FPPC Form 460 (Jan/2016))

COVER PAGE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2023 CALIFORNIA 460 FORM Page 2 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alegria for Council

Through 12/31/2023 Page 2 of 2

I.D. NUMBER

1311336

Contributions Received Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ -000000-	Column B CALENDAR YEAR TOTAL TO DATE \$ \$ \$ \$	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 Received \$ \$
Expenditures Made 6. Payments Made	\$ \frac{-0-}{-0-} \\ \$ -	\$ \$ \$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$\frac{1,755.49}{-0-\\ -0-\\ -0-\\ 1,755.49} \$\$	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	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See Instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above		from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377 www.fppc.ca.ge

		Date Stamp RECEIVED	CALIF FO	ORNIA 460
Statement covers period from07/01/2023	(Month, Day, Year)	JAN 3 0 2024	For	1 of 5
mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410	nt [t Termination)	Quarterly Staten Special Odd-Yea Supplemental Pr Statement - Atta	ar Report reelection
. NUMBER 408891	Treasurer(s) NAME OF TREASURER Cine D. Ivery MAILING ADDRESS	d Cuite 700		
	CITY	STATE	ZIP CODE	AREA CODE/PHONE (310) 817-6679
DE AREA CODE/PHONE 1 (310) 817-6679 OX	NAME OF ASSISTANT TREAS Michelle Moore Sande MAILING ADDRESS	URER, IF ANY	30301	(310) 617 6673
DE AREA CODE/PHONE	CITY Inglewood	STATE CA	ZIP CODE 90301	AREA CODE/PHONE (310) 817-6679
this statement and to the best of my kn a that the foregoing is true and co By	ssistantrolling Officeholder, Candidate, State Measure I	ent Treasurer Proponent or Responsible Officer of s, State Measure Proponent		and complete. I certify
	through	through 12/31/2023 11/08/2022 Office through 12/31/2023 11/308/2022 Office through 12/31/2023 11/308/2	Statement covers period from 07/01/2023 through 12/31/2023 through 12/31/2023 through 12/31/2023 To Controlled 1 Sponsored so Complete Part 9 Semi-annual Statement (Also file a Form 410 Termination) Amendment (Explain below) Treasurer(s) NUMBER 408891 Treasurer(s) NAME OF TREASURER Cine D. Ivery MAILING ADDRESS 1 W. Manchester Blvd., Suite 700 CITY STATE Inglewood CA OPTIONAL: FAX / E-MAIL ADDRESS 1 W. Manchester Blvd., Suite 700 CITY STATE Inglewood CA OPTIONAL: FAX / E-MAIL ADDRESS 1 W. Manchester Blvd., Suite 700 CITY STATE Inglewood CA OPTIONAL: FAX / E-MAIL ADDRESS 1 W. Manchester Blvd., Suite 700 CITY STATE Inglewood CA OPTIONAL: FAX / E-MAIL ADDRESS Signature of Corboling Offiginioider, Candidate, State Measure Proponent or Responsible Officer of the City Indianal Statement and in the attached at that the foregoing is true and co	Statement covers period from

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

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PAG	E-PA	RT2
CALIF FC	ORNI ORM	A Z	16	0
Page _	2	of	5	

Officeholder or Candidate Controlled Com	mittee			6. Primar	ily Formed Bal	of Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					BALLOT MEASURE			.	
Anthony Lee Tave					- ME CONE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IS ADI	DUCABLE	,	PALLOT	IO. OR LETTER	Luciania			
City Council Member Pinole City Council	MOT NOMBER IF AF	PLICABLE)	BALLOTT	O. OR LETTER	JURISDICT	ON		SUPPORT OPPOSE
RESIDENTIAL PURINECS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	Idontife.	the controlling of	7			
	Pinole	CA	94564		the controlling of	ficeholder, ca	ndidate, or s	tate measure	proponent, if a
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your o	u or are primarily fo	any comn ormed to	nittees receive	-	OFFICEHOLDER, CA		U N	DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER								
AME OF TREASURER	CONTROLLED CO	OMMITTEE	≣?	7. Primar	ly Formed Can der(s) or candidate(s	didate/Offic	eholder Co s committee is	ommittee is primarily for	ist names of med.
OMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		-	NAME OF	OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	CUT OF UELD	
ITY STATE ZIP					OF FROEINGEBER OR		011102 0000	GHT OR HELD	SUPPOR
	CODE ARE	EA CODE/	PHONE	NAME OF	OFFICEHOLDER OR			GHT OR HELD	OPPOSE
OMMITTEE NAME		EA CODE/	PHONE	NAME OF					OPPOSE
	LD NUMBER	EA CODE/	PHONE			CANDIDATE	OFFICE SOUG		OPPOSE SUPPOR OPPOSE SUPPOR
	I D NIIMBER CONTROLLED CO	DMMITTEE		NAME OF	OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD GHT OR HELD	OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE
AME OF TREASURER	LD NUMBER CONTROLLED CO			NAME OF	OFFICEHOLDER OR	CANDIDATE	OFFICE SOUR	GHT OR HELD GHT OR HELD	OPPOSE SUPPORT OPPOSE
,	CONTROLLED CO	DMMITTEE	?	NAME OF	OFFICEHOLDER OR	CANDIDATE	OFFICE SOUR	GHT OR HELD GHT OR HELD	OPPOSE SUPPOR SUPPOR OPPOSE SUPPOR

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 160
from	07/01/2023	FORM TOU
through _	12/31/2023	Page3 of5
		LD NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAVE FOR CITY COUNCIL 2022						1408891
Contributions Received	(Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
 Monetary Contributions Loans Received Schedule A, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 	\$	0.00	*	-740.62 2,155.01 1,414.39 0.00 1,414.39	20. Contributions Received \$	9 % % % % % % % % % % % % % % % % % % %
Expenditures Made 6. Payments Made			\$	354.50	Expenditure Limit S	Summary for State
7. Loans Made	\$	0.00 188.29 0.00	\$	0.00 354.50 0.00		e Expenditures Made* Voluntary Expenditure Limit) Total to Date
10. Nonmonetary Adjustment		188.29	\$	354.50	(mm/dd/yy)	\$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.		0.00	ar co fro re Co fig su	o calculate Column B, add mounts in Column A to the presponding amounts om Column B of your last port. Some amounts in plumn A may be negative pures that should be pures that should be beriod amounts. If this is e first report being filed	*Amounts in this section r reported in Column B.	\$nay be different from amounts
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	\$	0.00	fo ca fro	r this calendar year, only rr this calendar year, only arry over the amounts om Lines 2, 7, and 9 (if ny).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	2,155.01				FPPC Form 460 (Jar
					EDDO 4 1 1	1 : 05

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

Schedule B – Part 1 Loans Received	
Louris Reserved	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	
TAVE FOR CITY COUNCIL 2022	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVID OCCUPATION AI (IF SELF-EMPLI NAME OF B
Anthony Tave Received through intermediary: eFundraising Connections, 2831 G Street #120, Sacramento, CA 95816	Director City College Francisco
†∏ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	

Amount	s may	be	rounded
to v	whole	doli	ars.

Staten	ent covers period	CALIFORNIA 160
from	07/01/2023	FORM 400
through	12/31/2023	Page4 of5
		I.D. NUMBER
		1

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 PFRIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Anthony Tave Received through intermediary: eFundraising Connections, 2831 G Street #120, Sacramento, CA 95816	Director City College of San Prancisco			PAID \$0_00 FORGIVEN	\$ <u>2,155 01</u>	00.0% RATE	\$_2,155.01	\$259.38
†∏ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ _2,155.01	\$0.00	\$0_00	11/28/2022 DATE DUE	\$0_0	11/28/2021 DATE INCURRED	s
† IND COM OTH PTY SCC		\$	\$	PAID \$ FORGIVEN \$	\$	% RATE	\$	\$ PER ELECTION \$
†		s	\$	PAID \$ FORGIVEN	\$	% RATE	\$	\$ PER ELECTION '
† IND COM OTH PTY SCC			4	•	DATE DUE	•	DATE INCURRED	3

Schedule B Summary

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

1.	Loans received this period	\$.	0.00
	(Total Column (b) plus unitemized loans of less than \$100.)		
2.	Loans paid or forgiven this period	\$.	0.00
	(Total Column (c) plus loans under \$100 paid or forgiven.)		
	(Include loans paid by a third party that are also itemized on Schedule A.)		
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$.	0.00
	Enter the net here and on the Summary Page, Column A, Line 2.		(May be a negative number)

†Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

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

Schedule E Payments Made Amounts may be rounded to whole dollars. Statement cover from07/01	CALIFORNIA FORM FORM
from 07701	/ 2023
SEE INSTRUCTIONS ON REVERSE through	
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 a contribution (explain nonmonetary)* CVC civic donations PET petition circulating TEL t.v. or cable air FIL candidate filing/ballot fees PHO polling and survey research TRS staff/spouse tr	and production costs ibutions

PRO professional services (legal, accounting)

PRT print ads

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

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Reporting Plus 1 W Manchester Blvd Suite 700 Inglewood, CA 90301	PRO	Political Accounting - July, 2023	125.00

FPPC Form 460 (Jan/2016)

125.00

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

SUBTOTAL\$

legal defense

campaign literature and mailings

Desirient Committee						COVER PAGE
Recipient Committee Campaign Statement				Date Stamp	CA	LIFORNIA 460
Cover Page				RECEIVED		FORM TOO
oover rage		g			Рап	e 1 of 4
	Statement covers period	Date of election if a (Month, Day,)		JAN 3 0 2024	li ag	For Official Use Only
	from <u>07/01/2023</u>	(, 2,	The second second second	of the City (Cloude	To omolar oco omy
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2023</u>	11/08/2022	Office	of the City (JIERK	
1. Type of Recipient Committee: All Committees - Con	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 Ial Statemen n Statement Form 410 Te nt (Explain b	ermination)	Quarterly St	tatement I-Year Report
3. Committee Information). NUMBER	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASU	IRER			
Campaign to Elect Debbie Long for Pinole City Coun	cil 2022	Debbie Long				
		MAILING ADDRESS	S	***		
STREET ADDRESS (NO P.O. BOX)	· · · · · · · · · · · · · · · · · · ·	2		OTATE	710 0005	ADEA CODE/DUONE
STREET ADDRESS (NO F.O. BOX)		CITY El Sobrante		STATE CA	ZIP CODE 94803	AREA CODE/PHONE
STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTA	NT TREASUR		34003	
Pinole CA 9456	4					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	(MAILING ADDRESS	S			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY		STATE	ZIP CODE	AREA CODE/PHONE
El Sobrante CA 9480						
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRI	ESS		
4. Verification						Name and the second
I have used all reasonable diligence in preparing and reviewin	ng this statement and to the best of my k	nowledge the information	on contained	herein and in the atta	ched schedules	is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing in true and	oottoo!				
Executed on 12924	Ву	Signature of Treas	curar or Assistant	Transurar		
1/29/24	P.	G Signature of Treas	autor of Assistant	Tioasulei		
Executed onDate	Signature of Contro	oiling Officenoider, Candidate, S	State Measure Pr	oponent or Responsible Offic	er of Sponsor	
Executed onDate	ByS	ignature of Controlling Officeho	lder, Candidate,	State Measure Proponent		
Executed on	By					
Date	s ,s	ignature of Controlling Officeho	lder, Candidate,	State Measure Proponent		DDC Form 460 (lan/2016)\

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

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Debbie Long					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	N AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	In	SUPPORT
Pinole City Council in Contra Costa Cour	nty				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	STREET) CITY STATE ZIP	Identify the controlling office	ceholder, candidat	e, or state measure propo	nent, if any.
	3.11 C	NAME OF OFFICEHOLDER, C	ANDIDATE, OR PRO	PONENT	
Related Committees Not Included in not included in this statement that are controlle contributions or make expenditures on behalf o	ed by you or are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER	***************************************			
				- Islam Campusides	
NAME OF TREASURER	CONTROLLED COMMITTEE?	 Primarily Formed Car officeholder(s) or candidate(ndidate/Officeh s) for which this co	older Committee List mmittee is primarily formed	names of
= =	YES NO	officeholder(s) or candidate(s) for which this co	mmittee is primarily formed	names of
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRES	YES NO	7. Primarily Formed Car officeholder(s) or candidate(R CANDIDATE	older Committee List mmittee is primarily formed DEFICE SOUGHT OR HELD Pinole City Council	snames of
= =	YES NO	officeholder(s) or candidate(R CANDIDATE C	mmittee is primarily formed	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRES	YES NO	officeholder(s) or candidate(NAME OF OFFICEHOLDER OF Debbie Long	R CANDIDATE R CANDIDATE R CANDIDATE C	mmittee is primarily formed OFFICE SOUGHT OR HELD Pinole City Council	✓ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS	YES NO SS (NO P.O. BOX) E ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OF NAME OF OFFICEHOLDER	R CANDIDATE R CANDIDATE R CANDIDATE C R CANDIDATE C	mmittee is primarily formed DEFICE SOUGHT OR HELD Pinole City Council DEFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from $\frac{07/01/2023}{}$ through <u>12/31/2023</u> Page 3 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1452992 Debbie Long for Pinole City Council 2022

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$\frac{.00}{.00}\$ \$\frac{.00}{.00}\$ \$\frac{.00}{.00}\$ \$\frac{.00}{.00}\$	\$.00
Expenditures Made 5. Payments Made	\$\frac{400.00}{.00}\$ \$\frac{400.00}{.00}\$ \$\frac{.00}{.00}\$ \$\$	\$\frac{650.00}{.00}\$ \$\frac{650.00}{.00}\$ \$\frac{650.00}{.00}\$ \$\frac{0}{.00}\$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$\frac{3026.63}{.00} \tag{.00} \frac{400.00}{2626.63} \$\frac{.00}{.00}	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year,
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$.00 \$.00	only carry over the amounts from Lines 2, 7, and 9 (if any). FPPC Form 460 (Jan/FPPC Advice: advice@fppc.ca.gov (866/275 www.fppc.

Schedule	E
Payments	Made

legal defense

campaign literature and mailings

LEG

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from <u>07/01/2023</u>	FORM 400
through <u>12/31/2023</u>	Page 4 of 4
	I.D. NUMBER
	1452992

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Campaign to Elect 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.

MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks 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 transfer between committees of the same candidate/sponsor TSF

> PRO professional services (legal, accounting) VOT voter registration 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
Cat Garden Rescue Pinole CA 94564		CVC	3 checks totalling \$400 from 11/9/23 thru 12/21/23	400.00
-				

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

SUBTOTAL \$ 400.00

Schedule E Summary

400.00 2. Unitemized payments made this period of under \$100......\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

Recipient Committee			г	Data Starra		COVERPAGE
Campaign Statement				Date Stamp	C/	ALIFORNIA 460
Cover Page (Government Code Sections 84200-84216.5)				RECEIVED		FORM TOO
	Statement covers period	Date of election if app (Month, Day, Yea		JAN 3 0 2024	Pa	ge <u>1</u> of <u>11</u>
	from07/01/2023	(Month, Day, Tea				For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2023	11/05/2024	Off	ce of the City	y Clerk	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Stater	ment:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Wiso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Wiso Complete Part 7)	☐ Preelection Si ☐ Semi-annual S ☐ Termination Si (Also file a Fo	Statement tatement orm 410 Te	•	Supplemen	Statement Id-Year Report Intal Preelection - Attach Form 495
3 Committee Information). NUMBER 1426590	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURE	R			
DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024		Samahndi Cunni	ingham			
		MAILING ADDRESS		- 1		
OTDEET ADDRESS (NO DO DOV)		1 W. Mancheste	er Biva,		710 0000	AREA GOREIRIONE
STREET ADDRESS (NO P.O. BOX) 1 W. Manchester Blvd, Suite 700		CITY Inglewood		STATE CA	ZIP CODE 90301	AREA CODE/PHONE (310)817-6679
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT	T TREASUR		70301	(313/01: 00:3
Inglewood CA 9030		Cine D. Ivery				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B		MAILING ADDRESS				
CINE		1 W. Mancheste	er Blvd,	Suite 700		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY		STATE	ZIP CODE	AREA CODE/PHONE
		Inglewood		CA	90301	(310)817-6679
OPTIONAL: FAX / E-MAIL ADDRESS (310)672-6679 / samahndi@politicalreportingp	lus.com	OPTIONAL: FAX / E-I	MAIL ADDR	ESS		
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California JAN 2 8 2024	a that the foregoing is true and cor By	trolling Office hader, Candidate, State Signature of Controlling Officeholder,	, Candidate, St	er ponent or Responsible Officer o ate Measure Proponent		true and complete. I certify
Date	-,	Signature of Controlling Officeholder,	, Candidate, St	ate Measure Proponent		FPPC Form 460 (Jan/2016

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					
CALIF FC	ORNIA ORM	4	160			
Page _	2	of _	11			

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Devin T. Murphy							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	ICT NUMBER IF APPLICABLE	E)	BALLOT NO. OR LETTER	JURISDICTION			SUPPORT
City Council Member Pinole							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP	Identify the controlling of	ficeholder, cand	idate, or stat	te measure p	roponent, if an
1 W. Manchester Blvd., Suite 700 In	nglewood CA	90301	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PROI	PONENT		
Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER				-		
Devin T. Murphy for Contra Costa Clerk- Recorder 2026	1444648			2			
		_				***	
NAME OF TREASURER	CONTROLLED COMMITTE	EE? 7	Primarily Formed Can				
NAME OF TREASURER Cine D. Ivery	CONTROLLED COMMITTE	7	Primarily Formed Can officeholder(s) or candidate(s	s) for which this (committee is p	orimarily forme	
	X YES NO	EE? 7		s) for which this (orimarily forme	ed.
Cine D. Ivery	X YES NO	EE? 7	officeholder(s) or candidate(s	s) for which this (committee is p	orimarily forme	ed.
Cine D. Ivery COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E 1 W. Manchester Blvd, Suite 700	X YES NO	EE?	officeholder(s) or candidate(s	s) for which this o	committee is p	orimarily forme	SUPPORT OPPOSE
Cine D. Ivery COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E 1 W. Manchester Blvd, Suite 700	YES NO	E/PHONE	officeholder(s) or candidate(s	s) for which this o	committee is p	orimarily forme	ed.
Cine D. Ivery COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E 1 W. Manchester Blvd, Suite 700 CITY STATE ZIP (YES NO	E/PHONE	officeholder(s) or candidate(s	candidate	committee is p	orimarily forme	SUPPORT OPPOSE SUPPORT OPPOSE
Cine D. Ivery COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E 1 W. Manchester Blvd, Suite 700 CITY STATE ZIP (Inglewood CA 90: COMMITTEE NAME NAME OF TREASURER	CODE AREA CODE I.D. NUMBER CONTROLLED COMMITTE YES NO	EE? E/PHONE 17-6679 EE?	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGI	HT OR HELD HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
Cine D. Ivery COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E 1 W. Manchester Blvd, Suite 700 CITY STATE ZIP (Inglewood CA 903 COMMITTEE NAME	CODE AREA CODE I.D. NUMBER CONTROLLED COMMITTE YES NO	EE? E/PHONE 17-6679 EE?	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGI	HT OR HELD HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 160
from	07/01/2023	FORM 400
through	12/31/2023	Page3 of11
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1426590 DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

Contributions Received	COLUMN A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	1	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	\$4,049.0	9 \$	4,049.09	1/1 through 6/30 7/1 to Date
2. Loans Received	0.0	0	0.00	1/1 through 6/30 //1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$4,049.0	9 \$	4,049.09	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3	0.0	0	0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$4,049.0	9 \$	4,049.09	Made \$\$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 1,678.7	5 9	1,798.75	Candidates
7. Loans Made Schedule H, Line 3	0.0	0	0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$1,678.7	5 \$	1,798.75	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0.0	0	0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0.0	0	0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$1,678.7	5 \$	1,798.75	\$
Current Cash Statement		Т		\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$1,508.3	3	To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	4,049.0		amounts in Column A to the corresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.0	<u> </u>	rom Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	1,678.7		eport. Some amounts in Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$3,878.6	7 f	igures that should be subtracted from previous	
If this is a termination statement, Line 16 must be zero.		- 15	period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.0	00 f	or this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		8	from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse	\$	00		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0.0	00		
		L		FPPC Form 460 (Jan

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

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement cov		CALIFORI FORM	SCHEDULE A
SEE INSTRUCTION	DNS ON REVERSE			through12/31/2		Page4	of11
NAME OF FILER						I.D. NUMBER	
DEVIN T. MU	RPHY FOR PINOLE CITY COUNCIL 2024					1426590	
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 YE (JAN. 1 - DEC.	AR	ER ELECTION TO DATE F REQUIRED)
08/18/2023	Valerie Coleman	⊠IND □COM □OTH □PTY □SCC		103.94 Received through inter eFundraising Connectio 2831 G St Ste 200 Sacramento, CA 95816		03.94	
08/18/2023	David Smith	⊠IND □COM □OTH □PTY □SCC	Insurance Broker Trans Bay Insurance Agency	500.00 Received through inter eFundraising Connectio 2831 G St Ste 200 Sacramento, CA 95816	andi avu.	00.00	
08/18/2023	Nicholas Spinner	IND COM OTH PTY SCC	Information Systems Manager Contra Costa County	103.94 Received through inter ePundraising Connectio 2831 G St Ste 200 Sacramento, CA 95816		03.94	
08/20/2023	Christian Green	⊠IND □COM □OTH □PTY □SCC	1	100.00 Received through inter eFundraising Connection 2831 G St Ste 200 Sacramento, CA 95816		00.00	
08/20/2023	Zeaad Handoush	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President 7 Stars Holistic Foundation, Inc.	100.00	1	00.00	
			SUBTOTAL\$	907.88			
. Amount red (Include all . Amount red . Total mone	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contributions tary contributions received this period. 1 and 2. Enter here and on the Summary Page. Colum	of less than \$	\$\$	3,333.02 716.07	IND-I COM- OTH- PTY-	ibutor Codes ndividual - Recipient Con (other than P · Other (e.g., b Political Party Small Contribu	TY or SCC) usiness entity)

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole		Statement cover from 07/01/	2023	CALIFO FOI		460
NAME OF FILER						I.D. NUM	BER .	
DEVIN T. MUR	PHY FOR PINOLE CITY COUNCIL 2024					142659	0	
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 ELI TO D (IF REQ	ATE
08/20/2023	Zen Hunter-Ishikawa	⊠IND □COM □OTH □PTY □SCC	Business Manager Wiseman Commercial	Received through inte- efundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816		00.00		•
08/20/2023	Ivette Ricco Services	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	1	00.00		
08/20/2023	Donald Murphy	☑IND □COM □OTH □PTY □SCC	Junk Hauler Junktitans	259.38 Received through intelePundraising Connection 2831 G St Ste 200 Sacramento, CA 95816		59.38		
08/20/2023	Jamin Pursell	⊠IND □COM □OTH □PTY □SCC	Chief Executive Officer Strongsuit LLC	250.00 Received through integrate in the eFundraising Connection 2831 G St Ste 200 Sacramento, CA 95816		50.00		
08/20/2023	Courtney Welch	⊠IND □COM □OTH □PTY □SCC	Program Coordinator Homeownership San Francisco	100.00 Received through integrundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816		00.00		
			SUBTOTAL	\$ 809.38				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from07/01/2023		FORM TOO
				through12/31,	/2023 Pa	ige6 of11
NAME OF FILER					1.0	D. NUMBER
DEVIN T. MUR	PHY FOR PINOLE CITY COUNCIL 2024				14	126590
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 YEAR (JAN. 1 - DEC. 31)	TO DATE
08/20/2023	Michael Voung	⊠IND □COM □OTH □PTY □SCC	Political Director California Environmental Voters	Received through intererundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	103. mediaxy: ons	94
08/21/2023	Johnathan Ervin	⊠IND □COM □OTH □PTY □SCC	Chief United States Air Force	Received through intererundraising Connection 2831 G St Ste 200 Sacramento, CA 95816	103. mediary:	94
08/22/2023	Lino Amaral		Insurance Agent State Farm	Received through intereFundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	103. mediary: ns	94
08/24/2023	Fiona Ma for Lieutenant Governor 2026 (ID# 1457360)	□IND ☑COM □OTH □PTY □SCC		500.00	500.	00
08/30/2023	Kate Harrison		City Councilmember City of Berkeley	100.00 Received through interefundraising Connectio 2831 G St Ste 200 Sacramento, CA 95816	100. mediary: ns	00
			SUBTOTALS	911.82		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from07/01/	2023	ORM TOO
				through 12/31/	2023 Page	7 of11
NAME OF FILER				-		UMBER
DEVIN T. MIRE	PHY FOR PINOLE CITY COUNCIL 2024				1426	590
201211 21 110112	10.0 12.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0			AMOUNT		PER ELECTION
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)	TO DATE (IF REQUIRED)
08/31/2023	Concepcion Escalada	☑IND	Financial Consultant Tita Escalada	103.94	103.94	
	F	□COM □OTH □PTY □SCC		Received through inter ePundraising Connection 2831 G St Ste 200 Sacramento, CA 95816		
09/06/2023	Pinole Venture LP	□IND □COM ☑OTH □PTY □SCC		500.00	500.00	
09/25/2023	Maria Alegria		Retired None	100.00	100.00	
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	703.94		到特別權 特別所

*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

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

Amounts may be rounded	Statement covers period	CALIFORNIA 460
to whole dollars.	from07/01/2023	FORM 400
	through12/31/2023	Page8 of11
		I.D. NUMBER
		1426590

CODES: If one of the following codes accurately describes the payment, you may enter the code. Oth CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FLC candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings MBR member communications meetings and appearances OFC office expenses PHO phone banks POL polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting) print ads	RAD radio airtime and production costs RFD returned contributions 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 TSF transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)
---	---

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue California 366 Summer St Somerville, MA 02144	СМР	Credit Card Processing Fees	168.95
ActionNetwork 1900 L St, Suite 900 Washington, DC 20036	СМР	Newsletter and Email	10.00
ActionNetwork 1900 L St, Suite 900 Washington, DC 20036	СМР	Newsletter and Email	10.00

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

SUBTOTAL\$ 188.95

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	1,551.52
2. Unitemized payments made this period of under \$100\$	127.23
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	

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

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from07/01/2023	FORM TOO
through	Page9 of11
	I.D. NUMBER
	1426590

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

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 CNS campaign consultants MTG meetings and appearances CTB 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 travel, lodging, and meals TRC candidate filing/ballot fees phone banks fundraising events polling and survey research staff/spouse travel, lodging, and meals postage, delivery and messenger services transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* TSF ND POS professional services (legal, accounting) voter registration LEG legal defense VOT WEB information technology costs (internet, e-mail) Ш 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
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	3.80
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	СМР	Credit Card Processing Fee	88.60
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	2.12
ActionNetwork 1900 L St, Suite 900 Washington, DC 20036	CMP	Newsletter and Email	10.00
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	3.94
* Payments that are contributions or independent expenditures must also be summa	arized on Schedule D).	SUBTOTAL \$ 108.46

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

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from07/01/2023	FORM 400
through12/31/2023	Page10 of11
·	I.D. NUMBER
	1426590

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. member communications RAD radio airtime and production costs CNS campaign consultants meetings and appearances returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense 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	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	СМР	Credit Card Processing Fee	1.18
Political Reporting Plus 1 W. Manchester Blvd., Suite 700 Inglewood, CA 90301	PRO	Political Accounting - September, 2023	250.00
Political Reporting Plus 1 W. Manchester Blvd., Suite 700 Inglewood, CA 90301	PRO	Political Accounting - Retainer & Set-Up Fee	500.00
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fees	2.93
Political Reporting Plus 1 W. Manchester Blvd., Suite 700 Inglewood, CA 90301	PRO	Political Accounting - October, 2023	250.00

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

SUBTOTAL \$

1,004.11

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCI	1EDI	JLE	E(C	ONT.)

State	ment covers period	CALIFORNIA 160
from	07/01/2023	FORM TOO
through	12/31/2023	Page11 of11
		I.D. NUMBER

1426590

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

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

PRO

PRT

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations PEΤ FIL candidate filing/ballot fees

FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense

ШT campaign literature and mailings MBR member communications RAD radio airtime and production costs

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

PHO phone banks candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals polling and survey research postage, delivery and messenger services transfer between committees of the same candidate/sponsor

professional services (legal, accounting) VOT voter registration print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Reporting Plus 1 W. Manchester Blvd., Suite 700 Inglewood, CA 90301	PRO	Political Accounting - November, 2023	250.00

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

SUBTOTAL \$

250.00

Desirient Committee				COVER PAGE
Recipient Committee Campaign Statement			Date Stamp	california 460
Cover Page			RECEIVE	
	Statement covers period from7/1/2023	Date of election if appl cable: (Month, Day, Year)	JAN 1 6 2024	To Official Ose Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2023	Off	ce of the City	/ Clerk
1. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	3)-11-11-11-11-11-11-11-11-11-11-11-11-11	
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)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 T	nt [Quarterly Statement Special Odd-Year Report
	NUMBER 1409274	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1403274	NAME OF TREASURER		
Committee to Elect Maureen Toms to Pinole City	v Council 2020	Jerome Brunstein		
		MAILING ADDRESS		
CTDEET ADDRESS (NO D.O. DOX)		-	STATE	ZIP CODE AREA CODE/PHONE
		Pinole	CA	94564
CITY STATE ZIP COL Pinole CA 94564		NAME OF ASSISTANT TREASURE	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		(.)
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS	
I. Verification				
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of	ng this statement and to the best of my k California that the foregoing is true and c	no co	ein and in the attach	hed schedules is true and complete. I
Executed on	Ву	- Pro		
Executed on 1-16-24	BySignature of Confer	fling Officeholder, Candidate, State Measure Pr	roponent or Responsible Officer	of Sponsor
Executed on	BySig	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed on	BySig	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER P	AGE - PART 2
CALIF	ORNIA ORM	460
Page _		of <u>4</u>

Officehol	der or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballot	: Measure Commi	ttee	
NAME OF OF	FICEHOLDER OR CANDIDATE		•	NAME OF BALLOT MEASURE			
Maureen	Toms						
OFFICE SOU	GHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)	•	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
City Coun	cil - Pinole, CA		_				1 011 002
RESIDENTIAL	/BUSINESS ADDRESS (NO. AND STREET)	ITY STATE ZIP	-	Identify the controlling officel	holder, candidate, or s	tate measure p	roponent, if any,
	Pinole	CA 94564		NAME OF OFFICEHOLDER, CAND			
			-	NAME OF OFFICEHOLDER, CANL	DIDATE, OR PROPONENT		
not included	committees Not Included in this Sta in this statement that are controlled by you o s or make expenditures on behalf of your can	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE	NAME	I.D. NUMBER		**************************************			· · · · · · · · · · · · · · · · · · ·
			- 7.	Primarily Formed Cand	idate/Officeholde	r Committee	List names of
NAME OF TRE	EASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this committe	e is primarily fo	rmed.
		YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE	SOUGHT OR HEI	LD I
COMMITTEE	ADDRESS STREET ADDRESS (NO P.O. E	OX)		Will of Gride Total Control			SUPPORT OPPOSE
CITY	STATE ZIP C	ODE AREA CODE/PHONE	-	NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE	SOUGHT OR HEI	D SUPPORT OPPOSE
COMMITTEE	NAME	i.D. NUMBER	-	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE	SOUGHT OR HE	LD SUPPORT OPPOSE
NAME OF TRE		CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE	SOUGHT OR HEI	D SUPPORT OPPOSE
CITY	Million of the rode of the control o	ODE AREA CODE/PHONE		Attac	ch continuation sheet	s if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period 7/1/2023	CALIFORNIA 460
through12/31/2023	Page3 of4

Contributions Received	Column A	Column	В	Calendar Year Sum			idates	_
Committee to Elect Maureen Toms to Pinole City Council 2020					14092	74		
NAME OF FILER					I.D. NUM	IBER		
SEE INSTRUCTIONS ON REVERSE			through	12/31/2023	Page _	0	f	
						0	4	_
mary Page 7/1/2023					FORM 46U			

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$ 0.00 0.00 0.00	\$ 0.00 0.00 \$ 0.00 \$ 0.00 \$ 0.00	1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$ \frac{0.00}{211.89} \bigsim 0.00 \\ 0.00 \\ 0.00	\$ 211.89 0.00 \$ 211.89 0.00 0.00 \$ 211.89	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 Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	0.00 0.00 211.89	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 may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$ 0.00	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

chedule E Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.			from	7/1/2023 12/31/2023	CALIFO FOR		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through_	12/31/2023	Page	-
Committee to Elect Maureen Toms to Pinole City Council	2020					1409274	1
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 and OFC office expens PET petition circul PHO phone banks POL polling and so POS postage, deli	munications I appearance es ating urvey researd very and mes	S	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transf VOT voter	ibe the payment. airtime and production and contributions aign workers' salaries cable airtime and produdate travel, lodging, and spouse travel, lodging, a er between committees registration nation technology costs	uction costs d meals and meals s of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DES	SCRIPTION OF PA	YMENT		AMOUNT PAID
Zoom Video Communications 55 Almaden Blvd., 6th Floor San Jose, CA 95113	Ĉe .	WEB	Subscription to V	Veb meeting	hosting		161.89
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	dule D.			SU	BTOTAL \$	161.89
Schedule E Summary							
Itemized payments made this period. (Include all Schedul	e E subtotals.)					\$	161.89
2. Unitemized payments made this period of under \$100\$ -						50.00	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$				\$	0.00		

FPPC-Form 460 (Jan/2016)

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

211.89

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
Page 2 of 5

. Officeholder or Candidate Controlled Commi	ttee		6.	Primarily Formed Ballot	Measure Co	mmittee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Norma Martínez-Rubin								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLI	CABLE)		BALLOT NO. OR LETTER	JURISDICTION			SUPPORT
Council Member, City of Pinile								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE	ZIP						
2131 Pear Street	Pinole CA	94564		Identify the controlling officer	nolder, candidat	e, or state mea	asure propo	nent, if any.
1				NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	PONENT		
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			OFFICE SOUGHT OR HELD		DIS	STRICT NO. IF	FANY
COMMITTEE NAME	I.D. NUMBER			=		l.		
NAME OF TREASURER	CONTROLLED COMM		7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeh for which this co	older Comn mmittee is prim	nittee List parily formed	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E				NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	9872) ⊞- USCRITSTENSE 3	DDE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR C	CANDIDATE C	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMM			NAME OF OFFICEHOLDER OR C	CANDIDATE C	OFFICE SOUGHT	T OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	BOX)			<u></u>				0.7002
CITY STATE ZIP C	ODE AREA CO	DDE/PHONE		Attac	ch continuation	sheets if neces	ssary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2023	california 460
through	Page 3 of 5
30	I.D. NUMBER
	1408103

NAME OF FILER Norma Martínez-Rubin for Pinole City Council 2022 Column B Calendar Year Summary for Candidates Column A Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE General Elections 500.00 500.00 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received Schedule B, Line 3 20. Contributions 500.00 500.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0.00 0.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 500.00 500.00 Made **Expenditures Made Expenditure Limit Summary for State** 660.27 770.27 6. Payments Made..... Schedule E, Line 4 \$ Candidates 0.00 0.00 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 660.27 770.27 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date 0.00 0.00 (mm/dd/yy) 770.27 660.27 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 235.56 To calculate Column B, 500.00 add amounts in Column A to the corresponding 0.00 *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 660.27 amounts in Column A may 75.29 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, 0.00 only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 0.00 0.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	A	
Monetary	Contributions	Received

Amounts may be rounded

SCHEDIII E A

Schedule A			whole dollars.			SCHEDULE A			
Monetary Contributions Received					rers period	CALIFORNIA 460			
								السيسا	
SEE INSTRUCTION	ONS ON REVERSE			through 12/31/20)23	Page	of	_5_	
NAME OF FILER						I.D. NU	IMBER		
Norma Mart	tinez-Rubin for Pinole City Council 2022					140810)3		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO		PER ELE	CTION	
RECEIVED	CONTRIBUTOR	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR YI		TO DA		
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	✓ IND	OF BUSINESS)	PERIOD	(JAN. 1 - DEC. 31)		(IF REQU	JIRED)	
07/07/2023	Norma Martínez-Rubin	COM	Program Evaluator	\$500.00	\$500.00				
	,	ОТН	Evaluation Focused						
	Pinole, CA 94564	☐ PTY ☐ SCC	Consulting						
		IND							
		OTH							
		PTY							
		SCC							
		COM							
		ОТН							
		PTY							
		SCC				-			
		COM			2				
		ОТН							
		PTY							
		IND				-			
		СОМ							
		ОТН							
		☐ PTY ☐ SCC			*				
			SUBTOTAL S	500.00		- TY			
Schedule	A Summary				*Cont	ributor C	odes	$\equiv \overline{}$	
1. Amount re	eceived this period – itemized monetary contribution	S.	50	0.00	IND -	· Individu	al	_	
(Include a	Il Schedule A subtotals.)	***************************************	\$			(other	ent Committe than PTY or \$	SCC)	
2 Amount	poised this poried unitomized manatary sautilist	one of less the	. ¢100	0.00	OTH-	– Öther (e.g., busines	s entity)	
z. Amount re	eceived this period – unitemized monetary contributi	ons of less than	ι φιου μοιως			– Politica – Small 0	ii Party Contributor Co	ommittee	
3. Total mone	etary contributions received this period.			0.00					
(Add Lines	s 1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1	.)TOTAL \$		DDC A L		C Form 460 (.		
				F	PPC Advice: advic	е@тррс.	.ca.gov (866/	275-3772)	

Schedule E Payments Made	Amounts may be rounded to whole dollars.			fro	Statement covers per 07/01/2023	CALI	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Norma Martínez-Rubin for Pinole City Council 2022				thr	rough <u>12/31/2023</u>	Page I.D. NU 1408	JMBER	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND 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 circul PHO phone banks POL polling and su POS postage, deliv PRO professional se PRT print ads	munications appearances es ating urvey research very and mess	n senger services	RAD RFD SAL TEL TRO TRS TSF VOT	radio airtime and pro returned contribution	duction costs as alaries and production cos going, and meals odging, and meals mmittees of the sa	s me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR D	ESCRIPTI	ON OF PAYMENT		AMOUNT PAID	
ScanArt 1259 Park Avenue, Emeryville, CA 94608	0	LIT					\$600.27	
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.				SUBTOTAL	- \$	
Schedule E Summary								

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

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

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

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

600.27

60.00

0.00

www.fppc.ca.gov

Recipient Committee			Date Stamp	COVER PAGE
Campaign Statement Cover Page			RECEIVED	FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from July 1, 2023 through	Date of election if applicable: (Month, Day, Year)	JAN 2 4 2024 be of the City C	Page 1 of 4 For Official Use Only
1. Type of Recipient Committee: All Committees - Cor	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 T Amendment (Explain b	nt S t Termination)	Quarterly Statement Special Odd-Year Report
). NUMBER 452419	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Peter Murray Pinole City Council STREET ADDRESS (NO P.O. BOX)	I Member 2022	Cathy Murray Mailing Address City Pinole		P CODE AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		
PINOLE CA 9456 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX Same		N/A MAILING ADDRESS		
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZI	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
Verification I have used all reasonable diligence in preparing and reviewing			f herein and in the attached	I schedules is true and complete. I
certify under penalty of perjury under the laws of the State of of Executed on Date Executed on Date Date	California that the foregoing is true and o	orrect.	Responsible Officer of S	Sponsor
Executed on	Bv .	mature of Controlling Officeholder, Candidate,		
Executed on	Ву	and an of Controlling Officebolder Controller	21-1-11-1-1	<u></u>

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 4

Officeholder or Candida	ate Controlled Commit	tee	6.	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR	CANDIDATE			NAME OF BALLOT MEASURE				
Peter Murray								
OFFICE SOUGHT OR HELD (INC	CLUDE LOCATION AND DISTRIC	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDR		Y STATE ZIP nole CA 94564		Identify the controlling office	eholder, candle	date, or state	measure pro	ponent, If any.
<u>'</u>				NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	ROPONENT		
Related Committees No not included in this statement contributions or make expendi	that are controlled by you or a	re primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO). IF ANY
COMMITTEE NAME		I.D. NUMBER		*************************************				
NAME OF TREASURER		CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s	didate/Offic	eholder Co	mmittee L	ist names of ed.
		YES NO					× 340	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BO	ox)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELI	SUPPORT
CITY	STATE ZIP CO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELI	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELI	SUPPORT OPPOSE
NAME OF TREASURER		ONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELI	SUPPORT OPPOSE
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BO	OX)				1		120.1002
CITY	STATE ZIP CO	DE AREA CODE/PHONE		Att	ach continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA A from July 1,2023 FORM December 31,2023

SEE INSTRUCTIONS ON REVERSE		through		
NAME OF FILER				I.D. NUMBER 1452419
Peter Murray				
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COIUMN B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
1. Monetary Contributions	\$ 0	\$ 0		\$\begin{array}{cccccccccccccccccccccccccccccccccccc
Expenditures Made 6. Payments Made	\$ 120.00	\$ \[\begin{align*} \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	0 120.00 17/09.58	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 r reported in Column B.	\$may be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 In Column B above	\$ [0		FPPC Advice: adv	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule E Payments Made	Amounts may be rounded to whole dollars.				725 FC	FORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Peter Murray			A	through	1.D. NU 14524	MBER
CODES: If one of the following codes accurately describe CMP 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 an OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	imunications d appearance ses lating urvey researd very and mes	s h senger services	RAD radio airtim RFD returned co SAL campaign v TEL t.v. or cable TRC candidate t TRS staff/spouse TSF transfer bet VOT voter regist	e and production costs intributions vorkers' salaries e airtime and production cost ravel, lodging, and meals travel, lodging, and meals travel committees of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYME	NT	AMOUNT PAID
		PRO	Fees and servi	ices		\$120.00
				* 10 The 11 The 12 The		
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.		- William I I I	SUBTOTAL	\$ 20.00
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule 2. Unitemized payments made this period of under \$100					\$.±	120.00
 Total interest paid this period on loans. (Enter amount from Total payments made this period. (Add Lines 1, 2, and 3. E 	n Schedule B, Par	t 1, Colum	n (e).)		\$_	120.00

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

Recipient Committee Campaign Statement Cover Page	38		Pate Stamp RECEIVED	CALIFORNIA 460 FORM
	Statement covers period from9/20/23	Date of election if applicable: (Month, Day, Year)	JAN 1 7 2024	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/23	November 5, 2024	ce of the City C	Clerk
1. Type of Recipient Committee: All Committees - Com	pplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5) ☐ General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored So Complete Part 6) rimarily Formed Candidate/ fficeholder Committee So Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 T ☐ Amendment (Explain t	nt	Quarterly Statement Special Odd-Year Report
3 Committee Information I	NUMBER 404981	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Pinole 4 Fair Government		NAME OF TREASURER IVETTE RICCO MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		Pinole	STATE Ca	ZIP CODE AREA CODE/PHONE 94564
Pinole STATE ZIP COD		NAME OF ASSISTANT TREASURE		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX P.O Box 1		MAILING ADDRESS		
Pinole Ca 94564		CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	
4. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of C Executed on Date Executed on Date	BySignature of Control	Signature of Treasurer or Assistar	nt Treasurer Proponent or Responsible Officer o	
Date Executed on	Bv	gnature of Controlling Officeholder, Candidate,	·	-

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	CALIFORNIA 460
through 12/31/23	Page of
•	I.D. NUMBER
	1404981

Pinole 4 Fair Government Column A Calendar Year Summary for Candidates Column B Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE General Elections 299.00 99.00 1/1 through 6/30 7/1 to Date 0.00 0.00 Loans Received Schedule B. Line 3 99.00 299.00 20. Contributions Received 00.00 00.00 21. Expenditures 99.00 299.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED.......Add Lines 3 + 4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** 270.80 270.80 **Candidates** 0.00 7. Loans Made...... Schedule H, Line 3 0.00 22. Cumulative Expenditures Made* 270.80 270.80 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date 00.00 (mm/dd/yy) 270.80 270.80 Current Cash Statement 2620.41 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 99.00 add amounts in Column A to the corresponding 00.00 *Amounts in this section may be different from amounts amounts from Column B reported in Column B. 270.80 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 2448.61 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 0.00 filed for this calendar year, 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 \$ _____ 0.00 FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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Schedule	A		nts may be rounded			SCHEDULE		
Monetary	Contributions Received	to	whole dollars.	Statement cov from 9/20/23	ers period	CALIFORNIA 460		
SEE INSTRUCTIOI	NS ON REVERSE			through12/31/2	23	Page	3 of <u>Y</u>	
Pinole 4	Fair Government					1.D. NU 1404	_{ЈМВЕ} 1981	
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)	
9/19/23	Tammera Campbell	☑IND □COM □OTH □PTY □SCC	Berkeley Labs IT Group Leader	99.00	299.	00		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ň					
			SUBTOTAL \$	99.00				
1. Amount red (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)			99.00	IND - COM	(other	ial ient Committee than PTY or SCC)	
3. Total monet	ceived this period – unitemized monetary contribution tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu			99.00	PTY-	– Other (- Politica	(e.g., business entity)	

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 9/20/23	CALIFORNIA 460					
through 12/31/23	Page 4 of 4					
	1.D. NUMBER 1404981					

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pinole 4 Fair Government

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals

FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Ivette Ricco Pinole, Ca 94564	MTG	Pinole for Fair Government Meeting Food and Venue	220.80
California Secretary of State 1500 11th Street Sacramento, Ca. 95814	OFC	Annual Fee	50.00

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

SUBTOTAL \$

270.80

Desirient Committee			COVER PAGE
Recipient Committee Campaign Statement Cover Page		JAN 3 1 202	FORM TOO
SEE INSTRUCTIONS ON REVERSE	Statement covers period from $\frac{7/1/2023}{}$ through $\frac{12/31/2023}{}$	Date of election if applicable: (Month, Day, Year) Office of the Cit	- Page OI
1. Type of Recipient Committee: All Committees - Col	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	<u> </u>
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 Termination) Amendment (Explain below)	Quarterly Statement Special Odd-Year Report
s Committee Information	NUMBER 446701	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	
Menis for Pinole City Council 2026		Rafael Menis	
,		MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		CITY STATE	ZIP CODE AREA CODE/PHONE
,		Pinole CA	94564
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	
Pinole CA 9456		V-1	
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
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
I have used all reasonable diligence in preparing and reviewin		knowledge the information contained herein and in the att	ached schedules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foreg		
Executed on 1/31/2024 Date	Ву .	easurer or Assistant Treasurer	
Executed on 1/31/2024	By		
Date	Signature of Cont	rolling Officeholder, Candidate, State Measure Proponent or Responsible Offi	cer of Sponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Date	•	organization of Controlling Concentration, California, Citate Micabule F1000HeHt	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALIFORNIA FORM	460						
Page_2 o	f_4						

Officeholder or Candidate Contro	olled Committee			6.	Primarily Formed Ballot	t Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Rafael Menis									
OFFICE SOUGHT OR HELD (INCLUDE LOCAL	TION AND DISTRICT NUM	BER IF APPLIC	CABLE)		BALLOT NO, OR LETTER	JURISDICTIO	ON		SUPPORT
Pinole City Councilmember									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AI	ND STREET) CITY	STATE	ZIP						
	Pinole	CA	94564		Identify the controlling office	holder, candi	date, or state n	neasure propo	nent, if any.
					NAME OF OFFICEHOLDER, CAN	NDIDATE, OR F	PROPONENT		
Polate d Committees Not Include	d in this Statement								
Related Committees Not Include not included in this statement that are cont					OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
contributions or make expenditures on beh	alf of your candidacy.	-							
COMMITTEE NAME	I.D. NUM	MBER							
				7.	Primarily Formed Cand	idate/Offic	eholder Cor	mmittee List	names of
NAME OF TREASURER	CONTR	OLLED COMM	ITTEE?	•	officeholder(s) or candidate(s)	for which this	committee is p	rimarily formed	•
	☐ YI	ES NO)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOLI	GHT OR HELD	1
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)				NAME OF OFFICE ROLDER OF	DANDIDAIL	011102 000	OITI OITTILLD	SUPPORT
2									☐ OPPOSE
CITY	STATE ZIP CODE	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
									OPPOSE
COMMITTEE NAME	I.D. NU	MBER			NAME OF OFFICEHOLDER OR		OFFICE SOLI	GHT OR HELD	+
					NAME OF OFFICEROLDER OR	DANDIDATE	011102300	GIII OKTILLD	SUPPORT
									OPPOSE
NAME OF TREASURER	CONTR	OLLED COMM			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
	☐ YI	ES NO					I		□ OPPOSE
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)						<u> </u>		
CITY	STATE ZIP CODE	AREACO	DE/PHONE		Atta	ch continuati	on sheets if ne	ecessary	

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 $\frac{7/1/2023}{}$	CALIFORNIA 460
through	Page _3 of _4
	I.D. NUMBER
	1446701

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
~ U	530	General Elections
\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$	\$\frac{520}{0}\$ \$\frac{520}{0}\$ \$\frac{520}{0}\$ \$\frac{520}{0}\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
\$\frac{110}{0}\$ \$\frac{110}{0}\$ 0 0 110 0 110	\$\frac{309.18}{0}\$ \$\frac{309.18}{0}\$ \frac{0}{0}\$ \$\frac{309.18}{309.18}\$	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) \$
\$ \(\frac{486.97}{0} \) \(\frac{0}{0} \) \(\frac{110}{376.97} \) \$ \(\frac{0}{0} \) \$ \(\frac{0}{0} \) \$ \(\frac{0}{0} \)	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) FPPC Advice: advice@fppc.ca.gov (866/275-3772
	\$\frac{0}{0}{0}\$ \$\frac{110}{0}\$ \$\frac{110}{0}\$ \$\frac{110}{0}\$ \$\frac{0}{110}\$ \$\$\frac{486.97}{0}\$ \$\frac{0}{0}\$ \$\frac{110}{376.97}\$ \$\$\frac{0}{0}\$ \$\$\frac{1}{0}\$ \$\$\frac{0}{0}\$ \$\$\frac{1}{0}\$ \$\$\frac{0}{0}\$ \$\$\fr	\$\frac{0}{0}\$\$ \$\frac{520}{0}\$\$ \$\frac{110}{0}\$\$ \$\frac{309.18}{0}\$\$ \$\frac{110}{0}\$\$ \$\frac{309.18}{0}\$\$ \$\frac{0}{0}\$\$ \$1000000000000000000000000000000000000

Amounts may be rounded to whole dollars. Statement covers period from 7/1/2023				ORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through 12/31/2023	Page _	4 of 4
NAME OF FILER					I.D. NUM	MBER
Rafael Menis					14467	01
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 circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearance ses lating urvey researd very and mes	s	rwise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	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
* Payments that are contributions or independent expenditures must also b	e summarized on Scho	edule D.		SI	UBTOTAL S	\$
Schedule E Summary						
 Itemized payments made this period. (Include all Schedul Unitemized payments made this period of under \$100 						110
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Pai	rt 1, Colum	n (e).)		\$_	
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summ	ary Page, Column <i>i</i>	A, Line 6.) TO	OTAL \$_	110

FPPC Form 460 (Jan/2016))

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

Recipient Committee Campaign Statement Cover Page	PECEIVED JAN 3 1 2024 Office of the City C Statement covers period from 7/1/2023	Date of election if applicable: (Month, Day Year 11100	Date Stamp 8 1 2024 of the City	CALIFORNIA 460 FORM Clerkage 1 of 5 For Official Use Only	AGE O
SEE INSTRUCTIONS ON REVERSE	through 12/31/23				
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	proplete 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 Term Amendment (Explain belo		Quarterly Statement Special Odd-Year Report	
SASAI FOR PINOLE CITY COUNCIL 2022 STREET ADDRESS (NO PO. BOX) CITY STATE ZIP COUNCIL PINOLE CA 945 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BCC	DDE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER CAMERON SASAI MAILING ADDRESS CITY PINOLE NAME OF ASSISTANT TREASURER MAILING ADDRESS	CA	ZIP CODE AREA CODE/PHON 94564	NE
PINOLE CA 945 OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		ZIP CODE AREA CODE/PHON	NE
Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on	By		easurer ment or Responsible Officer of e 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

CALI		-	160
Page .	2	of_	5_

Officeholder or Candidate Cont	rolled Committee	6. Primarily Formed Ballo	t Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE Cameron Sasai	, , , , , , , , , , , , , , , , , , ,	NAME OF BALLOT MEASURE			
	ATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO, OR LETTER	JURISDICTIO	ON	7 SUPPORT
City Council, City of Pinole			1 1-		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. / 425 Blackberry Lane	AND STREET) CITY STATE ZIP Pinole CA 94564	Identify the controlling officeholder, candidate, or state measure proponent, if			oonent, if any.
	ed in this Statement: List any committees ntrolled by you or are primarily formed to receive shalf of your candidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO	, IF ANY
COMMITTEE NAME	I.D. NUMBER				
	CONTROLLED COMMITTEE?	7. Primarily Formed Cano officeholder(s) or candidate(s)			
NAME OF TREASURER			for which this		ed.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS	CONTROLLED COMMITTEE? YES NO DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	officeholder(s) or candidate(s)	for which this	committee is primarily form	SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS	CONTROLLED COMMITTEE? YES NO DRESS (NO P.O. BOX)	officeholdér(s) or candidate(s) NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELE	SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA 460 Statement covers period 7/1/23

	from	I OINI
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/23</u>	Page _3 of _5
NAME OF FILER		I.D. NUMBER

Contributions Received 1. Monetary Contributions	**EOUMIN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) ***O.00 0.00 0.00 0.00 0.00 0.00	**Example 1	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 Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$ \frac{90.00}{0.00}\$ \$ \frac{90.00}{0.00}\$ \$ \frac{0.00}{0.00}\$ \$ \frac{90.00}{0.00}\$	\$ 1607.57 0.00 \$ 1607.57 0.00 0.00 \$ 1607.57	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 Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 693.49 0.00 0.00 90.00 \$ 603.49 \$ 0.00 \$ 0.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous 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)

Schedule A	\	Amounts may be rounded					SCHEDULE A	
Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE		to whole dollars.		Statement covers period from $\frac{7/1/23}{}$ through $\frac{12/31/23}{}$		CALIFORNIA 460 FORM		
								NAME OF FILER SASAI FOR F
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 YE (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	\$ 0.00				
(Include all S	Summary eived this period – itemized monetary contribution Schedule A subtotals.)				IND - COM- OTH - PTY -	other the Other (e.ç - Political P	nt Committee an PTY or SCC) g., business entity)	
3 Total monets	ary contributions received this period. and 2. Enter here and on the Summary Page, C			00		FPPC F	Form 460 (Jan/2016)) a.gov (866/275-3772) www.fppc.ca.gov	

¥!

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA FORM

SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through 12/31/23	Page 5 of 5
IND independent expenditure supporting/opposing others (explain)* POS postage, deliv	munications I appearances es ating	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and Staff/spouse travel, lodging, and	ction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditures must also be summarized on Sche	dule D.	SUE	STOTAL \$ 0.00
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)			\$ 0.00
Itemized payments made this period. (include all scriedule E sublotais.) Unitemized payments made this period of under \$100			00.00
Total interest paid this period on loans. (Enter amount from Schedule B, Par			
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	the Summary Page, Column A	A, Line 6.) TO T	TAL \$ 90.00

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