ers period	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE					through <u>09/22/20</u>)22	Page <u>5</u>	of
NAME OF FILER							I.D. NUMBER	
Debbie Long for Pinole City Council 2022							1452992	
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	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD:	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
Larry Long	Retired			PAID \$ 1083.64	ş <u>.00</u>	.00 %	s_1083.64	s 1083.64
El Sobrante, CA 94803		s <u>.00</u>	\$_ 1083.64	\$	DATE DUE	\$	DATE INCURRED	PER ELECTION
				\$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
				PAID \$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	5	SUBTOTALS S	\$ 1083.64	\$ 1083.64	\$.00	\$.00		
Schedule B Summary						(Enter (e) on Scheo	fule E, Line 3)	
1. Loans received this period				\$	83.64	85		
(Total Column (b) plus unitemized loan	s of less than \$100.)			100	00 64	Œ	Contributor Codos	

Si	Schedule B Summary						
1.	Loans received this period	.\$	1003.04				
2.	Loans paid or forgiven this period	.\$					
	(Total Column (c) plus loans under \$100 paid or forgiven.)						
	(Include loans paid by a third party that are also itemized on Schedule A.)		.00				
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$					
	Enter the net here and on the Summary Page, Column A, Line 2.						

†Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

(May be a negative number)

SCC - Small Contributor Committee

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

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

4	SCHEDULE E
Statement covers period from $\frac{08/17/2022}{}$	california 460 form
through <u>09/22/2022</u>	Page of
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE			through <u>09/22/2022</u>	Page _	of 7		
NAME OF FILER							
Debbie Long for Pinole City Council 2022							
IND independent expenditure supporting/opposing others (explain)* POS postage, deli	munications d appearances ses lating urvey research	n senger services	wise, describe the payment. RAD radio airtime and production of returned contributions SAL campaign workers' salaries t.v. or cable airtime and production of the candidate travel, lodging, and the candidate travel, lodging, and transfer between committees VOT voter registration WEB information technology costs	iction costs meals nd meals of the sam	ne candidate/sponsor		
NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER)							
Larry Long FIL Filing Fee 392.							
El Sobrante, CA 94803							
Larry Long CMP Campaign material/Business Cards/Photo/Misc supplies El Sobrante, CA 94803 CMP Campaign material/Business Cards/Photo/Misc supplies							
Larry Long	PRT	Market Place Adve	rtising		325.00		
El Sobrante, CA 94803							
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1161.39							
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E subtotals.)							
2. Unitemized payments made this period of under \$100\$							
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.)							

SCHEDULE E	(CONT.
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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	50,12522 2 (50,111)
Statement covers period 08/17/2022 from	CALIFORNIA 460
through <u>09/22/2022</u>	Page of
	I.D. NUMBER
	1452002

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Debbie Long for Pinole City Council 2022

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 meetings and appearances MTG meetings and appearances office expenses petition circulating TEL v. or cable airtime and production costs reduced contribution costs reduced contribution costs reduced contribution costs reduced contributions and production costs reduced contributions reduced contributions campaign workers' salaries t.v. or cable airtime and production costs

FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals

IND 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

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Mechanics Bank 2690 Pinole Valley Rd Pinole CA 94564	OFC	Checks	27.75
Secretary of State Sacramento, CA	FIL	Filing Fee	50.00
			41

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

Recipient Committee		<u> </u>		COVER PAGE
Campaign Statement Cover Page			RECEIVED	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 7/21/2022 through 9/24/2022	Date of election if applicable: (Month, Day, Year)	ce of the City C	Page 1 of 5
1. 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	rimarily Formed Ballot Measure committee Controlled Sponsored So Complete Part 6) rimarily Formed Candidate/ fficeholder Committee So Camplete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter Amendment (Explain bel	☐ Spe mination)	rteriy Statement cial Odd-Year Report
	NUMBER 452419	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Peter Murray Pinole City Council STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COL	DE AREA CODE/PHONE	Calhy Murray MAILING ADDRESS CITY Piñole NAME OF ASSISTANT TREASURE	STATE ZIP C CA 945	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	11.	N/A MAILING ADDRESS		
Same CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS	
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of C	g this statement and to the best of my kn California that the foregoing is true and on By	owledge the information contained h	erein and in the attached sci	nedules is true and complete. I
Executed on	BySignature d		onem or responsible Officer of Spors	or
Executed onDate	BySign	nature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	
Executed on	By	nature of Controlling Officeholder, Candidate, Sta		

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

www.fppc.ca.gov

COVER PAGE - PART 2					
CALIFORNIA FORM	460				
Page o	f				

NAME OF OFFICEHOLDER OR CANDIDATE Peter Murray OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Pinole City Council Member RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Pinole CA (4564) 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. COMMITTEE NAME NAME OF TREASURER CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE COMMITTEE NAME I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ON THE SOURCE OF THE SOUGHT OR HELD ON THE SOURCE OF THE S	
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	POSE
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary	POSE
Augus Communication Speeds if necessary	POSE

Campaign Disclosure Statement

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.	Sta	tement covers period	CALIFORNIA 460
NAME OF FILER Committee to Elect Peter Murray Pinole City Council Member 2022		through	1	Page of I.D. NUMBER [1452419
Contributions Received 1. Monetary Contributions	\$ [2548.00] 0 [2548.00]	Column B CALENDAR YEAR TOTAL TO DATE \$ [2548.00] \$ [0] \$ [2548.00] \$ [0] \$ [2548.00]	Running in Both th General Elections 1/1 t 20. Contributions	hrough 6/30 7/1 to Date \$\frac{2548.00}{\$}\$
Expenditures Made 5. Payments Made	\$ [1586.31] 0 [1586.31] 0 [0 [1586.31]	\$ [1586.31] \$ [0] \$ [0] \$ [0] \$ [1586.31]		Summary for State ive Expenditures Made* b Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	2548.00 0 1586.31 961.69	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	reported in Column B.	may be different from amounts
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$ 0 \$	from Lines 2, 7, and 9 (if any).		FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	A Contributions Received	Amour to	nts may be rounded whole dollars.	Statement cov	vers period		schedule IFORNIA 460 FORM
SEE INSTRUCTI	ONS ON REVERSE			through		Pag	e of
NAME OF FILER							NUMBER
Committee	o Elect Peter Murray Pinole City Council Member 2022					1452	419
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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
9/13/22	IBEW Local 302 Political. Action Committee	IND COM		\$1000.000	\$1000.000		\$1000.000
9/16/22	Z Rentals LP 2503 San Pablo Avenue Pinole, CA 94564	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Businessman	\$300.00	\$300.00		\$300.00
9/19/22	California Real Estate 515 S. Figueroa Street Los Angeles, CA 94564	IND COM OTH PTY	÷	\$1000.000	\$1000.000		\$1000.000
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

SUBTOTAL \$

Schedule A Summary

Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	2300.00
Amount received this period – unitemized monetary contributions of less than \$100	248.00

3. Total monetary contributions received this period.

*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

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

www.fppc.ca.gov

	Amounts may be rounded		SCHEDULE B - PART					
Schedule B – Part 1		to whole dollars			Statement cov	ers period	CALIFORN	1A 460
Loans Received					from		FORM	" 40U
							7.57.111	
SEE INSTRUCTIONS ON REVERSE					through		Page	of
NAME OF FILER							I.D. NUMBER	
Committee to Elect Peter Murray Pinole City	Council Member 2022						1452419	
Committee to Free Legs Mariay 1 more City	Council Wichiter 2022						1152715	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, A.SO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	(6) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Peter Murray Pinole, CA 94564	retired			PAID 1261.31 s FORGIVEN	s <u>0</u>	O %	s 1261.31	CALENDAR YEAR S 1261.31
DIND COM OTH PTY SCC		ş <u>0</u>	s 1261.31	5	DATE DUE	s	DATE INCURRED	PER ELECTION**
Debrah Long Pinole, CA	retired			PAID \$ 325.00 FORGIVEN	s O	O %	\$ 325.00	S 325.00 PER ELECTION**
TO IND COM OTH PTY SCC		\$ 0	s325.00	\$	DATE DUE	s	9/20/22 DATE INCURRED	\$
				☐ PAID	s	D4	s	CALENDAR YEAR
				FORGIVEN		RATE	V	PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$		•	\$	\$		
Cabadula D Cummani						(Enter (e) on Sched	ule E. Line 3)	
Schedule B Summary 1. Loans received this period	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$	586.31			
(Total Column (b) plus unitemized loan	es of less than \$100.)			133	86.31	Œ	Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$10		*****************	***************************************	s <u>L</u>		in in	ID – Individual	
(Include loans paid by a third party tha	t are also itemized on Sche			Ō		'	OM – Recipient C other than (ommittee PTY or SCC)
3. Net change this period. (Subtract Line				NET \$ 느			TH – Other (e.g., TY – Political Parl	
Enter the net here and on the Summar	ry Page, Column A, Line 2.						CC - Small Contri	

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

** If required.

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

(May be a negative number)

Schedule E Payments Made	Amounts may be rounded to whole dollars.				Statement covers period from	CALI	FORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Peter Murray Pinole City Member 2022					through	Page . I.D. NU	
CODES: If one of the following codes accurately des CMP campaign paraphemalla/misc. CNS campaign consultants 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 con MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s	nmunications d appearance: ses elating s survey researc ivery and mes	s h senger services	F F S T T T	radio airtime and productio returned contributions SAL campaign workers' salaries campaign workers' salaries rEL t.v. or cable airtime and process radioate travel, lodging, a staff/spouse travel, lodging transfer between committee voter registration MEB information technology cos	on costs s oduction cos and meals , and meals es of the sar	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR .	DESCR	PTION OF PAYMENT		AMOUNT PAID
Good Guys Signs Inc. 1032 E Hillsbourgh Avenue Tampa, Florida, 33604		СМР					\$1261.31
Deborah Long Pinole, CA 94564		СМР					\$325.00
* Payments that are contributions or independent expenditures must a	lso be summarized on Sche	edule D.			S	UBTOTAL	\$
Schedule E Summary							
Itemized payments made this period. (Include all Sche						\$-	1586.31
2. Unitemized payments made this period of under \$100						r	re
3. Total interest paid this period on loans. (Enter amount4. Total payments made this period. (Add Lines 1, 2, and						-	1586.31
	. J. Mintol Hole and Oll	and Outline	ary i age, coll	anni 75, L	nio o.j I	A IVE AT	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on -

Executed on -

Date

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

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period CALIFORNIA 7/1/2022 **FORM** from 2 9/28/2022 6 through I.D. NUMBER 1404981

Pinole 4 Fair Government Column A **Contributions Received** Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE **General Elections** 1584.37 1. Monetary Contributions Schedule A. Line 3 \$ 1/1 through 6/30 7/1 to Date 0.00 0.00 Loans Received Schedule B, Line 3 20. Contributions 579.25 1584.37 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 347.97 457.97 4. Nonmonetary Contributions...... Schedule C. Line 3 21. Expenditures 927.22 2042.34 Made Expenditures Made **Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 \$ 377.19 377.19 **Candidates** 7. Loans Made..... Schedule H, Line 3 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6+7 \$ 377.19 377.19 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date 347.97 457.97 (mm/dd/yy) 725.16 835.16 **Current Cash Statement** 12. Beginning Cash Balance Previous Summery Page, Line 16 \$ 759.18 To calculate Column B. 579.25 13. Cash Receipts Column A, Line 3 above add amounts in Column A to the corresponding 14. Miscellaneous Increases to Cash Schedule I, Line 4 *Amounts in this section may be different from amounts amounts from Column B reported in Column B. 377.19 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 961.24 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ 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 Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if 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

SEE INSTRUCTION	Contributions Received		its may be rounded whole dollars.	Statement cover from 7/1/2022 through 9/28/22		Page	UMBER
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	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
7/28/22	Melissa Breach Pinole, Ca. 94564	☑ IND □ COM □ OTH □ PTY □ SCC	Senior VP/CEO California YIMBY	480.25	480	.25	
8/4/22	Tammy Campbell Pin le, Ca. 94564	IND COM OTH PTY	Lawrence Berkeley Labs IT Group Lead Tech	99.00	199.	.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

SUBTOTAL \$

579.25

579.25

Schedule A Summary

3. Total monetary contributions received this period.

1. Amount received this period – itemized monetary contributions. 579.25 (Include all Schedule A subtotals.).....\$ 2. Amount received this period – unitemized monetary contributions of less than \$100\$

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

*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 C **Nonmonetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

Ivette Ricco

NAME OF FILER

DATE

RECEIVED

9/20/22

Amounts may be rounded SCHEDULE C to whole dollars. Statement covers period CALIFORNIA from 7/1/22 FORM through <u>9/28/22</u> I.D. NUMBER Pinole 4 Fair Government 1404981 **CUMULATIVE TO** FULL NAME, STREET ADDRESS AND IF AN INDIVIDUAL, ENTER AMOUNT/ CONTRIBUTOR **DESCRIPTION OF** PER ELECTION OCCUPATION AND EMPLOYER ZIP CODE OF CONTRIBUTOR DATE CODE * FAIR MARKET **GOODS OR SERVICES** TO DATE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CALENDAR YEAR VALUE (IF REQUIRED) (JAN 1 - DEC 31) **IND** Retired Kickoff event ☐ COM 347.97 457.97 facility and □ OTH Pinole, Ca. 94564 catering □ PTY □scc □ IND ☐ COM □ OTH □ PTY SCC ☐ COM □ OTH ☐ PTY □ scc □сом □ OTH ☐ PTY □ scc Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 347.97

Schedule C Summary

1.	. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)\$	347.97
	. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	0.00
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.)	

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

Amounts may be rounded to whole dollars.

SCHEDULE D Statement covers period CALIFORNIA from 7/1/22 FORM through <u>9/28/22</u>

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Pinole 4 Fair Government 1404981

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)		
8/15/22	Anthony Tave Pinole City Council Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Meet and Greet	151.60	151.60			
8/15/22	Justin Martinez Pinole City Council Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Meet and Greet	151.60	151.60			
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
2	SUBTOTAL \$ 303.19							

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$ 303.19
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.)	\$ 303.19

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E						
Statement covers period from 7/1/22	CALIFORNIA 460						
through ^{9/28/22}	Page 6 of 6						
	I.D. NUMBER						

rayments made			from 7/1/22	FORM
SEE INSTRUCTIONS ON REVERSE			through <u>9/28/22</u>	Page 6 of 6
NAME OF FILER				1.D. NUMBER 1404981
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)* MTG meeting OFC office e PET petition Pho phone POL polling POS postagi	er communications gs and appearance xpenses circulating banks and survey researce, delivery and mes sional services (lega	s h senger services	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and the staff/spouse travel, lodging, and the candidate travel.	uction costs I meals Ind meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Kona ice Truck of West Oakland 510-206-6085 dfullerton@kona-ice.com	FND	Kona Ice Cones		303.19
Bear Claw Bakery 2340 San Pablo Ave. Pinole, Ca. 94564	FND	Sandwiches		74.00
* Payments that are contributions or independent expenditures must also be summarized or	Schedule D.		SUI	BTOTAL \$ 377.19
Schedule E Summary				·
1. Itemized payments made this period. (Include all Schedule E subtotals.)			\$
2. Unitemized payments made this period of under \$100				\$
3. Total interest paid this period on loans. (Enter amount from Schedule B	, Part 1, Colum	n (e).)		\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here an	d on the Summ	ary Page, Column A	A, Line 6.) TO	TAL \$ 377.19

CALIFORNIA 4

Recipient Committee Campaign Statement Cover Page

Cover Page			SED S S	207 Page 1 of 5
	Statement covers period from 07/01/2022	Date of election if applicable: (Month, Day, Year)	Office of the	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through	11/08/2022		
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored P	rimarily Formed Ballot Measure committee Controlled Sponsored So Complete Part 6) rimarily Formed Candidate/ officeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	t 🔲 S ermination)	Quarterly Statement Special Odd-Year Report
O Political Party/Central Committee	iso Complete Part 7)			
2 Committee Information	NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	408103	NAME OF TREASURER		
Norma Martínez-Rubin for Pinole City Council 2022		Norma Martinez-Rubin MAILING ADDRESS		
STREET ADDRESS (MO P.O. BOX)		CITY	STATE Z	IP CODE AREA CODE/PHONE
		Pinole	CA S	94564
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	-
Pinole CA 9456 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE Z	IP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	-	OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on Party Daty Executed on Date Executed on Date Executed on Executed on Date	California that the foregoing is true and By	correct. atan rolling Officeholder, Cahdidate, State Measure President of Controlling Officeholder, Candidate,	t Treasurer roponent or Responsible Officer of S State Measure Proponent	
Date	,	Signature of Controlling Officeholder, Candidate,	State measure Proponent	EDDC Form 460 (lan/2016))

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM	460
Page 2 o	<u>.</u>

. Officeholder or Candidate Controlled Comm	ittee		6.	Primarily Formed Ballo	t Measure Co	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Norma Martinez-Rubin								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPI	LICABLE)		BALLOT NO. OR LETTER	JURISDICTION	١	I -	SUPPORT
Council Member, City of Pinole								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STA Pinole CA			Identify the controlling office	holder, candida	ite, or state m	easure prop	oonent, If any.
				NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed			OFFICE SOUGHT OR HELD		ľ	DISTRICT NO	. IF ANY
NAME OF TREASURER	CONTROLLED COM		7.	Primarily Formed Candidate(s)	lidate/Office for which this c	holder Con ommittee is pr	nmittee Li	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.		*		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	I.D. NUMBER	CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.		NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C		CODE/PHONE		Atta	ch continuation	n sheets if ne	cessary	

Campaign Disclosure Statement Summary Page

17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ 000.00

Cash Equivalents and Outstanding Debts

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

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2022 CALIFORNIA FORM 460

through 09/24/2022 Page 3 of 5

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE			through	Page <u>5</u> of <u>5</u>
NAME OF FILER				I.D. NUMBER
Norma Martinez-Rubin for Pinole City Council 2022				1408103
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Columi CALENDAR TOTAL TO I		ımmary for Candidates the State Primary and
1. Monetary Contributions	\$\ \frac{2,100.00}{000.000}\$ \$\frac{2,100.00}{000.00}\$ \$\frac{2,100.00}{2,100.00}\$	\$\frac{2,100.00}{000.00}\$ \$\frac{2,100.00}{000.00}\$ \$\frac{2,100.00}{2,100.00}\$		\$ 7/1 to Date \$ \$
Expenditures Made 6. Payments Made	\$\ \ \begin{array}{c} 1,730.32 \\ 000.00 \\ \\$ \ \ \ \ 000.00 \\ \ \ 000.00 \\ \ \ \ \	\$ 1,905.32 000.00 \$ 1,905.32 000.00 000.00 1,905.32	Candidates 22. Cumul	ative Expenditures Made* to Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$\frac{1,764.77}{2,100.00}\frac{000.00}{1,730.32}\$\$\$\$\frac{2,134.45}{\frac{1}{2}}\$	To calculate Coluadd amounts in CA to the correspo amounts from Co of your last repor amounts in Colur be negative figureshould be subtraprevious period a	Column ending blumn B t. Some mn A may es that cted from *Amounts in this section reported in Column B.	on may be different from amounts

000.00

000.00

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

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.			SCHEDULE /		
				Statement covers period from 07/01/2022		california 460		
SEE INSTRUCTIO	ONS ON REVERSE			through	22	Pag€		
NAME OF FILER Norma Martí	Inez-Rubin for Pinole City Council 2022					I.D. N 14081	UMBER 03	
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)	
08/10/2022	Nancy Casazza Pinole, CA 94564	☑IND □COM □OTH □PTY □SCC	Retired	\$100.00	\$100.00		\$100.00	
09/13/2022	Jeffrey A. Rubin	☑ IND □ COM □ OTH	Owner The Newsletter Guy	\$500.00	\$500.00		\$500.00	

02/10/2022	Pinole, CA 94564	OTH PTY SCC	The Newsletter Guy	\$550.00	4550100	4555155
09/14/2022	California Real Estate Political Action Committee C/O Reed & Davidson, LLP 515 S. Figueroa St., Ste 1110, Los Angeles, CA 90071	☐IND ☐COM ☐OTH ☐PTY ☑SCC		\$1,000.00	\$1,000.00	\$1,000.00
09/19/2022	Ricardo Velazco Pinole, CA 94564	☑IND □COM □OTH □PTY □SCC	Owner Sequoia Real Estate	\$500.00	\$500.00	\$500.00
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	\$ \$2,100.00		
Amount re (Include al Amount re	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.) ceeived this period – unitemized monetary contribution			00.00	othe OTH – Other PTY – Politic	ual pient Committee r than PTY or SCC) (e.g., business entity)
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line ′	1.) TOTAL \$ \$2	2,100.00	FPI PPC Advice: advice@fpp	PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772)

Schedule !	É
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period
from 07/01/2022

through 09/24/2022

Page 5 of 5

I.D. NUMBER

1408103

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

Norma Martinez-Rubin for Pinole City Council 2022

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

MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. MTG meetings and appearances RFD returned contributions CNS campaign consultants OFC office expenses SAL campaign workers' salaries CTB contribution (explain ronmonetary)* petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL POL polling and survey research TRS staff/spouse travel, lodging, and meals fundraising events FND TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) VOT voter registration legal defense

PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Pinole 2131 Pear Street, Pinole, CA 94564	FIL	Check	\$392.64
S.S. Graphics, Inc. 4176 6th Street, Wyandotte, MI 48192	СМР	Online	\$1,287.62
Staples 1200 Fitzgerald Dr., Pinole, CA 94564	СМР	Debit	\$40.06

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$_	\$1,720.32
2. Unitemized payments made this period of under \$100	\$_	10.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	00.00
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))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
Page of4

olled Committee	6. Primarity Formed	Ballot Measure C	Committee	
	NAME OF BALLOT MEAS	SURE		
TION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTE	R JURISDICTIO	N	SUPPORT
		<u> </u>		OPPOSE
ND STREET) CITY STATE ZIP Pinole CA 94564	Identify the controllin	g officeholder, candid	late, or state measure pro	oponent, if any.
	NAME OF OFFICEHOLD	ER, CANDIDATE, OR PI	ROPONENT	
rolled by you or are primarily formed to receive	OFFICE SOUGHT OR H	ELD	DISTRICT N	O. IF ANY
I.D. NUMBER	-			
CONTROLLED COMMITTEE?	7. Primarily Formed officeholder(s) or cand	Candidate/Office Idate(s) for which this	committee is primarily form	ned.
	NAME OF OFFICEHOLD	ER OR CANDIDATE	OFFICE SOUGHT OR HEL	D
				SUPPORT OPPOSE
STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLD	ER OR CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
I.D. NUMBER	NAME OF OFFICEHOLD		OFFICE SOUGHT OR HEL	☐ SUPPORT ☐ OPPOSE □ SUPPORT ☐ OPPOSE
	Pinole CA 94564 d in this Statement: List any committees rolled by you or are primarily formed to receive half of your candidacy. I.D. NUMBER	ND STREET) CITY STATE ZIP Pinole CA 94564 d in this Statement: List any committees rolled by you or are primarily formed to receive ralf of your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? YES NO INAME OF OFFICE HOLD OFFICE SOUGHT OR HIS OFFICE SOUGHT OR	IND STREET) CITY STATE ZIP Pinole CA 94564 d in this Statement: List any committees rolled by you or are primarily formed to receive raif of your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? YES NO Identify the controlling officeholder, candid NAME OF OFFICEHOLDER, CANDIDATE OFFICE SOUGHT OR HELD Primarily Formed Candidate/Office officeholder(s) or candidate(s) for which this	Indicated Normal Participates ND STREET) CITY STATE ZIP Pinole CA 94564 Identify the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling officeholder, candidate, or state measure processor of the controlling of the controlling of the controlling officeholder, candidate, or state measure processor of the controlling

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

NAME OF FILER 1451631 Justin Martinez **Calendar Year Summary for Candidates** Column B Column A Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 1. Monetary Contributions...... Schedule A, Line 3 7/1 to Date 1/1 through 6/30 2. Loans Received...... Schedule B, Line 3 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3+4 **Expenditures Made Expenditure Limit Summary for State Candidates** 6. Payments Made...... Schedule E, Line 4 0 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 0 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 11. TOTAL EXPENDITURES MADE...... Add Lines 8 + 9 + 10 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 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 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some amounts in Column A may 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, 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). 18. Cash Equivalents...... See instructions on reverse FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement covers period from 07/01/2022		CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through09/24/20	22	Page.	4 of 4	
NAME OF FILER Justin Martine						I.D. NUI 145163		
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 CALENDAR (JAN. 1 - DE	YEAR	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						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 0				
Schedule A	Summary	S.	0		INI	ontributor C D — Individu		

(Include all Schedule A subtotals.)

3. Total monetary contributions received this period.

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			RECE	CALIFORNIA 4	60
	Statement covers period from07/01/2022	Date of election if applicable (Month, Day, Year)	Office of the	Page 1 of 9	
SEE INSTRUCTIONS ON REVERSE	through09/24/2022	11/08/2022			
1. Type of Recipient Committee: All Committees - Co	mplete 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	rimarity Formed Ballot Measure committee) Controlled) Sponsored uso Complete Part 6) rimarity Formed Candidate/ fficeholder Committee uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 * Amendment (Explain	nt Termination)	□ Quarterly Statement □ Special Odd-Year Report □ Supplemental Preelection Statement - Attach Form 495	-
3. Committee imorniation	. NUMBER 408891	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) TAVE FOR CITY COUNCIL 2022		NAME OF TREASURER Cine D. Ivery MAILING ADDRESS			
STREET ADDRESS INO PO. ROXI	()	CITY	STATE	ZIP CODE AREA CODE/	PHONE
CITY STATE ZIP CO.	DE AREA CODE/PHONE	Inglewood NAME OF ASSISTANT TREASU	CA CA	90301	
Inglewood CA 9030	2020-0(100Ma)/	Michelle Moore Sande:	5010017417A-000000		-
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS			
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/F	PHONE
9-96		Inglewood	CA	90301	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDI	RESS	4	
. Verification					
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California SEP 2 9 2022	that the foregoing is true and correct.	vledge the information compained he	rein and in the attached	I schedules is true and complete. I ce	ertify
Executed on 9/23/22	By	oung Omoonolyss, Candidato, State Medique Pro	ponent of Responsible Officer o	of Sponsor	
Executed on	Ву	STATE OF COLUMN TO STATE OF COLU	and Measure Proponent		
Executed on	Ву	innerty on all Controlling Office below Co. At the con-			

transaction and the second

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

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

	rolled Committee	0.		Primarily Formed Balls		_		
NAME OF OFFICEHOLDER OF CANDIDATE				- I mainy i office Band	ot Measure	e Committee		
Anthony Lee Tave				NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	TON AND DISTRICT NUMBER	FR JE APRI ICAR	2(5)	MALL COLUMN				
City Council Member Pinole City	Council	APPLICAB	sce)	BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) CITY	STATE	ZIP					OPPOSE
	Pinole	CA		Identify the controlling offic	Ceholder ca	Indidate es eter	_	
		CA.	94564	NAME OF OFFICEHOLDER, CAN	200000000000000000000000000000000000000	indidate, or stat	e measure	proponent, if a
Related Committees Not Include	d in this Statement			NAME OF OFFICEHOLDER, CANI	DIDATE, OR PR	ROPONENT		
		: List any con	mmittees					
contributions or make expenditures on bel	half of your candidacy.	marily formed t	to receive	OFFICE SOUGHT OR HELD		Di	ISTRICT NO.	IE ANY
COMMITTEE NAME						1	ornor no.	IF ANT
	I.D. NUN	MBER						
NAME OF TREASURED			_					
NAME OF TREASURER	CONTRO	DLLED COMMITTE	EE? 7.	Primarily Formed Candi	idate/Offic	eholder Com	mittee //	-
	☐ YE		EE? 7.	Primarily Formed Candi officeholder(s) or candidate(s)	date/Offic	eholder Com	mittee Li	st names of
			EE? 7.		or winer uns	s committee is pr	imarily form	st names of ed.
COMMITTEE ADDRESS STREET ADDRE	☐ YE		7.	Primarily Formed Candi officeholder(s) or candidate(s) of NAME OF OFFICEHOLDER OR CA	or winer uns	eholder Com s committee is pr	imarily form	ed.
CITY	ESS (NO P.O. BOX)	S NO	 :		or winer uns	s committee is pr	imarily form	ed.
COMMITTEE ADDRESS STREET ADDRESS	ESS (NO P.O. BOX)		 :	NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT	Marily form	ed.
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O. BOX)	S NO	 :		NDIDATE	s committee is pr	Marily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	ESS (NO P.O. BOX)	AREA CODE	 :	NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT	Marily form	SUPPORT OPPOSE
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COMMITTEE ADDRESS STREET ADDRESS CITY STA	ESS (NO P.O. BOX) ATE ZIP CODE	AREA CODE	E/PHONE	NAME OF OFFICEHOLDER OR CAN	NDIDATE NDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
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COMMITTEE ADDRESS STREET ADDRESS CITY STA	ESS (NO P.O. BOX) ATE ZIP CODE I.D. NUMB	AREA CODE	E/PHONE	NAME OF OFFICEHOLDER OR CA	NDIDATE NDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
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COMMITTEE ADDRESS STREET ADDRESS CITY STA	ESS (NO P.O. BOX) ATE ZIP CODE I.D. NUMB CONTROL YES SS (NO P.O. BOX)	AREA CODE	E/PHONE	NAME OF OFFICEHOLDER OR CAN NAME OF OFFICEHOLDER OR CAN NAME OF OFFICEHOLDER OR CAN	NDIDATE NDIDATE	OFFICE SOUGHT	OR HELD OR HELD OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARYP	А	G	Е
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CALIFORNIA FORM

Statement covers period

07/01/2022

SEE INSTRUCTIONS ON REVERSE		through	09/24/2022 Page 3 of 9			
NAME OF FILER			I.D. NUMBER			
TAVE FOR CITY COUNCIL 2022			1408891			
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED 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	\$ 1,630.33 0.00	\$ 3,142.15 2,155.01 \$ 5,297.16 0.00 \$ 5,297.16	20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$			
Expenditures Made 6. Payments Made	0.00	0.00	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* ((f Subject to Voluntary Expenditure Limit)			
9. Accrued Expenses (Unpaid Bills)	0.00	0.00	Date of Election Total to Date (mm/dd/yy)			
Current Cash Statement 12. Beginning Cash Balance	\$ 2,270.49 1,630.33 0.00 2,009.63 1,891.19	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	*Amounts in this section may be different from amounts reported in Column B.			
Cash Equivalents and Outstanding Debts 18. Cash Equivalents		any).	FPPC Form 460 (Jan/: FPPC Advice: advice@fppc.ca.gov (886/275-			

Schedule A Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER			its may be rounded whole dollars.	Statement cov. from07/01/2 through09/24/2	022	SCHEDUL CALIFORNIA 460 FORM of 9	
TAVE FOR CI	TY COUNCIL 2022					14086	391
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)
08/10/2022	Ruthie Abelson Olivas El Cerrito, CA 94530	⊠IND □COM □OTH □PTY □SCC	Council Member City of El Cerrito	100.00 Received through inter ePundraising Connectio 2831 G St., Suite #120 Sacramento, CA 95816	mediary:	.00.00	
08/10/2022	Gabriel Owinto El Cerrito, CA 94530	☑IND □COM □OTH □PTY □SCC	Council Member City of El Cerrito	26.22 Received through inter ePundraising Connectio 2831 G St., Suite #120 Sacramento, CA 95816	mediary:	.26.22	
08/10/2022	Tessa Rudnick El Cerrito, CA 94530	⊠IND □ COM □ OTH □ PTY □ SCC	Council Member City of El Cerrito	100.00 Received through inter ePundraising Connection 2831 G St., Suite #120 Sacramento, CA 95816	mediary:	.00.00	
08/17/2022	Rodolfo Mercado Santa Clara, CA 95050	図IND □COM □OTH □PTY □SCC	Business Owner Financial Rescue	425.18 Received through inter ePundraising Connection 2831 G St., Suite #120 Sacramento, CA 95816	mediary:	25.18	
08/18/2022	Gabriel Quinto El Cerrito, CA 94530	⊠IND □COM □OTH □PTY □SCC	Council Member City of El Cerrito	100.00 Received through inter- ePundraising Connection 2831 G St., Suite #120 Sacramento, CA 95816	ediary:	26.22	
			SUBTOTAL	751.40		i di	SESSENTING TO

0 - 1	-11-		_		
Sche	aule	A	Sum	ım	arv

 *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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CO

CALIFORNIA ACO

Statement covers period

		10 1111010 1		from07/01/	2022	FORM 400
				through 09/24/		age <u>5</u> of <u>9</u>
NAME OF FILER					1.	.D. NUMBER
TAVE FOR CIT	Y COUNCIL 2022				1	408891
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 DA CALENDAR YEA (JAN. 1 - DEC. 31	R TO DATE i) (IF REQUIRED)
08/18/2022	Stephen Tilton Pinole, CA 94554	IND COM OTH PTY SCC	Deputy Sheriff City and County of San Francisco	250.00 Received through interefundralsing Connectic 2831 G St., Suite #12 Sacramento, CA 95816	500 mediary: yns	.00
OB/26/2022	Paul Fadell El Cerrito, CA 94530	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Council Member City of El Cerrito	Received through inte- ePundraising Connectic 2831 G St., Suite #12 Sacramento, CA 95816	mediary:	.00
08/26/2022	Edgar Sarabia Rosemead, CA 91770	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Civil Engineering Los Angeles Department of Water and Power	103.94 Received through interegundraising Connective 2831 G St., Suite #12/Sacramento, CA 95816	ns	.94
09/11/2022	Stephen Tilton Pinole, CA 94564	⊠IND □COM □OTH □PTY □SCC	Deputy Sheriff City and County of San Francisco	250.00 Received through integration connecting Connecting 2931 G St., Suite #12 Sacramento, CA 95016	nn	.00
		□IND □COM □OTH □PTY □SCC				×
10			SUBTOTAL	753.94		

*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 B - PART					
Schedule B – Part 1	Amounts may be rounded to whole dollars.				Statement cov	ers period	CALIFORNIA AGO		
Loans Received					from07/0	1/2022	FORM	¹ 460	
SEE INSTRUCTIONS ON REVERSE					through09/2	4/2022	Page6	of <u>9</u>	
NAME OF FILER							I.D. NUMBER		
TAVE FOR CITY COUNCIL 2022							1408891	-	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIO	EN. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Anthony Tave	Director City College of San	1211/4/250		☐ PAID				CALENDAR YEAR	
Pinole, CA 94564 Received through intermediary: eFundraising Connections, 2831 G Street #120, Sacramento, CA 95816	Francisco			\$O_O ☐ FORGIVEN		00% RATE	\$_2,155_01	\$0_0 PER ELECTION**	
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$_2,155.01	\$0_00	\$0_0	11/28/2022 DATE DUE	\$0.00	DATE INCURRED	s	
† IND		\$\$	\$	\$ PAID \$ FORGIVEN \$ PAID \$ FORGIVEN \$ S	DATE DUE	RATE % RATE ** ** ** ** ** ** ** ** **	S DATE INCURRED S DATE INCURRED	CALENDAR YEAR S PER ELECTION ** CALENDAR YEAR S PER ELECTION ** \$ PER ELECTION **	
-		SUBTOTALS \$	0.00	0.	00\$ 2,155.01	\$ 0.00 (Enter(e) on	No establish		
Schedule B Summary						Schedule E, Line 3)			
1. Loans received this period				\$ _	0.00				
(Total Column (b) plus unitemized loans	s of less than \$100.)					to	ontributor Codes		
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)			\$	0.00	0	D – Individual DM – Recipient Co (other than F FH – Other (e.g., 'Y – Political Party	PTY or SCC) business entity)	
Net change this period. (Subtract Line Enter the net here and on the Summan				NET \$ _	0.00 (May be a negative number)		CC – Small Contrib		

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

** If required.

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

SCHEDULE E Schedule E Statement covers period **CALIFORNIA** Amounts may be rounded **Payments Made** to whole dollars. **FORM** 07/01/2022 Page __7___ of __9_ 09/24/2022 through _ SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER TAVE FOR CITY COUNCIL 2022 1408891 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET FIL candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals polling and survey research FND fundraising events POL independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting) VOT voter registration legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Suzanna Mannion PRO Photography Services 200.00 Rodeo, CA 94572 Political Reporting Plus PRO Political Accounting - June, 2022 250.00 inglewood, CA 90301 CMP Credit Card Processing Fee 8.82 eFundraising Connections Sacramento, CA 95816 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 458.82

1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100 _______\$ ______ 0.00

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Summary

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)
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Statement covers period	CALIFORNIA 460				
from07/01/2022	FORM 400				
through09/24/2022	Page 8 of 9				
	I.D. NUMBER				
	1408891				

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

TAVE FOR CITY COUNCIL 2022

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
СТВ	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	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
ЦT	campaign literature and mailings	PRT	print ads	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
eFundraising Connections Sacramento, CA 95816	CMP	Credit Card Processing Fee	15.18
eFundraising Connections Sacramento, CA 95816	CMP	Credit Card Processing Fee	3.80
eFundraising Connections Sacramento, CA 95816	CMP	Credit Card Processing Fee	9.05
eFundraising Connections Sacramento, CA 95816	CMP	Credit Card Processing Fee	3.94
eFundraising Connections Sacramento, CA 95816	CMP	Credit Card Processing Fee	5.55
* Payments that are contributions or independent expenditures must also be summarized or	n Schedule D	. SUBTOTAL	.\$ 37.52

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

Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

OFC office expenses

MTG meetings and appearances

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

PET

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

		SCHEDULE E (CONT.
Staten	nent covers period	CALIFORNIA 460
from	07/01/2022	FORM TOO
through_	09/24/2022	Page 9 of 9
		I.D. NUMBER
		1409901

RAD radio airtime and production costs

TEL t.v. or cable airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

TAVE FOR CITY COUNCIL 2022

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

CNS campaign consultants

CVC civic donations

TRC candidate travel, lodging, and meals phone banks FIL candidate filing/ballot fees PHO POL polling and survey research TRS staff/spouse travel, lodging, and meals FND 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 professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads LIT NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 1,481.63 LIT Lawn Signs AABCO Printing Concord, CA 94520 3.80 Credit Card Processing Fee eFundraising Connections CMP Sacramento, CA 95816 1.18 eFundraising Connections CMP Credit Card Processing Fee Sacramento, CA 95816 9.05 CMP Credit Card Processing Fee eFundraising Connections Sacramento, CA 95816

SUBTOTAL \$

1.495.66

Amounts may be rounded to whole dollars.

NAME OF FILER Campaign to Elect Debbie Long for Pinole City Council 2022			Date of 09/	/29/2022	Date Stamp CALIFORNI, FORM				
AREA CODE/PHONE NUM		I.D. NUMBER (If applicable 1452992	ole)	Report No.		RECEIVE LEGIT OF THE			
STREET ADDRESS CITY Pinole (El Sobrante,	94803 for mailing)	state CA	ZIP CODE 94564	Amendment to Report No. (explain below) No. of Pages	1	Office	OCT 0		lerk
1. Contribution(s) Received								
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AN (IF COMMITTEE, ALSO E	ND ZIP CODE OF CONTRIBU NTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE*	IF AN IN ENTER OCCUPAT (IF SELF-EMPLOYED, E			AMOUNT RECEIVED
09/29/2022	Plumbers, Steamfitter Concord, CA 94518-2		Pipeline 🔅 390268		☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	PAC			\$1000 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 Amendm	nent:					* Contributor CIND - Individ COM - Recipi OTH - Other PTY - Politic SCC - Small	ual ent Commi (e.g., busin al Party	ess entity)	

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

Amounts may be rounded to whole dollars.

			Date of This Filing		Date Stamp	CALIFORNIA 497					
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1452419 STREET ADDRESS			Report No. Amendment to Report No. (explain below)	Office	RECEIVED GCT 8 3 2022 of the City Clerk	For Official Use Only					
CITY Pinole		STATE ZIP CODE CA 94564	No. of Pages	2							
1. Contribution(s) Received											
DATE RECEIVED				CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMI (IF SELF-EMPLOYED, ENTER NAME OF						
	where it needed to be notice this # 497 repo	nation on my 460 Form as I believed that we included. I received follow up documents ort information requirement and I have inclinformation along with this report #1 page.	ation and uded the	IND COM OTH PTY SCC		Check if Loan Provide interest rate					
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan Provide interest rate					
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FPPC Form 497 (Feb/2019)
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www.fppc.ca.gov

Amounts may be rounded to whole dollars,

NAME OF FILER Peter Murray				Date of This Filing		Date Stamp	CALIFORNIA 497				
AREA CODE/PHONE NU	MBER	I.D. NUMBER (If applicable)	le)	Report No.	, s	RECEIVED	For (Official Use Only			
			Amendment to Report No.	t I	OCT 03 2022 FREDRITE City Cle						
CITY Pinole		CA	ZIP CODE 194564	No. of Pages	ZC	FREDRING City Cle	K				
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9/13/22	IBEW Local 302 P.A 1875 Arnold Drive Martinez, CA 94553 P.A.C. # 1300752	C.			☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC			\$1,000. Check if Loan Provide interest rate			
9/18/22	California Real Estat 515 S. Figueroa Stre Los Angeles, CA 945 CREPAC #890106	et			IND COM OTH PTY SCC			\$1,000 Check if Loan Provide interest rate			
9/29/22	U.A. Local 342 PAC 935 Detroit Avenue Concord, CA 94518 FPPC #890268	Fund			IND COM OTH PTY SCC			\$1,000. Check if Loan Provide interest rate			
Reason for Amendr	nent:					* Contributor Codes IND - Individual COM - Recipient Comm OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributo	ness entity				

Amounts may be rounded to whole dollars.

NAME OF FILER Campaign to Elect D	ebbie Long for Pinole	City Council 2022	Date of This Filing	0-12-22	Date Stamp	CALIFOR FORM	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1452992			Report No		RECEIVED	For O	fficial Use Only
CITY Pinole (El Sobrante 9	94803, for mailing)	STATE ZIP CODE CA 94564	☐ Amendmen to Report No. (explain below) No. of Pages	1	0CT 1.2 2022 Office of the City C	lerk	
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	20 4			IND COM OTH PTY SCC			Check if Loan Provide interest rate
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Check if Loan W Provide interest rate
Reason for Amendm	* Contributor Codes IND - Individual COM - Recipient Comm OTH - Other (e.g., busi PTY - Political Party SCC - Small Contributo	ness entity)					

Amounts may be rounded to whole dollars.

NAME OF FILER Campaign to Elect Debbie Long for Pinole City Council 2022				Date of This Filing 10 14 22		Date Stamp CALIF			
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1452992		Report No.		RECEIVED For		Official Use Only			
STREET ADDRESS CITY Pinole (El Sobrante	94803, for mailing)	STATE ZIP CODE CA 94564		Amendment to Report No. (explain below)	1	Offic	OCT 17 2022 be of the City Clerk	<u> </u>	
1. Contribution(s) Received								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT			DR	CONTRIBL		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
10/14/22	NorCal Ca 265 Hegent Oakland Ca	perger Rd. #200	*97 2	104	OT SC	M H Y			Check if Loan
10/11/22	Scott Ga 1990 N.C. Walnut Cr	ordon olif. Blvd #608 eek CA 94596			INE CO	M H Y	Attorney		250.00 Check if Loan Provide interest rate
					INC CO OT PT SC	iM H Y			Check if Loan Provide interest rate
Reason for Amendm	ent:						* Contributor Codes IND - Individual COM - Recipient Comm OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributo	ness entity)	

497 Contribution Report Amounts may be rounded to whole dollars. NAME OF FILER Date Stamp Date of CALIFORNIA 10/17/2022 Peter Murray This Filing **FORM** AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) For Official Use Only Report No. 1452419 Office of the City Clerk STREET ADDRESS ☐ Amendment 001 13 2022 to Report No. (explain below) ZIP CODE STATE CITY Pinole CA 94564 No. of Pages *BECEINED* 1. Contribution(s) Received IF AN INDIVIDUAL. ENTER OCCUPATION AND EMPLOYER CONTRIBUTOR **AMOUNT** DATE FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE* (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RECEIVED RECEIVED Northern California Carpenters Regional Council ☐ IND \$1,000.00 Small Contributor Committee ID#972104 COM 10/17/2022 265 Hegenberger Road, Suite 200 ☐ OTH Check if Loan Oakland CA 94621 □ PTY ☐ SCC Provide interest rate ☐ IND □ COM □ OTH ☐ Check if Loan ☐ PTY ☐ SCC Provide interest rate ☐ COM ☐ OTH ☐ Check if Loan □ PTY ☐ SCC Provide interest rate

Reason for Amendment:

* 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