Recipient Committee				COVER PAGE
		_	Date Stamp	CALIFORNIA 460
Campaign Statement	9		RECEIVED	FORM 400
Cover Page			INCOLIVED	I OKW
				Page of
	Statement covers period	Date of election if applicable:	0.50 0.0 0000	Page of
		(Month, Day, Year)	SEP 2 9 2022	For Official Use Only
	from 7/01/22			, , , , , , , , , , , , , , , , , , , ,
		Offic	of the City	No ele
DEE INCERNICATIONS ON BEVERSE	0/24/22	11/8/2022	e of the City C	PIKI
SEE INSTRUCTIONS ON REVERSE	through 9/24/22			
1. Type of Recipient Committee: All Committees - Col	Lists Posts 4 O O and 4	2. Type of Statement:	<u> </u>	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement.		
✓ Officeholder, Candidate Controlled Committee   ☐ F	rimarily Formed Ballot Measure	✓ Preelection Statement	Поп	arterly Statement
	Committee	Semi-annual Statemer	nt 🔲 Sp	ecial Odd-Year Report
○ Recall	Controlled	Termination Statemen	t	
(Also Complete Part 5)	Sponsored	(Also file a Form 410		
en e	Alsa Complete Part 6)	Amendment (Explain t	pelow)	
General Purpose Committee				
	rimarily Formed Candidate/	-		
	Officeholder Committee			
O Political Party/Central Committee	Mso Complete Part 7)			
Name of the last o			the state of the s	
3. Comminee information	), NUMBER	Treasurer(s)		
	PPC #1439007			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
SASAI FOR PINOLE CITY COUNCIL 2022		CAMERON SASAI		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
		PINOLE	CA 94	1564
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	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 ZIP	CODE AREA CODE/PHONE
PRIOLE CA 0450	ANGERALIS DELISAS DE SELECCIO			
PINOLE CA 9456 OPT ONAL FAX/E-MAILADDRESS	4			
OPT ONAL FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4. Verification				
	na this statement and to the heat of my k	novelodge the information contains	d berein and in the attached a	shodulas is true and complete. I
I have used all reasonable diligence in preparing and reviewi	•	*	a herein and in the attached s	chedules is true and complete.
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and o	correct.		
9/29/22				
Executed on	Ву	ssista	nt Treasurer	
1/4/22		300400		
Executed on	Signature of Control	lling Officeholder, Candidate, State Measure F	Proponent or Responsible Officer of Spo	nsor
Serve :	Ognation of Other		The state of the s	1774EA
Executed on	Ву	gnature of Controlling Officeholder, Candidate	State Measure Proponent	
Date	31	gradure of Controlling Childenolder, Candidate,	, otate measure Proporiem	
Executed on	Ву	analyse of Controlling Officeholder Cundidate		

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

COVER PAGE - PART 2
FORM 460
Page of

	led Committee	٥.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Cameron Sasai				T	277		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	ON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
City Council, City of Pinole							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	OSTREET) CITY STATE ZIP Pinole CA 94564		Identify the controlling office	holder, candi	date, or state	measure propo	nent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	ROPONENT		
Polated Committees Not Included	in this Statement: List any committees						
not included in this statement that are contro	lled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
contributions or make expenditures on behal	f of your candidacy.						
COMMITTEE NAME	I.D. NUMBER						
		7.	<b>Primarily Formed Cand</b>	didate/Offic	eholder Co	mmittee Lis	t names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this	committee is i	orimarily formed	
				0,			•
	☐ YES ☐ NO		NAME OF OFFICEHOLDER OR			JGHT OR HELD	1
COMMITTEE ADDRESS STREET ADDRE							1
	☐ YES ☐ NO			CANDIDATE	OFFICE SOL		SUPPORT OPPOSE
	YES NO NO ESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
	YES NO NO ESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY ST.	YES NO NO ESS (NO P.O. BOX)  ATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
CITY ST.	Tyes NO  ESS (NO P.O. BOX)  ATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE NAME	TYES NO  ESS (NO P.O. BOX)  ATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE NAME  NAME OF TREASURER	TYES NO  ESS (NO P.O. BOX)  ATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	JGHT OR HELD JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE NAME  NAME OF TREASURER	TYES NO  ESS (NO P.O. BOX)  ATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	JGHT OR HELD JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE NAME  NAME OF TREASURER	TYES NO  ESS (NO P.O. BOX)  ATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	JGHT OR HELD JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	10 111010 0011010		/22	FORM 460
SEE INSTRUCTIONS ON REVERSE		through	9/24/22	Page _3 of _9
NAME OF FILER				I.D. NUMBER
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		nmary for Candidates he State Primary and

Contributions Received  1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  \$ 2386.00 0.00 2386.00	### Column B   CALENDAR YEAR     TOTAL TO DATE     6060.22     0,00     6060.22	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30 7/1 to Date 20. Contributions
SUBTOTAL CASH CONTRIBUTIONS	\$ 2561.00 \$ 2561.00	175.00 6235.22	Received \$ \$  21. Expenditures  Made \$ \$
Expenditures Made  6. Payments Made	\$ 5551.64 0.00 \$ 5551.64 0.00 0.00 5551.64	\$ 8966.46 0.00 \$ 8966.46 0.00 0.00 8966.46	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance	\$ \frac{7510.46}{2386.00} \\ 0.00 \\ 5551.64 \\ 4344.82 \\ \$ \frac{0.00}{0.00} \\ \$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.  FPPC Form 460 (Jan/2016)
		I	FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.gov

Schedule A		Amounts may be rounded			- 2		SCHEDULE A	
Monetary Contributions Received					vers period	CALIFORNIA 460		
				from 7/1/22		W. Hart	URIVI	
SEE INSTRUCTI	ONS ON REVERSE			through 9/24/22		Page	of 9	
NAME OF FILER						I.D. N	UMBER	
SASAI FOR	R PINOLE CITY COUNCIL 2022					FPPC	#1439007	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE -	TO DATE	PER ELECTION	
RECEIVED	CONTRIBUTOR	CODE *	(IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR		TO DATE	
	(IF COMMITTEE, ALSO ENTER I_D_ NUMBER)		OF BUSINESS)	PERIOD	(JAN. 1 - DE	C. 31)	(IF REQUIRED)	
7/7/22	Aaron Baggs, 2 inole, CA 94564	COM COM OTH PTY SCC	Medical Doctor, The Permanente Medical Group	75.00	0 100.00			
7/17/22	Emily Manotok City, CA 94404	IND COM OTH SCC	NONE	60.00	0 160.00		210.00	
7/27/22	Josephine Valderas, Mill Valley, CA 94941	☑IND □COM □OTH □PTY □SCC	NONE	50.00	75.00		425.00	
7/31/22	Paul Romey, Long Beach, CA 90803-5312	☑IND □COM □OTH □PTY □SCC	Self-Employed, Sweet Threads	100.00	400.00			
8/24/22	Elizabeth Barba, Lockeford, CA 95237	☑IND □COM □OTH □PTY □SCC	Cord Blood Technician, StemExpress	300.00 300.00		500.00		
			SUBTOTAL	\$ 585.00				
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions Il Schedule A subtotals.)				INE CO	(othe	ual sient Committee r than PTY or SCC) (e.g., business entity)	
		5. 1555 11101					Contributor Committee	
<ol><li>Total mon- (Add Lines</li></ol>	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1	1.)TOTAL \$ _2:	386.00		FPI	PC Form 460 (Jan/2016))	
· ·	,	,	- Accordance		FPPC Advice: adv	vice@fpp	c.ca.gov (866/275-3772) www.fppc.ca.gov	

### Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

•				from <u>7/1/22</u>		FORM 400
<u> </u>				through <u>9/24/22</u>		Page 5 of 9
NAME OF FILER SASAI FO	R PINOLE CITY COUNCIL 2022				1	PPC #1439007
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 D CALENDAR YEA (JAN, 1 - DEC. 3	AR TO DATE
8/31/22	Flora Ninomiya, Richmond, CA 94806-5728	☑IND □COM □OTH □PTY □SCC	NONE	100.00 100.00		
9/7/22	Sandy Samuels, grant in the same incle, 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,  San 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 □ SCC	Home Healthcare Aide, Allpro Staffnet LLC	100.00	100.00	
			SUBTOTAL	\$ 610.00		

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

### **Schedule A (Continuation Sheet)**

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		ontributions Received to whole dollars.		Statement covers period from 7/1/22		california 460		
				through 9/24/22		Page .	6 of9	
NAME OF FILER SASAI FO	R OR PINOLE CITY COUNCIL 2022		*				JMBER #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 T CALENDAR ` (JAN. 1 - DE(	YEAR	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 □SCC	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	☑IND □COM □OTH □PTY □SCC	NONE	200.00	200.00			

**☑** IND □сом □ OTH PTY SCC

**SUBTOTAL \$** 550.00

\*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

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

Schedule C		Amounts may be rounded						SCHEDULE C		
Nonmonetary Contributions Received		to whole dollars.		Statement covers period from 7/1/22			california 460			
					thro	ough 9/24/22		Page 7	of9	
SEE INSTRUC	T'ONS ON REVERSE				-			I.D. NUME	BER	
SASAI FOI	R PINOLE CITY COUNCIL 2022							FPPC #	439007	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD., 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	CALEN	ATIVE TO IATE DAR YEAR - DEC 31)	PER ELECT TO DATE (IF REQUIR	Ε
9/24/22	Stephen Tilton, Pinole, CA 94564	☑IND □COM □OTH □PTY □SCC	Deputy Sheriff/Captain, City of San Francisco	Food for campa event	aign	175.00	175.00			
		□IND □COM □OTH □PTY □SCC								
		□ IND □ COM □ OTH □ PTY □ SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	<b>\$</b> 175.00				
Schedul	e C Summary							ontributor Co		
(Include	received this period – itemized nonmonetal all Schedule C subtotals.)				\$	175.00	_   co	(other th	nt Committee an PTY or SC	
2. Amount	received this period – unitemized nonmone	etary contribut	tions of less than \$100		\$.	0.00	P1	ΓY - Political	.g., business e Party ontributor Com	
3. Total no (Ado Lir	nmonetary contributions received this periones 1 and 2. Enter here and on the Summar	d. y Page, Colu	mn A, Lines 4 and 10.)	тот	AL\$.	175.00	_			

Schedule C

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

SCHEDULE C

				SCHEDULE
Schedule E	Amounts may b		Statement covers period	CALIFORNIA 460
Payments Made			from	FORM TOO
			through <u>9/24/22</u>	Page 8 of 9
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUMBER
SASAI FOR PINOLE CITY COUNCIL 2022				FPPC #1439007
CODES: If one of the following codes accurately described ampaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  civic donations  FIL candidate filing/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearances ses lating	returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and Staff/spouse travel, lodging, are staff/spouse	luction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		ÇODE OR D	ESCRIPTION OF PAYMENT	AMOUNT PAID
Allyn Beltran, San Francisco, CA 9411	6	Campaign Ma	nagement	500.00
Victor Tiglao, CA 94520	17	Campaign Ma	nagement	2000.00
City of Pinole		Check for Car	didate Statement	175.00
* Payments that are contributions or independent expenditures must also	be summarized on Sche	dule D.	SU	JBTOTAL \$ 2675.00
Schedule E Summary				
Itemized payments made this period. (Include all Schedu	\$			
2. Unitemized payments made this period of under \$100		\$_170.98		
3. Total interest paid this period on loans. (Enter amount fro	\$			

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

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

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

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 paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)\* PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT AMOUNT PAID CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Campaign Literature 484.70 Autumn Press 1015.96 Campaign Merchandise Alliance Graphics 1080.00 Advertisement Contra Costa Marketplace 125.00 Consulting Services Holly Lim Strategies

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

COVER PAGE

### Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2				
CALIFORN FORM	<sup>IIA</sup> 460			
Page 2	_ of9			

5.	Officeholder or Candidate Controlled Comm	ittee	(	6.	Primarily Formed Ballot	Measure C	Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
	Cameron Sasai								
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N		SUPPORT
	City Council, City of Pinole								OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO, AND STREET) C	TY STATE Pinole CA	ZIP 94564		Identify the controlling office	older, candid	late, or state	measure pro	ponent, if any.
					NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT		
	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 to r			OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
	COMMITTEE NAME	I.D. NUMBER			×				
	NAME OF TREASURER	CONTROLLED COMMIT	TEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office for which this	eholder Co committee is p	mmittee I	List names of ned.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B				NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT
									OPPOSE
	CITY STATE ZIP C	<u></u>	E/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT
	COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT OPPOSE
	NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	CONTROLLED COMMIT	TEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HEL	SUPPORT OPPOSE
	CITY STATE ZIP C		E/PHONE		Attac	h continuatio	n sheets if n	ecessary	

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMART FAGE
Statement covers period	CALIFORNIA AGO
from 7/01/22	FORM 400
through <u>9/24/22</u>	Page3 of9
	I.D. NUMBER
	EDDC #1/30007

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER SASAI FOR PINOLE CITY COUNCIL 2022 Calendar Year Summary for Candidates Column A Column B CALENDAR YEAR TOTAL TO DATE **Contributions Received** TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 6560.22 1. Monetary Contributions...... Schedule A, Line 3 \$ 7/1 to Date 1/1 through 6/30 0.00 20. Contributions 2886.00 6560.22 SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 175.00 175.00 21. Expenditures Nonmonetary Contributions...... Schedule C, Line 3 Made 3061.00 6735.22 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 5551.64 8966.46 **Candidates** 6. Payments Made..... Schedule E, Line 4 0.00 0.00 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 8966.46 5551.64 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 5551.64 8966.46 11. TOTAL EXPENDITURES MADE ...... Add Lines 8 + 9 + 10 **Current Cash Statement** 7510.46 To calculate Column B. 2886.00 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 0.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 5551.64 amounts in Column A may 4844.82 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). 0.00 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)

### Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	to	whole dollars.	Statement cov	ers period		orm 460	
SEE INSTRUCTION	ONS ON REVERSE			through 9/24/22		Page	e of	
NAME OF FILER SASAI FOR	R PINOLE CITY COUNCIL 2022						UMBER #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 Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
7/7/22	Aaron Baggs, Pinole, CA 94564	☑IND □COM □OTH □PTY □SCC	Medical Doctor, The Permanente Medical Group	75.00	100.00	ś		
7/17/22	Emily Manotok, CA 94404	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	NONE	60.00	160.00		210.00	
7/27/22	Josephine Valderas, CA 94941	☑IND □COM □OTH □PTY □SCC	NONE	50.00	75.00		425.00	
7/31/22	Paul Romey, 4 CA 90803-5312	☑ IND □ COM □ OTH □ PTY □ SCC	Self-Employed, Sweet Threads	100.00	400.00			
8/24/22	Elizabeth Barba, CA 95237	☑IND □COM □OTH □PTY □SCC	Cord Blood Technician, StemExpress	300.00	300.00		500.00	
			SUBTOTAL	\$ 585.00				
1. Amount re (Include a 2. Amount re	A Summary eceived this period – itemized monetary contributions Il Schedule A subtotals.)				IND - COM OTH PTY	othe) Other – Politic		
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line	1.) <b>TOTAL</b> \$	886.00		FPI	PC Form 460 (Jan/2016))	

### Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/22	CALIFORNIA 460
through 9/24/22	Page5 of9
	I.D. NUMBER
	FPPC #1439007

NAME OF FILER

SASAI FOR PINOLE CITY COUNCIL 2022

**CUMULATIVE TO DATE** PER ELECTION AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER CONTRIBUTOR DATE OCCUPATION AND EMPLOYER TO DATE RECEIVED THIS CALENDAR YEAR CONTRIBUTOR CODE \* (IF SELF-EMPLOYED, ENTER NAME) RECEIVED (IF REQUIRED) PERIOD (JAN. 1 - DEC, 31) OF BUSINESS) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **IND** 100.00 100.00 NONE 8/31/22 Flora Ninomiya. □сом CA 94806-5728 Потн PTY □ scc **▼** IND Engineer, Bayer 100.00 100.00 9/7/22 Sandy Samuels, Pinole, CA □сом Healthcare 94564 OTH ☐ PTY SCC **▼** IND 250.00 250.00 NONE 9/10/22 Donald Cushing, □сом CA 94803 OTH □ PTY □ scc [] IND 500.00 500.00 PAC 9/20/22 Rebecca Barrett, Rebecca Barrett for Contra Costa **☑** COM Community College Board Ward 3 2022 Потн FPPC #1438778 ☐ PTY □ scc Teacher, Making Waves **✓** IND Maribel Cervantes, 60.00 9/21/22 100.00 100.00 □сом CA 94806 Academy □ OTH □ PTY □ scc **SUBTOTAL \$** 1010:00

\*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

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

#### **Schedule A (Continuation Sheet) Monetary Co**

Amounts may be rounded

SCH	EDI	IJĘΔ	(CONT.)
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lonetary Contributions Received	to whole dollars.	Statement covers period from 7/1/22	california 460 form	
		through 9/24/22	Page6 of9	
ME OF FILER			I.D. NUMBER	
SASAI FOR PINOLE CITY COUNCIL 2022			FPPC #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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/22	Rafael Menis, CA 94564	☑IND □COM □OTH □PTY □SCC	Home Healthcare Aide, Allpro Staffnet LLC	100.00	100.00	
9/23/22	Michael Nye, 94801	☑IND □COM □OTH □PTY □SCC	NONE	100.00	100.00	
9/24/22	Antonio Mayorga, CA 94564	☑IND □COM □OTH □PTY □SCC	Principle Admitting Worker, UCSF	150.00	150.00	
9/24/22	Stephen Tilton, 94564	IND COM OTH PTY	Deputy Sheriff/Captain, City of San Francisco	100.00	*100.00	
9/24/22	Yoko Olsgaard, 94619-1556	☑IND □COM □OTH □PTY □SCC	NONE	200.00	200.00	
	SUBTOTAL \$ 650.00					

\*Contributor Codes

IND - Individual

NAME OF FILER

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**

3. Total nonmonetary contributions received this period.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period **CALIFORNIA** from  $\frac{7/1/22}{}$ **FORM** through \_\_\_\_\_\_ I.D. NUMBER FPPC #1439007

SASAI FOR PINOLE CITY COUNCIL 2022 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE OCCUPATION AND EMPLOYER DATE FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR GOODS OR SERVICES CALENDAR YEAR CODE\* RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) **IND** 9/24/22 Food for campaign 175.00 175.00 Stephen Tilton, Deputy Sheriff/Captain, Псом City of San Francisco event CA 9456 □отн ☐ PTY □ scc □ IND □сом □ OTH □ PTY □ scc Псом □отн **□** PTY □ scc □ IND Псом Потн **□** PTY □ SCC **SUBTOTAL \$ 175.00** Attach additional information on appropriately labeled continuation sheets. Schedule C Summary \*Contributor Codes IND - Individual 1. Amount received this period – itemized nonmonetary contributions. COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ........\$  $\frac{0.00}{1000}$ PTY - Political Party SCC - Small Contributor Committee

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

FPPC Form 460 (Jan/2016))

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Schedule E Payments Made	to whole dollars.		Statement covers period from 7/1/22	CALIF FO	ORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER SASAI FOR PINOLE CITY COUNCIL 2022				through 9/24/22	Page 1.D. NUM	of 9 MBER #1439007
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deliv PRO print ads	munications I appearances es ating urvey researcl very and mess	i 1 Senger services	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, and TRS staff/spouse travel, lodging, a TSF transfer between committees VOT voter registration WEB information technology costs	uction costs d meals and meals s of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Allyn Beltran, CA 94116			Campaign Manag	gement		500.00
Victor Tiglao, CA 94520			Campaign Manag	jement		2000.00
City of Pinole	×		Check for Candid	ate Statement		175.00
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.		รบ	BTOTAL	\$ 2675.00
Schedule F Summary						

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$

FPPC Form 460 (Jan/2016))
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www.fppc.ca.gov

5380.66

SCHEDULE E

#### 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 of
	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	ne payment, y	ou may en	ter the code. Otherwise, describe the payment.	
CNS campaign consultants M CTB contribution (explain nonmonetary)* CVC civic donations Pt FIL candidate filing/ballot fees Pt FND fundraising events Pt IND independent expenditure supporting/opposing others (explain)* LEG legal defense Pt	BR member com TG meetings and FC office expens ET petition circul HO phone banks OL poiling and si OS postage, deli RO professional print ads	I appearances es eating urvey research very and mes	SAL campaign workers' salaries  TEL t.v. or cable airtime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  transfer between committees of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Autumn Press			Campaign Literature	484.70
	Ñ			
Alliance Graphics			Campaign Merchandise	1015.96
Contra Costa Marketplace			Advertisement	1080.00
Holly Lim Strategies			Consulting Services	125.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

de Juliout Committee					COVER PAGE
Re-ipient Committee Campaign Statement Cover Page			Date	e Stamp	CALIFORNIA 460
	Statement covers period from $\frac{08/17/2022}{}$	Date of election if applicable: (Month, Day, Year) 2022	SEP 26	PM 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 - Con	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	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	ermination)	Qua	rterly Statement cial Odd-Year Report
5. Committee information	). NUMBER 452992	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Campaign to Elect Debbie Long for Pinole City Coun STREET ADDRESS (NO P.O. BOX)	cil 2022	Debbie Long MAILING ADDRESS CITY		STATE ZIPC	DDE AREA CODE/PHONE
		El Sobrante		CA 948	03 510-684-3080
CITY STATE ZIP CO Pinole CA 9456	4	NAME OF ASSISTANT TREASUR	RER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CO El Sobrante CA 9480		CITY		STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS		
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on 9/22/22  Executed on 9/22/22	California that the foregoing is true and  By  BySignature of Contr	correct.	t Treasurer		
Executed onDate		Signature of Controlling Officeholder, Candidate, S	State Measure Pro	ponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proj	ponent	

### Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2			
CALIFOR FORM	1 460		
Page 2	of _7		

5.	Officeholder or Candidate Controlled Commi	ttee		6.	Primarily Formed Ballot	t Measure C	ommittee	
	NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
	Debbie Long							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
	Pinole City Council in Contra Costa County							OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE	ZIP					
	P	Pinole CA	94564		Identify the controlling office	holder, candida	ate, or state measure p	proponent, if any.
					NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PF	ROPONENT	
	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 candi	are primarily formed to			OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
	COMMITTEE NAME	I.D. NUMBER						
	NAME OF TREASURER	CONTROLLED COMMI		7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this c	committee is primarily fo	ormed.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD  SUPPORT
		*			Debbie Long		Pinole City Council	☐ OPPOSE
	CITY STATE ZIP CO		DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
	NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMI			NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
	CITY STATE ZIP CO		DE/PHONE		Attac	ch continuatio	n sheets if necessary	- to-

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 08/17/2022 CALIFORNIA 460 FORM Page 3 of 7

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Debbie Long for Pinole City Council 2022 1452992 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 .00 20. Contributions 2848.00 2848.00 2848.00 Received .00 .00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures \$\_.00 **\$ 1161.39** 2848.00 2848.00 Made 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) .00 Date of Election Total to Date .00 00. (mm/dd/yv) 10. Nonmonetary Adjustment...... Schedule C, Line 3 1161.39 1161.39 s 1161.39 11 **Current Cash Statement** .00 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 2848.00 add amounts in Column A to the corresponding .00 \*Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 1161.39 amounts in Column A may 1686.61 16. ENDING CASH BALANCE ......Add 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 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 .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

# Schedule A

Amounts may be rounded

SCHEDULE A

Monetary	Contributions Received	to	whole dollars.	Statement cov from 08/17/2022		CALIFORNIA 460 FORM Page 4 of 7	
	IONS ON REVERSE	w		through <u>09/22/20</u>	2/2022 Page 4		
Debbie Long	g for Pinole City Council 2022					1.D. N 14529	UMBER 92
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 EMPLOYE (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	Property Mgmt COM OTH PTY SCC		300.00	300.00		300.00
09/15/2022	IBEW Local 302 #1300752 1875 Arnold Dr. Martinez CA 94533	IND PAC COM OTH PTY SCC		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					
			SUBTOTAL	\$ 2500.00			
1. Amount re (Include a	A Summary eceived this period – itemized monetary contribution Il Schedule A subtotals.)		9.4	00.00 8.00	IND - COM OTH PTY	other – Other – Politic	ual bient Committee r than PTY or SCC) (e.g., business entity)
	etary contributions received this period.	Column A 1 ine 1	TOTAL \$ <sup>28</sup>	48.00	300		Contributor Committee

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

**SUBTOTALS \$ 1083.64** 

Schedule B Summary

<sup>†</sup>□IND □ COM □ OTH □ PTY □ SCC

(Enter (e) on Schedule E, Line 3)

\$ .00

RATE

†Contributor Codes

DATE INCURRED

IND - Individual

COM - Recipient Committee

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

CALENDAR YEAR

PER ELECTION<sup>3</sup>

PTY - Political Party

SCC – Small Contributor Committee

(May be a negative number)

DATE DUE

.00

☐ PAID

FORGIVEN

**\$** 1083.64

\*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

Schedule	E
<b>Payments</b>	Made

legal defense

LEG

Amounts may be rounded to whole dollars.

·	SCHEDULE E
Statement covers period from	CALIFORNIA 460
through <u>09/22/2022</u>	Page 6 of 7
4	I.D. NUMBER
	1452992

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 RAD radio airtime and production costs campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services transfer between committees of the same candidate/sponsor

professional services (legal, accounting) VOT voter registration 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
Larry Long	FIL	Filing Fee	392.64
El Sobrante, CA 94803			
Larry Long El Sobrante, CA 94803	СМР	Campaign material/Business Cards/Photo/Misc supplies	366.00
Larry Long El Sobrante, CA 94803	PRT	Market Place Advertising	325.00

 $^st$  Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 1161.39** 

#### Schedule E Summary

2. Unitemized payments made this period of under \$100......\$ 

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period 08/17/2022 from
SEE INSTRUCTIONS ON REVERSE		through <u>09/22/2022</u>
NAME OF FILER		

	SCHEDULE E (CONT.)						
eriod	CALIFORNIA 460						
	Page of						

I.D. NUMBER

1452992

COE	DES: If one of the following codes accurately describes	the	payment, you may enter the code.	Otherwise,	describe the payment.
MP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	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
	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
:ND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponso
.EG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
.IT	campaign literature and mailings	PRT	print ads	WER	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	O	R 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

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Debbie Long for Pinole City Council 2022** 

COVER PAGE

### Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIFORNIA 460					
Page of _4					

Officeholder or Candidate Controlled (	Committee	6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Justin Martinez							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	ID DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRI	EET) CITY STATE ZIP Pinole CA 94564		Identify the controlling office	eholder, candi	date, or state meas	ure propoi	nent, if any.
1			NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in the not included in this statement that are controlled be contributions or make expenditures on behalf of your contributions.	y you or are primarily formed to receive		OFFICE SOUGHT OR HELD	-	DIST	RICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER				<u> </u>		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7,	<ul> <li>Primarily Formed Cand officeholder(s) or candidate(s)</li> </ul>	didate/Offic	eholder Commi committee is prima	ittee List rily formed.	names of
TANKET AND TO A STATE OF THE ST	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	1
COMMITTEE ADDRESS STREET ADDRESS (	anomina verrecona						SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS ( CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	nch continuati	on sheets if necess	sary	OPPOSE

### **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

	SOWINARTTAGE				
Statement covers period 67/01/2022 from	CALIFORNIA 460				
through09/24/2022	Page of4				
-	I.D. NUMBER				

CLIMMADY DACE

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1451631 Justin Martinez Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE (FROM ATTACHED SCHEDULES) General Elections 1/1 through 6/30 7/1 to Date 2. Loans Received...... Schedule B, Line 3 20. Contributions Received 4. Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E. Line 4 **Candidates** 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add amounts in Column 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 15. Cash Payments ...... Column A, Line 8 above 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, only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 18. Cash Equivalents See instructions on reverse FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

#### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

		F	

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CALIFORNIA 160

Statement covers period

				from	07/01/2022 FORM <b>40</b>				
SEE INSTRUCTION	NS ON REVERSE			through09/24/20	)22	Page_	4 of		
NAME OF FILER Justin Martine	z					I.D. NUN 1451631			
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)		
		□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					
(Include all	A <b>Summary</b> seived this period – itemized monetary contribution Schedule A subtotals.) seived this period – unitemized monetary contribut				IND- COM OTH PTY	other ti Other (e Political –	a <b>i</b> ent Committee than PTY or SCC) e.g., business entity)		
3 Total monet	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, C					FPPC	C Form 460 (Jan/201		

CALIFORNIA FORM

### Recipient Committee Campaign Statement Cover Page

Cover Page			656.6.6.6.6	
	Statement covers period from $\frac{07/01/2022}{}$	Date of election if applicable: (Month, Day, Year)	SEP 2 9 2022P	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through	11/08/2022		
1. Type of Recipient Committee: All Committees - Committe	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ Officeholder, Candidate Controlled Committee  ○ State Candidate Election Committee  ○ Recall  (Also Complete Part 5)  □ General Purpose Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	t	r Statement Odd-Year Report
Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	s <del>-</del>		
3 Committee Information	.D. NUMBER 1408103	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		<u>-</u>
Norma Martínez-Rubin for Pinole City Council 202	22	Norma Martinez-Rubin MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
4		Pinole	CA 94564	
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
Pinole CA 945				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	OX .	MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRI	ESS	
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of the Sta	of California that the foregoing is true an	d correct.	roponent or Responsible Officer of Sponsor State Measure Proponent	les is true and complete. I
			'	EDDC Form 460 (lan/2016))

Officeholder or Candidate (	Controlled Commit	tee	W	6	õ.	Primarily Formed Ballo	t Measure (	Committee				
NAME OF OFFICEHOLDER OR CAND	IDATE					NAME OF BALLOT MEASURE						
Norma Martinez-Rubin												
OFFICE SOUGHT OR HELD (INCLUDI	E LOCATION AND DISTRI	CT NUMBER IF A	APPLICABLE)			BALLOT NO. OR LETTER	JURISDICTIO	NC		] SUPPORT		
Council Member, City of Pinole	e									OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS	(NO. AND STREET) CIT	Y :	STATE ZIP									
	Pi	inole	CA 94564		Identify the controlling officeholder, candidate, or state measure proponent, if any.							
-						NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	ROPONENT				
Related Committees Not In	cluded in this State	ement: List a	nny committees									
not included in this statement that a	re controlled by you or a	re primarily for				OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY		
contributions or make expenditures	on benair or your candid	асу.										
COMMITTEE NAME		I.D. NUMBER										
NAME OF TREASURER		CONTROLLED	COMMITTEES	7	7,	<b>Primarily Formed Can</b>	didate/Offic	eholder Co	mmittee Li	st names of		
NAME OF TREASURER						officeholder(s) or candidate(s	) for which this	committee is	primarily forme	ed.		
COMMITTEE ADDRESS STRE	ET ADDRESS (NO P.O. BO		□ NO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD			
		,								SUPPORT		
CITY	STATE ZIP CO	DE AR	EA CODE/PHONE			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	JGHT OR HELD	OPPOSE		
						NAME OF OFFICEROLDER OR	CANDIDATE	TOFFICE SOL	JGHT OK HELL	☐ SUPPORT		
COMMITTEE NAME		I.D. NUMBER								☐ OPPOSE		
OOMINITIEE IVINE		I.D. NOWIDEN				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT		
										☐ OPPOSE		
NAME OF TREASURER		CONTROLLED	COMMITTEE?			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD			
		YES	□ NO							SUPPORT		
COMMITTEE ADDRESS STRE	ET ADDRESS (NO P.O. BO	OX)								OPPOSE		
CITY	STATE ZIP CO	DE AR	EA CODE/PHONE			Atta	nch continuatio	on sheets if n	ecessary			

#### **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA** from  $\frac{07/01/2022}{}$ **FORM** through \_\_\_\_\_09/24/2022 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Norma Martinez-Rubin for Pinole City Council 2022 1408103 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** 2,100.00 2,100.00 1/1 through 6/30 7/1 to Date 000,000 000.00 20. Contributions 2,100.00 2,100.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 000.00 000.00 4. Nonmonetary Contributions...... Schedule C. Line 3 21. Expenditures 2,100.00 2,100.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4

xpenditures Made										
6. Payments Made	\$	1,730.32	\$	1,905.32						
7. Loans Made Schedule H, Line 3		000.00		000.00						
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,730.32	\$	1,905.32						
9. Accrued Expenses (Unpaid Bills)		000.00		000.00						
10. Nonmonetary Adjustment		000.00		000.00						
11. TOTAL EXPENDITURES MADE	\$	1,730.32	\$	1,905.32						

#### **Expenditure Limit Summary for State Candidates**

#### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election Total to Date (mm/dd/yy)

**Current Cash Statement** 

1,764.77 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 2,100.00 000.00 1,730,32 2,134.45 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 \$ If this is a termination statement, Line 16 must be zero. 000.00 17. LOAN GUARANTEES RECEIVED ...... Schedule B. Part 2 \$ **Cash Equivalents and Outstanding Debts** 000.00 18. Cash Equivalents...... See instructions on reverse 000.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above

To calculate Column B. add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

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

## Schedule A

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received  SEE INSTRUCTIONS ON REVERSE		to	whole dollars.	Statement cov from 07/01/2022		CALIFORNIA 46 FORM  Page 4 of 5	
				through			<u> </u>
NAME OF FILER Norma Mart	tínez-Rubin for Pinole City Council 2022					1.D. N 14081	IUMBER 103
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)
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 Pinole, CA 94564	☑ IND □ COM □ OTH □ PTY □ SCC	Owner The Newsletter Guy	\$500.00	\$500.00		\$500.00
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			
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$ \$2	,100.00	IND - COM	(other	lual pient Committee er than PTY or SCC)
2. Amount re	eceived this period – unitemized monetary contribution	ns of less thar	າ \$100\$ <u> </u>	00.00	PTY	<ul><li>Politic</li></ul>	r (e.g., business entity) cal Party I Contributor Committee
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	lumn A, Line 1	.) <b>TOTAL</b> \$_\$2	,100.00		FPI	PC Form 460 (Jan/2016)

Schedule i	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA ACO
from	CALIFORNIA 460
through <u>09/24/2022</u>	Page of
	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.

campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain ronmonetary)\* OFC office expenses SAL campaign workers' salaries PET petition circulating t.v. or cable airtime and production costs CVC civic donations TEL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals TRC POL polling and survey research staff/spouse travel, lodging, and meals FND fundraising events TRS

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

PRT print ads

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		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	

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 

#### Schedule E Summary

COVER PAGE **Recipient Committee** RECEIVED CALIFORNIA **Campaign Statement FORM Cover Page** Statement covers period Date of election if applicable: from 7/21/2022 (Month, Day, Year) Office of the City Clerk For Official Use Only 11/08/2022 through 9/24/2022 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Preelection Statement **Quarterly Statement** State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Recall Controlled Termination Statement (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee O Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1452419 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Committee to Elect Peter Murray Pinole City Council Member Cathy Murray MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE Pinole 94564 CITY ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Pinole CA 94564 N/A MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS Same CITY ZIP CODE AREA CODE/PHONE ZIP CODE STATE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on Executed on. Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent

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. Offic	eholder or Candidate Co	ontrolled Committ	ee	6.	Primarily Formed Ballo	t Measure	Committee		
-	OF OFFICEHOLDER OR CANDIDA	ATE			NAME OF BALLOT MEASURE				
Peter	Murray								
OFFIC	E SOUGHT OR HELD (INCLUDE L	OCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		
Pinol	e City Council Member							1-	SUPPORT OPPOSE
RESID	ENTIAL/BUSINESS ADDRESS (N		STATE ZIP CA (4564		Identify the controlling office			measure prope	onent, if any.
-					NAME OF OFFICEHOLDER, CA	NDIDATE, OR	PROPONENT		
not ind	ted Committees Not Included in this statement that are outlons or make expenditures on	controlled by you or are	primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	FANY
СОММ	ITTEE NAME	TI.	D. NUMBER						
NAME	OF TREASURER	C	ONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Offic	eholder Co	nmittee Lis	t names of
			YES NO		- Constitution (S) or canadate(S)	ioi willen ans	s committee is p	rimarily formed	
СОММ	ITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
CITY		STATE ZIP COD	E AREA CODE/PHONE						☐ OPPOSE
OIII		STATE ZIPCOD	E AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
COMMI	TTEE NAME	Ti.	D. NUMBER				3		☐ OPPOSE
/					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME (	OF TREASURER	C	ONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	CHT OF HELD	LI OFFOSE
COMMI	TTEE ADDRESS STREET	ADDRESS (NO P.O. BO)	YES NO			ON TO DATE	OTTICE SOOK	SITI OK HELD	SUPPORT OPPOSE
		· The contractant	*11		· <del>************************************</del>				1
CITY		STATE ZIP COD	AREA CODE/PHONE		Atta	ch continuatio	оп sheets if ne	cessary	
								,	

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA 460 Statement covers period from\_

SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Committee to Elect Peter Murray Pinole City Council Member 2022	Column A	through	Calendar Year Sum	Page of  I.D. NUMBER  1452419  mary for Candidates
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	\$ [2548.00]	\$ 2548.00 0 2548.00 \$ 0 2548.00 \$ 0 \$ 2548.00 \$ 0 \$ 2548.00 \$ 0 \$ 2548.00 \$ \$ 2548.00 \$ \$ 2548.00 \$ \$ 2548.00 \$ \$ 2548.00 \$ \$ \$ 2548.00 \$	Running in Both the General Elections	s 1586.31
Expenditures Made  6. Payments Made Schedule E, Line 4  7. Loans Made Schedule H, Line 3  8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7  9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3  10. Nonmonetary Adjustment Schedule C, Line 3  11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	0	\$ \[ \begin{array}{c ccccccccccccccccccccccccccccccccccc		Summary for State  ve Expenditures Made*  Voluntary Expenditure Limit)  Total to Date
Current Cash Statement  12. Beginning Cash Balance	\$ [U	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	*Amounts in this section m reported in Column B.	ay be different from amounts
17. LOAN GUARANTEES RECEIVED	\$ 0 \$ 0 \$ 0	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Advice: advi	FPPC Form 460 (Jan/2016)) ce@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule A Monetary Contributions Received		its may be rounded whole dollars.	Statement cov	vers period	CALI F	SCHEDULE IFORNIA 460 ORM
SEE INSTRUCTIONS ON REVERSE			through			of
Committee to Elect Peter Murray Pinole City Council Member 2	2022				14524	19
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)
9/13/22 IBEW Local 302 Political. Action Committee	☐ IND  ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$1000.000	\$1000.000		\$1000.000
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 □ SCC	3	\$1000.000	\$1000.000		\$1000.000
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
Delegated A Communication of the Communication of t		SUBTOTAL \$				

#### Schedule A Summary

Amount received this period – itemized monetary contributions.	2300.0
(Include all Schedule A subtotals.)	12300.0

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

3.	Total monetary contributions received this period.	10210 00
	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	\$ 2548.00

*Con	tributo	r Codes	
IL ID			

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))

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Schedule B – Part 1	Am	nounts may be ro	unded	_			SCHE	DULE B - PART
Loans Received		to whole dollars	3.		Statement cov	ers period	CALIFORM	NA 460
LORIIS Neceived					from	-	FORM	
SEE INSTRUCTIONS ON REVERSE					through		Page	of
NAME OF FILER							I.D. NUMBER	
Committee to Elect Peter Murray Pinole City (	Council Member 2022						1452419	
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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
Peter Murray Pinole, CA 94564	retired			PAID 1261.31	s[0	O %	s 1261.31	s 1261.31
☑ IND □ COM □ OTH □ PTY □ SCC	9	20	s 1261.31	FORGIVEN	DATE DUE	s	9/12/22	PER ELECTION
	retired			PAID 325.00	s O	O N	s 325.00	CALENDAR YEAR
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		s	s 325.00	\$	DATE DUE	s	9/20/22 DATE INCURRED	PER ELECTION*
				PAID	\$	% RATE	\$	CALENDAR YEAR
		s	s	FORGIVEN		\$		PER ELECTION
□ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	V
	S	SUBTOTALS \$	\$		\$	\$		
Schedule B Summary				Pare		(Enter (e) on Sche	dule E, Line 3)	
Loans received this period  (Total Column (b) plus unitemized loans	of less than \$100 \	***************************************	*************	\$	36.31			
<ol> <li>Loans paid or forgiven this period</li></ol>	D paid or forgiven.)			\$ 158	36.31		Contributor Codes ND – Individual COM – Recipient C	
(Include loans paid by a third party that 3. Net change this period. (Subtract Line Enter the net here and on the Summary	are also itemized on Sche	dule A.)	***************************************	NET \$		C		PTY or SCC) business entity) ty

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

\*\* If required.

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(May be a negative number)

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER  Committee to Elect Peter Murray Pinole City Member 2022	Amounts may to whole d			from .		Page	MBER
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications I appearance es lating urvey researc very and mes	n senger services	RAD r RFD r SAL c TEL t TRC c TRS s TSF t	escribe the payment. radio airtime and production returned contributions campaign workers' salaries v. or cable airtime and prod candidate travel, lodging, an staff/spouse travel, lodging, ir ransfer between committees voter registration nformation technology costs	uction cost d meals and meals s of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	PR I	DESCRIPTION	OF PAYMENT		AMOUNT PAID
Good Guys Signs Inc. 1032 E Hillsbourgh Avenue Tampa, Florida, 33604  Deborah Long		CMP					\$1261.31
Pinole, CA 94564							ψ323.00
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.			รบ	BTOTAL	\$

Schedule E Summary

Car	cipient Committee mpaign Statement ver Page				JEIVE	COVER PAG LIFORNIA 460 FORM
		Statement covers period from 7/1/2022	Date of election if applicable: (Month, Day, Year)		2 8 2022 <sub>Pag</sub>	e 1 of 6
	NSTRUCTIONS ON REVERSE	through 9/28/22	November 8, 2022		and only o	ioik j
1. Ty	ype of Recipient Committee: All Committees - Col	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
	General Purpose Committee  Sponsored  Small Contributor Committee	Primarily Formed Ballot Measure Committee Committee Controlled Sponsored Scomplete Part 6) Crimarily Formed Candidate/ Officeholder Committee Sco Complete Part 7)	Preelection Statement  Semi-annual Statement  Termination Statement (Also file a Form 410 Te	ermination)	☐ Quarterly St	atement -Year Report
3. C	ommittee Information I.D	NUMBER 404981	Treasurer(s)			
co	DMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
	inole 4 Fair Government		Ivette Ricco			
			MAILING ADDRESS			
STE	REET ADDRESS (NO P.O. BOX)					
311	NEET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
CIT	Y STATE ZIP COD		Pinole	Ca	94564	THE TOOLET HONE
	nole STATE ZIP COD		NAME OF ASSISTANT TREASURER	, IF ANY		
MAI	ILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		-			
	And the second s		MAILING ADDRESS			
CIT	STATE ZIP COD	E AREA CODE/PHONE	CITY	07170		
Pir	- Qu 34304		5	STATE	ZIP CODE	AREA CODE/PHONE
OPI	TIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			
	rification					
certi	ve used all reasonable diligence in preparing and reviewing ify under penalty of perjury under the laws of the State of C	this statement and to the best of my k	nowledge the information contained h	nerein and in the attac	hed schedules is	true and complete
		allfornia that the foregoing is true and c	correct //		mod concurred to	and complete.
	Executed on September 28, 2022	Ву				
			Signature of Treasurer or Assistant To	reasurer		
	Executed onDate	By — Signature of Control	ling Officeholder, Candidate, State Measure Prop			
	Executed on		Sinceriorder, Candidate, State Measure Prop	onent or Responsible Officer	of Sponsor	
	Date	By ————————————————————————————————————	nature of Controlling Officeholder, Candidate, Sta	te Measure Proponent		
	Executed on	Ву				
	MANA.	Ŝio	nature of Controlling Officeholder Candidate Sta	to Manager Deserved		

**COVER PAGE** 

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period 7/1/2022 from	CALIFORNIA 460
through 9/28/2022	Page of
	I.D. NUMBER 1404981

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Pinole 4 Fair Government

					1707301
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
Monetary Contributions Schedule A, Line 3	\$	579.25	\$	1584.37	General Elections
2. Loans Received Schedule B, Line 3		0.00	φ	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2		579.25	\$	1584.37	20. Contributions
4. Nonmonetary Contributions Schedule C, Line 3		347.97	*	457.97	Received \$ \$ \$  21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4		927.22	\$	2042.34	Made \$ \$
Expenditures Made					Fundamental in the Control of the Co
6. Payments Made Schedule E, Line 4	\$	377.19	\$	377.19	Expenditure Limit Summary for State Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		377.19	\$	377.19	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	
10. Nonmonetary Adjustment		347.97		457.97	Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	725.16	\$	835.16	\$
Current Cash Statement			Г	<del></del>	
12. Beginning Cash Balance Previous Summery Page, Line 16	\$	759.18	١.		<b>1 3 4 5 5</b>
13. Cash Receipts Column A, Line 3 above		579.25	ad	calculate Column B, d amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4			A t	o the corresponding nounts from Column B	*Amounts in this section may be different from amounts
15. Cash Payments Column A, Line 8 above		377.19	of	your last report. Some	reported in Column B.
16. ENDING CASH BALANCE	\$	961.24	be	nounts in Column A may negative figures that	
If this is a termination statement, Line 16 must be zero.			pre	ould be subtracted from evious period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	s is the first report being d for this calendar year, y carry over the amounts	
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, and 9 (if	*
18. Cash Equivalents See instructions on reverse	\$	0.00	any	y).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above					
	Ė				FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)
					-C-FF

www.fppc.ca.gov

#### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	-		Statement coverage from 7/1/2022	ers period	CALI F	FORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through <u>9/28/22</u>	<u> </u>	Page	3 of 6
NAME OF FILER Pinole 4 F	Fair Government					1.D. NU 1404	JMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (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 □SCC	Lawrence Berkeley Labs IT Group Lead Tech	99.00	199	.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL \$	579.25			
Amount rec (Include all     Amount rec	A Summary  ceived this period – itemized monetary contributions.  Schedule A subtotals.)  ceived this period – unitemized monetary contribution	***********		579.25 0	IND - COM OTH PTY	(other – Other – Politica	ual ient Committee than PTY or SCC) (e.g., business entity) al Party
3. Total monet (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colo	umn A, Line 1	.)TOTAL \$	579.25	CSCC	– Small	Contributor Committee

### Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

0.10	Statement covers p	CALIFORNIA 460						
thro	through <u>9/28/22</u>			Page 4 of 6				
			1.D. NUME 14049					
OF	AMOUNT/	CUMULAT		PER F	LECTION			

Pinole 4	4 Fair Government					1.D. NUM 14049	
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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/20/22	Ivette Ricco Pinole, Ca. 94564	☑IND □COM □OTH □PTY □SCC	Retired	Kickoff event facility and catering	347.97	457.97	
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
Attach addi	tional information on appropriately labeled o	continuation s	heets.	SUBTOTAL \$	347.97		

#### **Schedule C Summary**

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
<ol> <li>Total nonmonetary contributions received this period.</li> <li>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)</li></ol>	

\*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 b to whole do		Statement covers period from 7/1/22 CALIFORNIA FORM			
NAME OF FILER			1		through 9/28/22	I.D.	ge 5 of 6
Pinole 4	Fair Government					14	104981
DATE	MEASURE NUMBER OR	OFFICE, AND DISTRICT, OR LETTER AND JURISDICTION, DMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO I CALENDAR YEA (JAN. 1 - DEC, 31	AR TO DATE
8/15/22	Anthony Tave Pinole City Council		Monetary Contribution Nonmonetary Contribution Independent	Meet and Greet	151.60	151.	60
8/15/22	Justin Martinez Pinole City Council  Support	☐ Oppose ☐ Oppose	Expenditure  Monetary Contribution  Nonmonetary Contribution Independent Expenditure	Meet and Greet	151.60	151.	60
	Support	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
				SUBTOTAL	\$ 303.19		
1. Itemized				de all Schedule D subtotals.).			

303.19

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 7/1/22	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through <u>9/28/22</u>	Page 6 of 6
NAME OF FILER			I.D. NUMBER 1404981
CODES: If one of the following codes accura	ately describes the payment, you may enter the cod	e. Otherwise, describe the payment.	-1
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member communications MTG meetings and appearances	RAD radio airtime and production RFD returned contributions	costs

OFC office expenses

PHO phone banks

PRT print ads

PET petition circulating

POL polling and survey research

CTB contribution (explain nonmonetary)\*

campaign literature and mailings

independent expenditure supporting/opposing others (explain)\*

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

candidate filing/ballot fees

fundraising events

Schedule E Summary

legal defense

CVC civic donations

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION 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

postage, delivery and messenger services

PRO professional services (legal, accounting)

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www.fppc.ca.gov

**SUBTOTAL \$** 377.19

SAL campaign workers' salaries

VOT voter registration

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

WEB information technology costs (internet, e-mail)

transfer between committees of the same candidate/sponsor

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 of	6
CALIFORNIA FORM	460
COVER PAG	E-PARIZ

. 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 APPLICA	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	7.	Primarily Formed Cand	idate/Officeholde	er Committee Li	ist names of
NAME OF TREASURER	☐ YES ☐ NO	A Section 1	The Control of the Co	17.14 (I.3 sylvey), 40.1	tee is primarily torme	;u.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E		<del></del>	NAME OF OFFICEHOLDER OR C	CANDIDATE OFFIC	E SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C		E/PHONE	NAME OF OFFICEHOLDER OR C	CANDIDATE OFFIC	E SOUGHT OR HELD	☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFIC	E SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMIT	TEE?	NAME OF OFFICEHOLDER OR C	CANDIDATE OFFIC	E SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C		E/PHONE	Attac	ch continuation shee	ts 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 BALANCE ......Add 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		SCHEDULE		
		to	whole dollars.	Statement coverage from 7/1/2022	ers period	CALI	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

Kataet Metitis						
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

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

Schedule	e C		Amounts may be rounded						SCHEDULE C
	etary Contributions Received		to whole dollars.			Statement covers <sub>I</sub>	period	CALIFO FOR	DRNIA 460
0.55 1110751107	RONG ON DELYCORE				thro	ough		Page 5	of _6
NAME OF FILE	TIONS ON REVERSE							I.D. NUME	BER
Rafael Meni	S							1446701	L
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	\$			
Amount (Include     Amount )	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.) received this period – unitemized nonmone	tary contribut			\$ _	20	— IND COI OTH — PTY	other th d – Other (e d – Political I	nt Committee nan PTY or SCC) .g., business entity)
(Add Line	es 1 and 2. Enter here and on the Summar	 y Page, Colu	mn A, Lines 4 and 10.)	тот	AL \$	20			

Amounts may be rounded

						SCHEDULE
Schedule E Payments Made	Amounts may b to whole do			Statement covers period from $\frac{7/1/2022}{}$	CALIF FO	ORNIA 460
SEE INSTRUCTIONS ON REVERSE				through 9/24/2022	Page _	6 of
NAME OF FILER					I.D. NUN	18ER
Rafael Menis					144670	01
CODES: If one of the following codes accurately described.  CMP campaign paraphemalia/misc.  CMS campaign consultants  COTB contribution (explain nonmonetary)*  civic donations  FIL civic donations  FIL civic donations  Candidate filing/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC OFC PET PHO PHO PHO POS POS POS POS POS POS POS POS POS PO	munications I appearance ses lating urvey resea	s ces rch essenger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and production trace candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration web information technology cost	n costs duction costs nd meals and meals es of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Political Data Intelligence 3780 Kilroy Airport Way, Suite 200 PMB #992, Long Beach, CA	90806		Voter information	ı, 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 summarized on Sche	edule D.		SI	UBTOTAL :	\$ 2375.49
Schedule E Summary			-1			
Itemized payments made this period. (Include all Sched	ule E subtotals \	googland and early			\$^2	2375.49
<ol> <li>Unitermized payments made this period of under \$100</li> </ol>					•	140.33
				•••••••••		
3. Total interest paid this period on loans. (Enter amount for	om schedille K. Pal	וווסטוד	mn (P) i			

Recipient Committee		***		Data Stamp		COVER PAG
Campaign Statement Cover Page			F	RECEIVED		FORM 460
	Statement covers period from $\frac{7/1/2022}{}$	Date of election if a (Month, Day,	E ( E ( ) )	of the City C	- 11-	Page 1 of 3  For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>9/24/2022</u>	November, 8, 20				
1. Type of Recipient Committee: All Committees - Col	mplete Parts 1, 2, 3, and 4.	2. Type of Stat	tement:			
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Semi-annu Terminatio (Also file a	n Statement ual Statement on Statement i Form 410 Te nt (Explain bo	ermination)	J Special €	y Statement Odd-Year Report ciling.
a. Communee miorination	0. NUMBER 446701	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	110/01	NAME OF TREASU	JRER			
Menis for Pinole City Council 2022		Rafael Menis MAILING ADDRES	s			
STREET ADDRESS (NO P.O. BOX)		CITY		STATE	ZIP CODE	AREA CODE/PHONE
		Pinole		CA	94564	AREAGODEN HONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTA	ANT TREASUR			
Pinole CA 9456 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRES	S			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY		STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	*	OPTIONAL: FAX /	E-MAIL ADDRE	ESS		
rafael.menis@gmail.com						
4. Verification						
I have used all reasonable diligence in preparing and reviewing	·	-	ion contained	herein and in the attac	hed schedu	ules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and	i correct				
Executed on Date	Ву	rea	surer or Assistant	. Treasurer		-
Executed on 10/27/2022	Ву _	****				
Date	Signature of Cor	strolling Officeholder, Candidate, S	State Measure Pr	oponent or Responsible Office	r of Spansor	<del></del> .
Executed on	Ву	Signature of Controlling Officeho	older, Candidate,	State Measure Proponent		_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_

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 from $\frac{7/1/2022}{}$	CALIFORNIA 460
through 9/24/2022	Page of
Ja	I.D. NUMBER
	1446701

1. Monetary Contributions.  Schedule A, Line 3   716   \$2,991   2. Loans Received. Schedule B, Line 3   716   \$2,991   3. SUBTOTAL CASH CONTRIBUTIONS. Add Lines 3 + 3   \$716   \$2,991   4. Nonmonetary Contributions. Schedule C, Line 3   736   \$3011   5. TOTAL CONTRIBUTIONS RECEIVED. Add Lines 3 + 4   \$786   \$3011   5. TOTAL CONTRIBUTIONS RECEIVED. Add Lines 3 + 4   \$786   \$3011   5. TOTAL CONTRIBUTIONS RECEIVED. Add Lines 3 + 4   \$786   \$3011   5. Substotal CASH PAYMENTS. Schedule F Line 4   \$2,520.42   \$2,709.91   6. Payments Made. Schedule H Line 8   \$0   0   7. Loans Made. Schedule F Line 3   \$0   0   7. Loans Made. Schedule F Line 3   \$0   0   7. Loans Made. Schedule F Line 3   \$0   0   7. Loans Made. Schedule F Line 3   \$0   0   7. Loans Made. Schedule F Line 3   \$0   0   7. Loans Made. Schedule F Line 3   \$0   0   7. Loans Made. Schedule L Line 4   \$2,520.42   \$2,709.91   7. Loans Made. Schedule L Line 4   \$2,520.42   \$2,709.91   7. Loans Made. Schedule L Line 4   \$0   0   7. Loans Made. Schedule L Line 4   \$0   0   7. Loans Made. Schedule L Line 4   \$0   0   7. Loans Made. Schedule L Line 4   \$0   0   7. Loans Made. Schedule L Line 4   \$0   0   7. Loans Made. Schedule L Line 4   \$0   0   7. Loans Made. Schedule L Line 4   \$0   0   7. Loans Made. Schedule L Line 4   \$0   0   7. Loans Made. Schedule L Line 4   \$0   0   7. Loans Made. Schedule L Line 4   \$0   0   7. Loans Made. Schedule L Line 4   \$0   0   7. Loans Made. Schedule L Line 4   \$0   0   7. Loans Made. Schedule L Line 6 above to the schedule L Line 6 above to	Rafael Menis			1446701
6. Payments Made	4. Nonmonetary Contributions	* 716  * 716  * 716  * 716  * 736	\$ 2,991 0 \$ 2,991 20	Running in Both the State Primary and General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$
12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 2085.51	Expenditures Made  6. Payments Made	0 2,520.42 0 20	\$\frac{0}{2,709.91} \frac{0}{20}	Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date
FPPC Advice: advice@fppc.ca.gov (866/275-3772)	14. Miscellaneous Increases to Cash	716 0 2540.42 \$ 281.09	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	reported in Column B.  FPPC Form 460 (Jan/2016))

Schedule E	Amounts may b		ĭ	Statement covers period	CALIE	SCHEDULE
Payments Made	to whole do	oliars.		from 7/1/2022	FO	ORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rafael Menis				through 9/24/2022	Page _3	IBER
CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees FND fundraising events  ND independent expenditure supporting/opposing others (explain)*  PO  LEG legal defense  MT  OF  OF  OF  OF  OF  OF  OF  OF  OF  O	BR member com FG meetings and FC office expens	munications l appearances es ating urvey research very and mess	ı Jenger services	wise, describe the payment.  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 transfer between committees VOT voter registration WEB information technology costs	uction costs I meals Ind meals of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)		CODE O	R DESC	RIPTION 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	nt		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 sum	nmarized on Sche	dule D.		SUI	BTOTAL S	2375.49
Schedule E Summary						

2375.49

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Ş <b>—</b> ———————————————————————————————————		RECE	IVED CAL	LIFORNIA 460
	Statement covers period from07/01/2022	Date of election if applicable: (Month, Day, Year)		Page	1 of 9
SEE INSTRUCTIONS ON REVERSE	through09/24/2022	11/08/2022	Office of the	City Cier	Official Use Only
<ul> <li>State Candidate Election Committee</li> <li>○ Recall</li> <li>(Also Complete Part 5)</li> <li>□ General Purpose Committee</li> <li>○ Sponsored</li> <li>□ Small Contributor Committee</li> </ul>	omplete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure  Committee  Controlled  Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement:     Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 T     Amendment (Explain b	ermination)	Quarterly State     Special Odd-     Supplemental     Statement - A	Year Report
5. Committee intomation	D. NUMBER 1408891	Treasurer(s)  NAME OF TREASURER  Cine D. Ivery  MAILING ADDRESS  CITY  Inglewood	STATE CA	ZIP CODE 90301	AREA CODE/PHONE
Inglewood CA 9030 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	01	NAME OF ASSISTANT TREASUR Michelle Moore Sander MAILING ADDRESS	RER, IF ANY		
OPTIONAL: FAX / E-MAIL ADDRESS	DDE AREA CODE/PHONE	Inglewood OPTIONAL: FAX / E-MAIL ADDR	STATE CA ESS	ZIP CODE 90301	AREA CODE/PHONE
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  Executed on	By	oling Officeholder, Candidate, State Measure Prop			and complete. I certify
Dale	Ву	Signature of Controlling Officeholder, Cardiciale, Sta	te Measure Proponent		

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

COVER PAGE - PART 2

CALIFORNIA 460

Page \_\_\_ 2 \_\_ of \_\_ 9

NAME OF OFFICEHOLDER OF CANDIDATE		6. Primarily Formed Ballot N	neasure Committee	e	
Anthony Lee Tave		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TDIOT				
erry council member Pinole City Council	TRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JU	URISDICTION	Ic	SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP			[	OPPOSE
,	SIAIE ZIP	Idonéte, Al			
	Pinole CA 94564	Identify the controlling officeho	older, candidate, or st	tate measure i	Droponent if
		NAME OF OFFICEHOLDER, CANDIDA	TE. OR PROPONENT		
elated Committees Not Included in this statement that are controlled by your included in this statement that are controlled by your intributions or make expenditures on behalf of your	Statement: List any committees ou or are primarily formed to meeting	OFFICE SOUGHT OR HELD			
. Senan or your	candidacy.	OF FIGE SOUGHT OR HELD		DISTRICT NO. II	F ANY
DMMITTEE NAME	I.D. NUMBER				
	1				
AME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidat	o/Officebalds o	<b>20</b> 20	
	CONTROLLED COMMITTEE?	7. Primarily Formed Candidat officeholder(s) or candidate(s) for w	te/Officeholder Cor	mmittee Lis	t names of
	☐ YES ☐ NO		men uns committee is j	mmittee Lis primarily forme	t names of d.
	☐ YES ☐ NO	7. Primarily Formed Candidate officeholder(s) or candidate(s) for w	men uns committee is j	primarily forme	ed.
TV .	☐ YES ☐ NO BOX)			primarily forme	SUPPOR
DMMITTEE ADDRESS STREET ADDRESS (NO P.O.	☐ YES ☐ NO	NAME OF OFFICEHOLDER OR CANDID	OATE OFFICE SOUG	HT OR HELD	ed.
DMMITTEE ADDRESS (NO P.O.  TY STATE ZIP	☐ YES ☐ NO BOX)		DATE OFFICE SOUGH	HT OR HELD	SUPPOR
DMMITTEE ADDRESS STREET ADDRESS (NO P.O.	☐ YES ☐ NO BOX)	NAME OF OFFICEHOLDER OR CANDID	OATE OFFICE SOUG	HT OR HELD	SUPPOR
MMITTEE ADDRESS STREET ADDRESS (NO P.O. Y STATE ZIP	PCODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDID	OATE OFFICE SOUGH	HT OR HELD	SUPPOR
OMMITTEE ADDRESS STREET ADDRESS (NO P.O. TY STATE ZIP MMITTEE NAME	PCODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDID	OFFICE SOUGH	HT OR HELD	SUPPOR  SUPPOR  SUPPOR  OPPOSE
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MMITTEE ADDRESS STREET ADDRESS (NO P.O. Y STATE ZIP MMITTEE NAME ME OF TREASURER	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEHOLDER OR CANDID	OATE OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE OPPOSE
MMITTEE ADDRESS STREET ADDRESS (NO P.O. Y STATE ZIP MMITTEE NAME ME OF TREASURER	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEHOLDER OR CANDIDA  NAME OF OFFICEHOLDER OR CANDIDA  NAME OF OFFICEHOLDER OR CANDIDA	OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPOR SUPPOR SUPPOR OPPOSE SUPPOR SUPPOR
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OMMITTEE ADDRESS STREET ADDRESS (NO P.O.  STATE ZIP  MMITTEE NAME  ME OF TREASURER  MMITTEE ADDRESS STREET ADDRESS (NO P.O. I	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEHOLDER OR CANDIDA  NAME OF OFFICEHOLDER OR CANDIDA  NAME OF OFFICEHOLDER OR CANDIDA	OATE OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA 460
from	07/01/2022	FORM TOU
through _	09/24/2022	Page3 of9
		I.D. NUMBER

1408891

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

TO COME OF THE LINE

TAVE FOR CITY COUNCIL 2022

TAVE FOR CITY COUNCIL 2022					1400071
Contributions Received		Column A TOTALTHIS 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	\$	1,630.33	\$	3,142.15	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		2,155.01	1/1 through 6/30 //1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	1,630.33	\$	5,297.16	20. Contributions  Received \$\$
4. Nonmonetary Contributions		0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	1,630.33	\$	5,297.16	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	2,009.63			Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	•		\$	3,330.24	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3				0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	2,009.63	\$	3,330.24	/ \$
Current Cash Statement					/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	2,270.49	То	calculate Column B, add	
13. Cash Receipts		1,630.33		nounts in Column A to the rresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		2,009.63		port. Some amounts in plumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	1,891.19	fig	ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.			ре	riod amounts. If this is e first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for ca	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if y).	4 = 1/2
18. Cash Equivalents			l		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	2,155.01			FPPC Form 460 (Jan

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 cov  from07/01/2  through09/24/2	022	CALIFOR FORM	400 4 of 9
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	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	Received through inter eFundraising Connectio 2831 G St., Suite #120 Sacramento, CA 95816	mediary: ns	0.00	
08/10/2022	Gabriel Ouinto El Cerrito, CA 94530	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Council Member City of El Cerrito	26.22 Received through inter eFundraising Connection 2831 G St., Suite #120 Sacramento, CA 95816	mediary:	5.22	
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 eFundraising Connection 2831 G St., Suite #120 Sacramento, CA 95816	mediary:	0.00	
08/17/2022	Rodolfo Mercado Santa Clara, CA 95050	☑IND □COM □OTH □PTY □SCC	Business Owner Financial Rescue	425.18  Received through intersefundraising Connection 2831 G St., Suite #120 Sacramento, CA 95816	ediary:	.18	
08/18/2022	Gabriel Quinto El Cerrito, CA 94530	⊠IND □COM □OTH □PTY □SCC	Council Member City of El Cerrito	Received through intex eFundraising Connection 2831 G St., Suite #120 Sacramento, CA 95816	ediary:	.22	

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

 \*Contributor Codes

IND - Individual

1,505.34

OOM O

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.

SCF	IEDU	LE A	(CON	T.)
		$\overline{}$		

Statem	ent covers period	CALIFORNIA 160				
from	07/01/2022	FORM 400				
through	09/24/2022	Page5 of9				
		I.D. NUMBER				
		1408891				

NAME OF FILER

TAVE FOR CITY COUNCIL 2022

— TON CIT	VIII				14086	331
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
08/18/2022	Pinole, CA 94564	IND  COM  OTH  PTY  SCC	Deputy Sheriff City and County of San Francisco	250.00  Received through integrundraising Connecti 2831 G St., Suite #12 Sacramento, CA 95816	rmediary:	
08/26/2022	Paul Fadell El Cerrito, CA 94530	⊠IND □COM □OTH □PTY □SCC	Council Member City of El Cerrito	150.00  Received through integration connective 2831 G St., Suite #120 Sacramento, CA 95816	ons	
08/26/2022	Edgar Sarabia Rosemead, CA 91770		Civil Engineering Los Angeles Department of Water and Power	103.94 Received through integerundraising Connectic 2831 G St., Suite #120 Sacramento, CA 95816	ns	
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 interefundraising Connectie 2831 G St., Suite #120 Sacramento, CA 95816	ns	
		□IND □COM □OTH □PTY □SCC				er.

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 1 Loans Received	Am	ounts may be r to whole dolla			Statement cov	vers period	CALIFORNIA 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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOR	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Anthony Tave 282 Zoe Ct Pinole, CA 94564 Received through intermediary: eFundraising Connections, 2831 G Street #120, Sacramento, CA 95816	Director City College of San Francisco			PAID  \$O.O.  FORGIVEN	0 \$ <u>2,155.01</u>	00% RATE	\$ -2,155_01	CALENDAR YEAR \$0_00 PER ELECTION***	
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$_2,155.01	\$0_0	\$	DATE DUE	\$0.00	DATE INCURRED	s	
†   IND		\$ \$	s	\$ PAID \$ FORGIVEN \$ PAID \$ FORGIVEN \$ FORGIVEN	DATE DUE		\$ DATE INCURRED	CALENDAR YEAR  S PER ELECTION ***  S  CALENDAR YEAR  \$ PER ELECTION ***  \$ \$ PER ELECTION ***	
	'	SUBTOTALS \$	0.00	0.0	2,155.01	\$ 0.00	a her is		
Schedule B Summary  1. Loans received this period	s of less than \$100 \					(Enter (e) on Schedule E, Line 3)			
<ol> <li>Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that</li> <li>Net change this period. (Subtract Line</li> </ol>	0 paid or forgiven.) t are also itemized on Sched	lule A.)		NET \$	0.00  0.00  May be a negative number)	INI CC OT PT	ontributor Codes  D Individual  DM Recipient Co (other than  TH Other (e.g., Y Political Parts  C Small Contrib	ommittee PTY or SCC) business entity)	
Enter the net here and on the Summar  *Amounts forgiven or paid by another party also	<u> </u>	1		·	, = =				

\*\* If required.

Schedule E Payments Made Amounts ma to whole			d	Statement covers period from07/01/2022		CALIFORNI FORM	<sup>A</sup> 460
SEE INSTRUCTIONS ON REVERSE				through	09/24/2022	Page7	of9
NAME OF FILER						I.D. NUMBER	
TAVE FOR CITY COUNCIL 2022						1408891	
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications  d appearance ses lating urvey reseavery and m	s ces	RAD radio RFD retul SAL cam TEL t.v. c TRC canc TRS staff TSF trans VOT vote	pairtime and production rined contributions paign workers' salaries or cable airtime and producted travel, lodging, and spouse travel, lodging, sfer between committee or registration mation technology costs	duction costs d meals and meals s of the same cal	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF F	AYMENT	A	MOUNT PAID
Suzanna Mannion Rođeo, CA 94572		PRO	Photography Serv	ices			200.0
Political Reporting Plus		PRO	Political Account	ing - June	, 2022		250.0
Inglewood, CA 90301							
eFundraising Connections		CMP	Credit Card Proce	essing Fee			8.8
Sacramento, CA 95816							

## Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA 460
from07/01/2022	FORM TOU
through 09/24/2022	Page8 of9
	I.D. NUMBER
	1408891

 SEE INSTRUCTIONS ON REVERSE
 through \_\_09/24/2022
 Page \_\_8 \_\_or

 NAME OF FILER
 I.D. NUMBER

 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.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants meetings and appearances RFD returned contributions CTB 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 candidate filing/ballot fees FIL РНО phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense 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 CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) eFundraising Connections CMP Credit Card Processing Fee 15.18 Sacramento, CA 95816 eFundraising Connections CMP Credit Card Processing Fee 3.80 Sacramento, CA 95816 eFundraising Connections CMP Credit Card Processing Fee 9.05 Sacramento, CA 95816 eFundraising Connections CMP Credit Card Processing Fee 3.94 eFundraising Connections CMP Credit Card Processing Fee 5.55 sacramento, CA 95816

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

**SUBTOTAL \$** 

37.52

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

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers period	CALIFORNIA 460
from 07/01/2022	FORM TOU
through09/24/2022	Page 9 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. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB 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 phone banks TRC candidate travel, lodging, and meals PHO staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TRS TSF transfer between committees of the same candidate/sponsor

independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services legal defense professional services (legal, accounting) VOT voter registration

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
AABCO Printing Concord, CA 94520	LIT	Lawn Signs	1,481.63
eFundraising Connections Sacramento, CA 95816	CMP	Credit Card Processing Fee	3.80
eFundraising Connections Sacramento, CA 95816	СМР	Credit Card Processing Fee	1.18
eFundraising Connections Sacramento, CA 95816	СМР	Credit Card Processing Fee	9.05

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

1,495.66

NAME OF FILER Campaign to Elect Debbie Long for Pinole City Council 2022			Date of This Filing	0-12-22	Date Stamp	CALIFO FOR	
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1452992  STREET ADDRESS  CITY STATE ZIP CODE  Pinole (El Sobrante 94803, for mailing) CA 94564			Report No  Amendmento Report No. (explain below)  No. of Pages	t	RECEIVED  OCT 12 2022  Office of the City C		Official Use Only
1. Contribution(s	) Received						
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10-11-22	Operating 1620 So. Lo Alameda IO \$89139	Engineers Local Union #3 op Rd. CA 94502		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Check if Loan
				IND COM OTH SCC			Check if Loan
				IND COM OTH PTY SCC			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)	

NAME OF FILER Campaign to Elect Debbie Long for Pinole City Council 2022  AREA CODE/PHONE NUMBER    I.D. NUMBER (if applicable)			Date of This Filli	Date of This Filing 10 14 22		Date Stamp CALIFO		467
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STREET ADDRESS  CITY  Pinole (El Sobrante 9	4803, for mailing)	STATE ZIP CODE CA 94564	Amer to Repo (explain bo No. of P	rt No	Off	OCT 17 2022 ice of the City Cler	k	
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10/14/22	Nor Cal Ca 265 Hegenk Oakland Ca	<b>*972104</b>		OM OTH PTY			Check if Loan	
10/11/22	Scott Go 1990 N.C. Walnut Cri	ordon alif. Blvd #608 sek CA 94596			MOC OTH	Attorney		250.00  Check if Loan  Provide interest rate
				00000	COM OTH PTY			☐ Check if Loan% Provide interest rate
Reason for Amendme	ent:					* Contributor Codes IND - Individual COM - Recipient Comm OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributo	ness entity)	

	Campaign to Elect Debbie Long for Pinole City Council 2022			Date of 1997 This Filing 1997	/29/2022	Date Stamp CALIFORNIA 497		
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09/29/2022	Plumbers, Steamfitter Concord, CA 94518-2		ipeline ≉ 390268		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PAC	\$1000  Check if Loan  Provide interest rate	
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Reason for Amendm	ent:					* Contributor Codes IND - Individual COM - Recipient Committee (of OTH - Other (e.g., business en PTY - Political Party SCC - Small Contributor Comm	tity)	

NAME OF FILER Peter Murray	Peter Murray		Date of This Filing	0/17/2022	Date Stamp	CALIFORNIA 45	97	
AREA CODE/PHONE NUM	MBER	I.D. NUMBER (if applicable	9)	Report No. 3		NUMBER OF STREET	For Official Use Only	y
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10/17/2022	Northern California C Small Contributor Co 265 Hegenberger Roa Oakland CA 94621			IND COM OTH PTY SCC		\$1,000.00  Check if Lo	oan %	
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ceived							
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTIRE LD. NUMBER)			CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED		
Operating Engineers Local Union NO 3 District 7 PAC ID #891396 1620 South Loop Road Alameda, CA 94502				IND COM OTH PTY SCC		\$1,000.00 Check if Loan Provide interest rate	
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STREET ADDRESS  CITY PINOLE	STATE ZIP CODE  CA 94564	☐ Amendment to Report No. (explain below) No. of Pages -	Office	OCT 1 2022 of the City Clerk	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT	ror	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF	
10/08/2022	LE03-AWIN MANAGEMENT INC. 18500 NORTH ALLIED WAY PHOENIX, AR. 85054		IND COM OTH PTY SCC		\$1000.00  Check if Loan  Provide interest rate
10/08/2022	SHEET METAL WORKERS LOCAL UNION 104 POLITICAL COMMITTEE ID#850381 3232 CONSTITUTION DRIVE LIVERMORE, CA 94551		IND COM OTH PTY SCC		\$1,000.00  Check if Loan  Provide interest rate
			IND COM OTH PTY SCC		☐ Check if Loan % Provide interest rate
Reason for Amendment:				* Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor	

NAME OF FILER Peter Murray		Date of This Filing	03/2022	Date Stamp  RECEIVED	CALIFORNIA 497			
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STREET ADDRESS  CITY  Pinole	STATE ZIP CODE  [CA 94564	Amendment to Report No. (explain below) No. of Pages	Office 2	of the City Clerk				
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	I reported this information on my 460 Form as I believed that w where it needed to be included. I received follow up documenta notice this # 497 report information requirement and I have incl Amendment for this information along with this report #1 page.	ution and uded the	IND COM OTH PTY SCC		Check if Loan  Provide interest rate			
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Amounts may be rounded to whole dollars.

NAME OF FILER Peter Murray		Date of		Date Stamp	CALIFO			
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1-510-222-1910		Report No. 💾		RECEIVED		or Official Use Only		
STREET ADDRESS 2100 Whippoorwil	T Court	Amendment to Report No.	1	OCT 03 2022 FREDRING City Cle				
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9/13/22	IBEW Local 302 P.A.C. 1875 Arnold Drive Martinez, CA 94553 P.A.C. # 1300752		☐ IND  ☑ COM ☐ OTH ☐ PTY ☐ SCC			\$1,000.  Check if Loan  Provide interest rate		
9/18/22	California Real Estate 515 S. Figueroa Street Los Angeles, CA 94564 CREPAC #890106		☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC			\$1,000  Check if Loan  Provide interest rate		
9/29/22	U.A. Local 342 PAC Fund 935 Detroit Avenue Concord, CA 94518 FPPC #890268		IND COM OTH PTY SCC			\$1,000.  Check if Loan  Provide interest rate		
Reason for Amendr	ment:			* Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor	ness entity)			

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