STATEMENT OF ECONOMIC INTERESTSRECE VIEW Filing Received **COVER PAGE**

	29	Filing Official Use Only	
See .	29	5023	

Please type or print in ink.

A PUBLIC DOCUMENT

Office of the City Clerk

NAME OF FILER (LAST) (FIRST	T) ((MIDDLE)	
BENZULY	MAGH		Scott
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)		0	
CITY OF PINOLE		I LANDING	Commissioner
Division, Board, Department, District, if applicable		Your Position	
▶ If filing for multiple positions, list below or on an attach	hment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one box)			
State		Judge, Retired Judge, Pro Ter (Statewide Jurisdiction)	n Judge, or Court Commissioner
Multi-County		County of	
XCity of PINGLE			
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2022, thr December 31, 2022.	rough	Leaving Office: Date Left	one circle.)
The period covered is/	, through	The period covered is Jai leaving office.	nuary 1, 2022, through the date of
Assuming Office: Date assumed/		The period covered is the date of leaving office.	, through
Candidate: Date of Election	and office sought, i	if different than Part 1:	
4. Schedule Summary (required)	- Total number o	of pages including this cover	page: Z
Schedules attached			
Schedule A-1 - Investments – schedule attached	\(\rightarrow\)	Schedule C - Income, Loans, & Busi	ness Positions - schedule attached
Schedule A-2 - Investments - schedule attached		Schedule D - Income - Gifts - sched	lule attached
Schedule B - Real Property - schedule attached		Schedule E - Income - Gifts - Trave	I Payments – schedule attached
-or- None - No reportable interests on any	schedule	· ·	
5. Verification	76		4.
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)			
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
		ADAM SBENZULYE	Emnic . Com
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comple		red this statement and to the best of m	
I certify under penalty of perjury under the laws of th	ne State of Californi	a that the forceding is true and cor	roct
Date Signed B 03 28 2023	Siç	gnature	er Balement with your filing official.)

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
MAIDER PERMANENTE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
5820 Owens DR. PLENDALTIN CA 945:2	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
HEALTHCARG	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
SENIOR CONSTRUCTION MANAGER	<u> </u>
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 Q OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	PERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE TERM (Months/Years)
	N
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
	Street address
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
HIGHEST BALANCE DURING REPORTING PERIOD	4
<u>\$500 - \$1,000</u>	City
\$500 - \$1,000 \$1,001 - \$10,000	4
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	City
\$500 - \$1,000 \$1,001 - \$10,000	City
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor

STATEMENT OF ECONOMIC INTERESTS RECEIVED COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) Alex Mog 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Pinole Your Position Division, Board, Department, District, if applicable Assistant City Attorney City Attorney's Office ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of Multi-County City of Pinole 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left ____/_ (Check one circle.) December 31, 2022. -or-The period covered is January 1, 2022, through the date of The period covered is ______, through leaving office. December 31, 2022. -or-The period covered is ____ Assuming Office: Date assumed _____/___ the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1: ___ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification ZIP CODE CITY STATE MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) CA 94612 1999 Harrison Street, 9th Floor Oakland EMAIL ADDRESS DAYTIME TELEPHONE NUMBER amog@meyersnave.com (510) 808-2000 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

(File the originally signed paper statement with your filing official.)

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Meyers Nave	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1999 Harrison Street 9th Floor Oakland, CA 94612	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm	· · · · · · · · · · · · · · · · · · ·
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Of Counsel	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
	Other
Other (Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	PERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)
	367
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	□ Book Brooks
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
Comments:	



TAVE

1. Office, Agency, or Court

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

(FIRST)

ANTHONY

RECEIVED Use Only

MAR 3 0 2023

Maffice of the City Clerk

Please type or print in ink.

NAME OF FILER (LAST)

	Agency Name (Do not use acronyms) CITY OF PINOLE	
	Division, Board, Department, District, if applicable	Your Position
00	► If filing for multiple positions, list below or on an attachment. (Do not use	e acronyms)
		Position: SEE ATTACHER
	Agency: SEE ATTACHED	Position:
2.	Jurisdiction of Office (Check at least one box)	
	State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
.	City of PINULE	Other
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2022, through December 31, 2022.	Leaving Office: Date Left/(Check one circle.)
	The period covered is/, through December 31, 2022.	☐ The period covered is January 1, 2022, through the date of leaving office. -OF-
	Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office sought	, if different than Part 1:
4.	Schedule Summary (required) ► Total number	of pages including this cover page:
	Schedules attached	
	Schedule A-1 - Investments - schedule attached	Z Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property – schedule attached	_ Schedule E - Income - Gifts - Travel Payments - schedule attached
-0	r- None - No reportable interests on any schedule	
5.	Verification	
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
ı	DAYTIME TELEPHONE NUMBER	atore@ci. PINOLE. CA. US
	I have used all reasonable diligence in preparing this statement. I have revie herein and in any attached schedules is true and complete. I acknowledge	wed this statement and to the best of my knowledge the information contained
	I certify under penalty of perjury under the laws of the State of Californ	nia that the foregoing is true and correct.
	Date Signed 3/30/2023 s	ignature (File the originally signed paper statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA F	FORM 700 ACTICES COMMISSION
Name	
ANTHUM	TAUE

► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
BALLARD POWER SYSTEM	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FUEL CELL TELHNOLOGY	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
01 22	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	
\$100,001 - \$1,000,000 Qver \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe) Partnership Income Received of \$0 - \$499
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /22//22	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
OFMEDAL DECORPORATION OF THIS PHOINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
1 122 1 122	/ /22 / /22
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	3.1.

Comments: _

SCHEDULE B Interests in Real Property (Including Rental Income)



ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
PINOLE CA 94564	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 Q1 132 2 22	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000//22//22
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Yrs. remaining Other	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
None	None
* Vou one not required to report loans from a commercia	Liganding institution made in the lander's regular course of
	l lending institution made in the lender's regular course of
	without regard to your official status. Personal loans and
loans received not in a lender's regular course of busing	ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
BOOMESS ACTIVITY, IF ANY, OF LEMBER	BOOMESO NOTHIN IN MAN, OF EERBER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
	[] _{v ¬¬}
% None	% None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
	\$10,001 - \$100,000 OVER \$100,000
\$10,001 - \$100,000 OVER \$100,000	
Guarantor, if applicable	Guarantor, If applicable
Comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
ANTHONY TAVE

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
SAN FRANCISCO CITY COLLEGE	TAVE DESIGN STUDIO
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
SAN FRANCISCO CA 94112	282 FOE CT PINOLE CA 9456
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
EMPLOYED	
YOUR BUSINESS POSITION 9 CUSTOPIAL	YOUR BUSINESS POSITION
DIRECTOR OF BULDINGS GROWPS	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000	\$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
I	
(Describe)	(Describe)
(Describe)	(Describe)
(Describe) (Describe)	(Describe)
Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	(Describe)
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commercial a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official.	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows:	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows:	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's status. INTEREST RATE None None
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows. NAME OF LENDER*	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's status. INTEREST RATE None None
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN Personal residence
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Cother
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Cother
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Cother
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)

ANTHONY L. TAVE (Council Member)

Elected: November, 2022

Term expires: December, 2026 Email: atave@ci.pinole.ca.us

• WEST CONTRA COSTA INTEGRATED WASTE MGMT. AUTHORITY (WCCIWMA)

Delegate

Meets Monthly - 2nd Thursday at 7:00 pm

San Pablo City Hall Council Chambers, One Alvarado Square, San Pablo, CA 94806

Contact: 510-215-3125 Peter Holtzclaw, Executive Director

• WEST CONTRA COSTA TRANSPORTATION ADVISORY COMMITTEE (WCCTAC)

Delegate

Meets monthly - Last Friday of every month from 8 a.m. to 10 a.m.

El Cerrito City Hall

Contact: Staff Person: 510-210-5933, 510-210-5931

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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Please type or print in ink.			Office of the City
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Murphy	Devin	Ť	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Pinole			
Division, Board, Department, District, if ap	plicable	Your Position	
		City Council / Mayor	
▶ If filing for multiple positions, list below	or on an attachment. (Do not use	acronyms)	
Agency: MCE Clean Energy, Rec	ycleMore	Position: Director	
Agency:		Position;	
2. Jurisdiction of Office (Check at	least one box)		
State		Judge, Retired Judge, Pro Tem J	ludge, or Court Commissioner
		(Statewide Jurisdiction)	
Multi-County		County of Contra Costa Co	ounty
City of Pinole		Other	
3. Type of Statement (Check at lea	of one havi		
Annual: The period covered is Janu	-	Leaving Office: Date Left	1 1
December 31, 2022.	ary 1, 2022, through	(Check on	
-or- The period covered is	/, through	The period covered is Janua	ary 1, 2022, through the date of
December 31, 2022.	_	leaving office.	
Assuming Office: Date assumed		The period covered is the date of leaving office.	_/, through
		, -	
Candidate: Date of Election	and office sought,	, if different than Part 1:	
4. Schedule Summary (required) ► Total number	of pages including this cover pa	age: ⁴
Schedules attached			1 - 120
Schedule A-1 - Investments - sch	redule attached	Schedule C - Income, Loans, & Busines	ss Positions - schedule attached
Schedule A-2 - Investments - sch	redule attached	Schedule D - Income - Gifts - schedule	
Schedule B - Real Property - sch	edule attached	Schedule E - Income – Gifts – Travel P	ayments - schedule attached
N W			
-or- None - No reportable inte	rests on any schedule		
5. Verification	OTT/	OTATE	70,000
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	c Document)	STATE	ZIP CODE
		Terran appropri	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
have used all reasonable diligence in pre	enaring this statement. I have revie	devin@murphyforpinole.com wed this statement and to the best of my key	nowledge the information contained
herein and in any attached schedules is t			nomoago no montadon condined
I certify under penalty of perjury under	the laws of the State of Californ	nia that the foregoing is true and correc	rt
Date Signed 3/31/2023 (month, day, year)		ignatur(/ (File the originally signed paper st.	slement with your filing official)
(monus, day, year)		It are the difficulty officer behalf of	are true four many or money

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Devin T. Murphy

► 1. BUSINESS ENTITY OR TRUST	➤ 1. BUSINESS ENTITY OR TRUST
DTM Ventures	
Name	Name
815 2nd Avenue	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
Strategic Communications / Digital Marketing	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprletorship Other
YOUR BUSINESS POSITION Chief Executive Officer	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a segurate sheet of necessary.) None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
INVESTMENT REAL PROPERTY	REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / /22 / /22 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments: N/A	

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Devin T. Murphy

1. INCOME RECEIVED	► 1 INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Movement Labs	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Oakland, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
VP, Business Development	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.) Loan repayment
Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
2 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	PERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other(Describe)
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

100	FORNIA FORM 700 DITTICAL PRACTICES COMMISSION
Name	
Devin	T. Murphy

- · Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization
 or the "Speech" box if you made a speech or participated in a panel. Per Government Code
 Section 89506, these payments may not be subject to the gift limit. However, they may result
 in a disqualifying conflict of interest.

NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
MCE Clean Energy	Common Counsel Foundation
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1125 Tamalpais Avenue	1624 Franklin Street
CITY AND STATE San Rafael, CA	CITY AND STATE Oakland, CA
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 3 1 22 3 131 22 AMT: \$ 5000	DATE(S): 4 1 122 4 13 22 AMT: \$ 2500
MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: Gift -or- I Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
If Gift, Provide Travel Destination Washington, DC	► If Gift, Provide Travel Destination Miami, Florida
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURC
DATE(S):/	DATE(S):/
MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
The state of the s	1



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

COVER PAGE

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Filed Date: 03/21/2023 12:18 PM SAN: FPPC

Pleas	se type or print in in	nk.				JAN. I F F C
NAME	OF FILER (LAST)	(FIRST)			(MIDDLE)	
Cas	her	Eric			S	
1. 0	ffice, Agency,	or Court				
Ą	gency Name (Do no	t use acronyms)				
C	City of Pinole					
Di	ivision, Board, Depar	tment, District, if applicable		Your Position		
				City Attorney		
•	If filing for multiple	positions, list below or on an attachmer	nt. (Do not use			
А	Agency:			Position:		
2. J	Jurisdiction of Office (Check at least one box)					
	State			Judge, Retired Judge, (Statewide Jurisdiction)		Judge, or Court Commissioner
	Multi-County			County of		
>	City of Pinole					
3. 1	Type of Statem	ent (Check at least one box)				
_	Annual: The per	iod covered is January 1, 2022, through per 31, 2022 .	1		e Left (Check or	 ne circle.)
		iod covered is//	, through	The period covered leaving office.	ed is Janua	ary 1, 2022, through the date of
	Assuming Office	: Date assumed/				/, through
	Candidate: Date	of Election and	d office sought,	if different than Part 1:		
4. S	Schedule Sumn	nary (required) ► To	tal number	of pages including this	cover pa	age: 3
	Schedules atta	• , , ,			•	
	★ Schedule A-1	- Investments – schedule attached	×	Schedule C - Income, Loans,	& Busines	ss Positions – schedule attached
	=	 Investments – schedule attached 		Schedule D - Income – Gifts		
	Schedule B -	Real Property – schedule attached		Schedule E - Income - Gifts	– Travel P	Payments - schedule attached
		reportable interests on any sch	edule			
_	erification					
	MAILING ADDRESS Business or Agency Addres	STREET ss Recommended - Public Document)	CITY	\$	STATE	ZIP CODE
	1999 Harrison S		Oaklar		CA	94612
D .	DAYTIME TELEPHONE NU			EMAIL ADDRESS		
(510) 808-200		4 1 1	ecasher@meyersnave.		manufadas tha information (1)
		able diligence in preparing this statemer ched schedules is true and complete.			est of my k	nowleage the information contained
- 1	certify under penal	y of perjury under the laws of the St	ate of Californ	nia that the foregoing is true a	and correc	et.
D	Date Signed	03/21/2023 12:18 PM (month, day, year)	Si	ignature	signed nanor et	tatement with your filing official.)
		(топит, чау, уваг)		(File the originally s	nyır c u pap e r St	acomone with your mility unitial.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Eric Casher

•	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Apple Inc.	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Computer, Software, Technology	
	FAIR MARKET VALUE	FAIR MARKET VALUE
	▼ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT Stock Other
	(Describe)	(Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Olncome Received of \$0 - \$499 Olncome Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	02 / 03 / 22	, , 22 , , , 22
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
<u> </u>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other(Describe)	Stock Other(Describe)
	(Describe) Partnership O Income Received of \$0 - \$499	☐ (Describe) ☐ Partnership ☐ Income Received of \$0 - \$499
	☐ Income Received of \$500 or More (Report on Schedule C)	☐ Partite Strip ☐ Income Received of \$0 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, , 22 , , , 22	, , 22 , , , 22
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000	\$2,000 - \$10,000
	NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
	(Describe)	(Describe)
	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	AOMOINED DISPOSED	ACKOIKED DISPOSED
Co	mments:	

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Eric Casher

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Meyers Nave	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1999 Harrison St., 9th Floor, Oakland, CA 94612	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Services	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Attorney - Principal	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
■ \$10,001 - \$100,000 × OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Decerite)
(Describe)	(Describe)
(Describe) Other(Describe)	(Describe)
Other	Other(Describe)
Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING I * You are not required to report loans from a commercial a retail installment or credit card transaction, made in the second commercial commercial and the second commercial comm	Other
Other	Other
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING IT * You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	Other
Other	Other
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING IT * You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Other
	Other
Other	Other



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received

Filed Date: 03/10/2023 10:49 AM

SAN: FPPC Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) **Andrew John** Murray 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Pinole Division, Board, Department, District, if applicable Your Position City Manager ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: ___ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County County of X City of Pinole Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left ____/_ December 31, 2022. (Check one circle.) -or-The period covered is January 1, 2022, through the date of The period covered is ______, through leaving office. December 31, 2022. -or-The period covered is ____ __/___, through Assuming Office: Date assumed _____/____ the date of leaving office. Candidate: Date of Election ____ and office sought, if different than Part 1: ___ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments – schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached **-or-** None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 2131 Pear St **Pinole** CA 94564-1774 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (510)724-8928 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

03/10/2023 10:49 AM

(month, day, year)

Date Signed

(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date	#CE	VED WED	

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) Martinez Franke 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Pinole Division, Board, Department, District, if applicable Your Position Planning Commissioner Planning Commission ▶ If filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: __ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner ☐ State (Statewide Jurisdiction) County of Multi-County City of Pinole Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left ___ (Check one circle.) December 31, 2022. The period covered is January 1, 2022, through the date of The period covered is ______, through leaving office. December 31, 2022. The period covered is ______, through Assuming Office: Date assumed _____/__ the date of leaving office. and office sought, if different than Part 1:___ Candidate: Date of Election ___ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property – schedule attached -or- None - No reportable interests on any schedule 5. Verification CITY STATE ZIP CODE MAILING ADDRESS (Business or Agency Address Recommended - Public Document) CA 94564 **Pinole** City of Pinole 2131 Pear Street **EMAIL ADDRESS** DAYTIME TELEPHONE NUMBER franke martinez@hotmail.com I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 3/30/2023 Signature (month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

Franke Martinez See Attchd xls

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Thunderbolt Commincations LLC	Fidelity
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
I.T. Consulting	IRA Account
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 (a) \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATI DE OF INVESTMENT	NATURE OF INVESTMENT SIRIUX XM
NATURE OF INVESTMENT LLC-Sole Member	
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	01 01 22 12 31 22
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Fidelity	Fidelity GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	CONTROL TO CONTROL AND A CONTROL AND A CONTROL OF THE CONTROL OF THE CONTROL AND A CON
IRA Account	IRA IRA
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 1 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Checkpoint
Stock Other Fidelity Gov't Cash Reserves	
(Describe) Partnership Income Received of \$0 - \$499	(Describe) Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
01 01 22 12 31 22	01 01 722 12 31 722
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Fidelity	H
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
IRA Account	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other Microsoft (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
04,01 22 12,31	1 02 1 02
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	LL.
Comments:	
T T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Franke Martinez See Attchd xls

PLICABLE, LIST DATE: 22
QUIRED DISPOSED Easement Other ME RECEIVED \$1,001 - \$10,000 ER \$100,000 Du own a 10% or greater
Other ME RECEIVED \$1,001 - \$10,000 ER \$100,000 Du own a 10% or greater
Other ME RECEIVED \$1,001 - \$10,000 ER \$100,000 Du own a 10% or greater
ME RECEIVED \$1,001 - \$10,000 ER \$100,000 Du own a 10% or greater
\$1,001 - \$10,000 ER \$100,000 ou own a 10% or greater
\$1,001 - \$10,000 ER \$100,000 ou own a 10% or greater
ER \$100,000 ou own a 10% or greater
ou own a 10% or greater
der's regular course of . Personal loans and
ole)
NDER
TERM (Manufacture)
TERM (Months/Years)
IERM (Months/Years)
TERM (Months/Years) RTING PERIOD
RTING PERIOD
RTING PERIOD - \$10,000
RTING PERIOD - \$10,000
i.

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Franke Martinez See Attchd xls

- 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
MidPen Housing Corporation	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
303 Vintage Park Drive Suite 250 Foster Ciy CA 9456	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Affordable Housing Developer/Operator	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Spouse - Corporate Counsel	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Spouse's or registered domestic partner's income (For self-amployed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other(Describe)	Other(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in t	I lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
· · · · · · · · · · · · · · · · · · ·	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
S10,001 - \$100,000	Gualdhui
OVER \$100,000	Other
	(Describe)

SCHEDULE A-1

Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not allach brokerage or financial statements.



Computer Electrories \$10,001 - \$10,000 Stock	NAME OF BUSINESS ENTRY	GENERAL DESCRIPTION OF	COLOR MAKKET VALUE		(mm/dd/yyyy)
Adultico Computer Electrotrics \$1,000 - \$10,000		Computer Electronics	\$10,001 - \$100,000	- 1	ACQUIRED DISPOSED
Computer Electrories \$2,000 - \$10,000	anced Micro	Computer Electronics	\$10,001 - \$100,000	Stock	
k. Solid Media \$2,000 - \$10,000 Telecommunications \$2,000 - \$10,000 Telecommunic	100	Computer Electronics	\$2,000 - \$10,000	Stock	
Teleporministration	ebook	Social Media	\$2,000 - \$10,000	Stock	
Reali Digital Reali S. 2,000 - \$10,000 Reali Digital Reali S. 2,000 - \$10,000 Reali S. 2,000 - \$	yan yan	Tabeommunications	\$2,000 - \$10,000	Stock	
Retail \$2,000 - \$10,000 Healtheare \$2,000 - \$10,000 Computer Electronics \$2,000 - \$10,000 Computer Stevens \$2,000 - \$10,000 Computer Stevens \$2,000 - \$10,000 Proof Fedd and \$2,000 - \$10,00	NON	Retail Digital	\$2,000 - \$10,000	Stock	
Computer S2,000 - \$10,000	es	Retall	\$2,000 - \$10,000	Stock	
Computer Electronics \$2,000 - \$10,000		Healthcare	\$2,000 - \$10,000	Stock	
Computer Systems 22,000 - \$10,000	OBOR	Computer Electronics	\$2,000 - \$10,000	Stack	
Proceedings Procedings Pr	ő	Computer Systems	\$2,000 - \$10,000	Stock	
pry Proceedings 52,000 - \$10,000 by Company Process	mizerx	Healthcare	\$2,000 - \$10,000	Stock	
No.	bucks Corp	YOOD FOTAL	\$2,000 - \$10,000	Stock	
Beverages réali \$2,000 - \$10,000	referent Cost Inc	Road ratell	52 000 - \$10,000	Stock	
Service	o-Cola	Beverages retail	\$2,000 - \$10,000	Stock	
Prinancial \$2,000 - \$10,000	ed Parcel Service	Logietics	\$2,000 - \$10,000	Stock	
Food refail \$2,000 - \$10,000	Aorgan Chase	Financial	\$2,000 - \$10,000	Stock	
BioMedical/Pharma \$2,000 - \$10,000	Donalds	Food retail	\$2,000 - \$10,000	Stock	
Company Comp	Ø.	BloMedicavPharma	\$2,000 - \$10,000	Stock	
Internament \$2,000 - \$10,000	25Force	Olgital Media	\$2,000 - \$10,000	Stock	
tries (t Distrey	Telecommunications	52,000 - 510,000	Stock	
te Financial \$2,000 - \$10,000 \$10,000	ller industries	Manufacturing	\$2,000 - \$10,000	Stock	
DENOMERATION DENO	kot cos inc	Financial	\$2,000 - \$10,000	Stock	
BloMedical/Pharma \$2,000 - \$10,000	ulife Financial Corp	Financial	\$2,000 - \$10,000	Stock	
Athletes Inc Colohing 52,000 - \$10,000 Healthcare 52,000 - \$10,000 Healthcare 52,000 - \$10,000 Healthcare 52,000 - \$10,000 Entertainment 52,000 - \$10,000 Entertainment 52,000 - \$10,000 Entertainment 52,000 - \$10,000 Entertainment 52,000 - \$10,000 IT Sen(less 52,000 - \$10,000 I	ferna inc	BioMedical/Pharma	\$2,000 - \$10,000	Stock	
Manufacturing \$2,000 \$10,000	utemon America inc	Cioting	52,000 - \$10,000	Stock	
Enlectationment \$2,000 - \$10,000 Computer Systems \$2,000 - \$10,000 Enlectating \$2,000 - \$10,000 Enlectation (Irl Software \$2,000 - \$10,000 Enlectation (Irl Software \$2,000 - \$10,000 Enlectation (Irl Software \$2,000 - \$10,000 Enlectation (Irl Software \$2,000 - \$10,000 \$2,000 - \$10,000 Enlectation (Irl Software \$2,000 - \$10,000 \$2,000 - \$10,000 Enlectation (Irl Software \$2,000 - \$10,000 \$2,000 - \$10,000 \$2,000 - \$10,000 \$2,000 - \$10,000 \$11 Software \$2,000 - \$10,000	opillor	Manufacturing	\$2,000 - \$10,000	Stock	
tic Computer Systems \$2,000 - \$10,000	flix	Entertainment	\$2,000 - \$10,000	Stock	
	deamm inc	Computer Systems	\$2,000 - \$10,000	Slock	
Retail/Healthcare \$2,000 - \$10,000	ank	IT Services	\$2,000 - \$10,000	Stock	
Telecommunications \$2,000 - \$10,000 IT Sedware \$2,200 - \$10,000 IT Sedware \$2,200 - \$10,000 Auto Manufacturing \$2,000 - \$10,000 IT Sedware \$2,000 - \$10,000 IT Sedware \$2,000 - \$10,000 IT Sedware \$2,000 - \$10,000 Entertainment \$2,000 - \$10,000 Telecommunications \$2,000 - \$10,000 Telecommunications \$2,000 - \$10,000 Telecommunications \$2,000 - \$10,000 IT Sedware \$2,000 - \$10,000 Entertainment \$2,000 - \$10,000 Auto Manufacturing \$2,000 - \$10,000 Feltertainment \$2,000 - \$10,000 IT Sedware \$2,000 - \$10,000	3 Health	Retail/Healthcare	\$2,000 - \$10,000	Stock	
Beetinal Grid \$2,000 - \$10,000	m Postano	Telecommunications	\$2,000 - \$10,000	Stock	
Auto Manufacturing \$2,000 - \$10,000 IT Software \$2,000 - \$10,000 Entertainment \$2,000 - \$10,000 Retail \$2,000 - \$10,000 Retail \$2,000 - \$10,000 Telecommunications \$2,000 - \$10,000 Electrical Grid \$2,000 - \$10,000 IT Software \$2,000 - \$10,000 Auto Manufacturing \$2,000 - \$10,000 IT Software \$2,000 - \$10,000	k Chaming Co	Electrical Grid	\$2,000 - \$10,000	Stock	
T Software \$2,000 - \$10,000	er Inc	Auto Manufacturing	\$2,000 - \$10,000	Stock	
Entertainment \$2,000 - \$10,000 Retail \$2,000 - \$10,000 Retail \$2,000 - \$10,000 Telecommunications \$2,000 - \$10,000 Exercitainment \$2,000 - \$10,000 IT Software \$2,000 - \$10,000 Entertainment \$2,000 - \$10,000 Auto famulfacturing \$2,000 - \$10,000 IT Software \$2,000 - \$10,000	oDesk.	IT Software	\$2,000 - \$10,000	Stock	
Telecommunications \$2,000 - \$10,000	combs inc	Entertainment	\$2,000 - \$10,000	Stock	
Electrical Grid \$2,000 - \$10,000 IT Software \$2,000 - \$10,000 Entertainment \$2,000 - \$10,000 Entertainment \$2,000 - \$10,000 Auto Manufacturing \$2,000 - \$10,000 IT Software \$2,000 - \$10,000 IT Software \$2,000 - \$10,000	usign	Telecommunications	\$2,000 - \$10,000	Stock	
IT Software \$2,000 - \$10,000 Entertainment \$2,000 - \$10,000 Entertainment \$2,000 - \$10,000 Auto Manufacturing \$2,000 - \$10,000 IT Software	mtumScape	Electrical Grid	\$2,000 - \$10,000	Stock	
Entertainment \$2,000 - \$10,000 Auto Manufinchuring \$2,000 - \$10,000 IT Software \$2,000 - \$10,000 IT Software \$2,000 - \$10,000	antirTechnologies	IT Software	\$2,000 - \$10,000	Stock	
IT Software \$2,000 -\$10,000 IT Software \$2,000 -\$10,000	oton interactive	Entertainment	\$2,000 - \$10,000	Stock	
IT Software \$2,000 - \$10,000	wdstrike Holdings Inc	IT Software	\$2,000 - \$10,000	Stock	
	ck Technologies	IT Software	\$2,000 - \$10,000	Stock	

Date Signed April 1, 2023

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) (FIRST) Heather Bell 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Pinole Division, Board, Department, District, if applicable Your Position City Clerk ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: ___ Agency: __ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of Multi-County City of City of Pinole Other 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____ Annual: The period covered is January 1, 2022, through (Check one circle.) December 31, 2022. The period covered is January 1, 2022, through the date of The period covered is ___ leaving office. December 31, 2022. _______ ☐ The period covered is ____ Assuming Office: Date assumed _____/_ the date of leaving office. Candidate: Date of Election ______ and office sought, if different than Part 1;_ ► Total number of pages including this cover page: 1 4. Schedule Summary (required) Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -Or- None - No reportable interests on any schedule 5. Verification ZIP CODE STATE CITY MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) CA 94591 Pinole 2131 Pear Street EMAIL ADDRESS DAYTIME TELEPHONE NUMBER (510) 724-2928 hbell@ci.pinole.ca.us I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Please type or print in ink.

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ΑM	E OF FILER (LAST) (FIRST)	(MIDDLE)
	RUPORT Irma	I
	Office, Agency, or Court	
	Agency Name (Do not use acronyms) CITY OF PINOLE Division, Board, Department, District, if applicable	Community Services Commission
	▶ If filing for multiple positions, list below or on an attachment. (Do not use	e acronyms)
	Agency:	Position:
<u>-</u>	Jurisdiction of Office (Check at least one box)	
	State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	X City of Pinole	Other
		Leaving Office: Date Left
_	or- 💢 None - No reportable interests on any schedule	
5.	Verification MAILING ADDRESS STREET CITY	STATE ZIP CODE
	(Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER	iewed this statement and to the best of my knowledge the information contained e this is a public document.
	Date Signed 04/06/23	Signature

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

(FIRST)



MAR 3 0 2023

Please type or print in ink.

NAME OF FILER (LAST)

Office of the City Clerk

С	RONE	JEREMY	DAVID
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms) CITY OF PINOLE		
	Division, Board, Department, District, if applicable		Your Position
	POLICE DEPARTMENT		LIEUTENANT
	▶ If filing for multiple positions, list below or on ar	attachment. (Do not us	use acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Check at least on	e box)	
	State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
	PINOLE CA		Other
3.	Type of Statement (Check at least one b	ох)	
	Annual: The period covered is January 1, 20 December 31, 2022.	22, through	Leaving Office: Date Left//(Check one circle.)
	The period covered is/	J, through	☐ The period covered is January 1, 2022 , through the date of leaving office.
	Assuming Office: Date assumed/_		☐ The period covered is, through the date of leaving office.
	Candidate: Date of Election	and office sough	ht, if different than Part 1:
4.	Schedule Summary (required) Schedules attached	► Total number	er of pages including this cover page:
	Schedule A-1 - Investments - schedule at	ached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments – schedule at	Г	Schedule D - Income – Gifts – schedule attached
	Schedule B - Real Property – schedule att	ached L	Schedule E - Income - Gifts - Travel Payments - schedule attached
-(or- None - No reportable interests or	any schedule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY	STATE ZIP CODE
	880 TENNENT AVE	PINO	DLE CA 94564
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	(510) 724-8955		JCRONE@CI.PINOLE.CA.US
	I have used all reasonable diligence in preparing the herein and in any attached schedules is true and of		viewed this statement and to the best of my knowledge the information contained ge this is a public document.
	I certify under penalty of perjury under the law	s of the State of Californ	ornia that the foregoing is true and correct
	Date Signed 03/28/2023		Signature
	(month, day, year)		

Date Signed March 27, 2023

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received

RECEIVED

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) N Office of the City Clerk Rogers **Jeremy** 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Pinole Division, Board, Department, District, if applicable Your Position **Community Services** Director ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: _ 2. Jurisdiction of Office (Check at least one box) ___ State __ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County County of City of Pinole 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left ___ (Check one circle.) December 31, 2022. -OF-☐ The period covered is January 1, 2022, through the date of The period covered is ______, through leaving office. December 31, 2022. -01-The period covered is ____ Assuming Office: Date assumed _____/____ the date of leaving office. Candidate: Date of Election ____ _____ and office sought, if different than Part 1:__ 4. Schedule Summary (required) ▶ Total number of pages including this cover page: 2 Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached **-or-** None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY ZIP CODE (Business or Agency Address Recommended - Public Document) 2131 Pear Street, Pinole, CA 94564 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (559) 280-0042 Jeremy.rogers@ci.pinole.ca.us I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

(File the originally signed paper statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 7	
Name	
Jeremy Ra	res

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2402 N. Leila St	
CITY	CITY
Visalia, Ca 93291	
FAİR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 NATURE OF INTEREST
NATURE OF INTEREST Ownership/Deed of Trust Easement	
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source income of \$10,000 or more.	
None	None
You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of l	ercial lending institution made in the lender's regular course of blic without regard to your official status. Personal loans and business must be disclosed as follows:
You are not required to report loans from a comme business on terms available to members of the pu	ercial lending institution made in the lender's regular course of blic without regard to your official status. Personal loans and
You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of l	ercial lending institution made in the lender's regular course of blic without regard to your official status. Personal loans and business must be disclosed as follows:
You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of I	ercial lending institution made in the lender's regular course of blic without regard to your official status. Personal loans and ousiness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of INAME OF LENDER* ADDRESS (Business Address Acceptable)	ercial lending institution made in the lender's regular course of blic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of INAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ercial lending institution made in the lender's regular course of blic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from a comme business on terms available to members of the pure loans received not in a lender's regular course of loans of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whome	ercial lending institution made in the lender's regular course of blic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE None None
You are not required to report loans from a comme business on terms available to members of the pulloans received not in a lender's regular course of linear of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	ercial lending institution made in the lender's regular course of blic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD
You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of loans received not in a lender's regular course of loans of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Percial lending institution made in the lender's regular course of blic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a comme business on terms available to members of the pulloans received not in a lender's regular course of linear of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	ercial lending institution made in the lender's regular course of blic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD

STATEMENT OF ECONOMIC INTERESTS RECEIVED BROWN COVER PAGE

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Please	type	or	print	in	ink.
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NAME OF FILER (LAST) (FIRST)

Pingaman

(month, day, year)

Office of the City Clerk

Bingaman	Joseph	Wilson	
l. Office, Agency, or Court			ä
Agency Name (Do not use acronyms)			
City of Pinole			
Division, Board, Department, District, if a	pplicable	Your Position	
Public Works		Public Works Manager	
▶ If filing for multiple positions, list below	w or on an attachment. (Do not	use acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check a	nt least one box)		
State		Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	dge, or Court Commissioner
Multi-County		County of	
City of Pinole		- 00	
			
3. Type of Statement (Check at le			
Annual: The period covered is Jar December 31, 2022.	nuary 1, 2022, through	Leaving Office: Date Left(Check one	
-or-	, throug	h The period covered is Januar	y 1, 2022, through the date of
December 31, 2022.	,	leaving office.	
Assuming Office: Date assumed		The period covered is the date of leaving office.	/, through
Candidate: Date of Election	and office sou	ght, if different than Part 1:	
4. Schedule Summary (require	d) Total numb	per of pages including this cover pa	ge· 1
Schedules attached	-) Piotai name	ci oi pages melading and core. pa	
Schedules attached		Cabadula C. Income Loope & Business	- Positions - cohodula attached
Schedule A-1 - Investments – s		Schedule C - Income, Loans, & Busines. Schedule D - Income - Gifts - schedule	
Schedule A-2 - Investments – s		Schedule E - Income - Gifts - Travel Pa	
Schedule B - Real Property - s	chedule attached	Schedule E - Income - Gills - Traver Fa	yments - schedule attached
	1 . 4.4-		
-or- None - No reportable int	erests on any schedule		
5. Verification	OFF.	STATE	ZIP CODE
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pu	CITY blic Document)		ZIF GODE
2131 Pear Street	Pino		94564
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(510) 724-8947		jbingaman@ci.pinole.ca.us	
I have used all reasonable diligence in pherein and in any attached schedules is	preparing this statement. I have not strue and complete. I acknowle	eviewed this statement and to the best of my kr dge this is a public document.	owledge the information contain
I certify under penalty of perjury und	er the laws of the State of Cal	fornia that the foregoing is true and correct	
Date Signed March 28, 2023		Signati	



Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

PRECEIVE Deceived

MAR 28 2023

Office of the City Clerk

AME OF FILER (LAST)	(FIRST)	(MIDDLE)
Shiu	Justin	
. Office, Agency, or Court		
Agency Name (Do not use acronym	ns)	XI
City of Pinole		
Division, Board, Department, District,	if applicable	Your Position
Planning Division		Consultant Planner
▶ If filing for multiple positions, list I	below or on an attachment. (Do not us	e acronyms)
Agency:		Position:
. Jurisdiction of Office (Che	ck at least one box)	
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County	,	County of
City of Pinole	·	Other
3. Type of Statement (Check a	at least one box)	
Annual: The period covered is December 31, 2022.		Leaving Office: Date Left/(Check one circle.)
-or- The period covered is December 31, 2022 .	s, through	☐ The period covered is January 1, 2022 , through the date of leaving office.
Assuming Office: Date assum	ned/	The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought	t, if different than Part 1:
. Schedule Summary (requ	ired) ► Total number	of pages including this cover page: 1
Schedules attached		3
Schedule A-1 - Investments	- schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments	- schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property	- schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
or E None No was debte	interests on any aphadula	
-or- None - No reportable 5. Verification	interests on any schedule	Y
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
DATHME FEEL HONE NOMBER		jshiu@m-group.us
I have used all reasonable diligence herein and in any attached schedul	in preparing this statement. I have reviewes is true and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury	under the laws of the State of Califor	rnia that the foregoing is true and correct.
B. (. 8) 2/20/2022	,	Signatura
Date Signed 3/28/2023		Signature

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date	Detroit August Magazine	١
Dutte		
	RECEIVED	

Please type o	r print	in	ink.
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Please type or print in ink.			Office of the City Clerk
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Marks	Keith	Dewayr	<u>1e</u>
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Pinole			
Division, Board, Department, District, if app	olicable	Your Position	
Community Development		Chief Building Official	
▶ If filing for multiple positions, list below	or on an attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at	least one box)		
State		Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	udge, or Court Commissioner
Multi-County		County of	
City of Pinole		Other	
3. Type of Statement (Check at lease	st one hox)		
Annual: The period covered is Januar December 31, 2022.		Leaving Office: Date Left(Check one	
-or- The period covered is December 31, 2022.	, through	☐ The period covered is Janual leaving office.	ry 1, 2022, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (required)	► Total number	of pages including this cover pa	ge:
Schedules attached			
Schedule A-1 - Investments – sch		Schedule C - Income, Loans, & Busines	
Schedule A-2 - Investments - sch		Schedule D - Income - Gifts - schedule Schedule E - Income - Gifts - Travel Pa	
Schedule B - Real Property – sch	edule attached	Generalic E - moonie Gina - mavori c	lymonia solicatio attached
-or- None - No reportable inter	ests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY	STATE	ZIP CODE
749 Isabella Way	Fairfiel	d California	94533
DAYTIME TELEPHONE NUMBER	- Tairno	EMAIL ADDRESS	
(510) 724-9016		kmarks@ci.pinole.ca.us	
		wed this statement and to the best of my kr	nowledge the information contained
I certify under penalty of perjury under	the laws of the State of Californ	nia that the foregoing is true and correct	
Date Signed March 28, 2023	S	ignature	
(month, day, year)		(File the originally signed paper sta	tement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS RECEIVED in Received **COVER PAGE**

A PUBLIC DOCUMENT

MAR 2 9 2023

Please type or print in ink.

Office of the City Clerk

NAME OF FILE	ER (LAST)	(FIRST)	(MIDULE)	
Santoyo		Kristina	Nagales	
1. Office	, Agency, or Court			*
	Name (Do not use acronyms) of Pinole			
Division	, Board, Department, District, if applica	ble	Your Position	
Comr	nunity Services Department		Recreation Coordinator	
► If fili	ng for multiple positions, list below or o	n an attachment. (Do not use a	cronyms)	
Agency	<i>r</i> :		Position:	
2. Juris	diction of Office (Check at leas	et one box)		
☐ Stat	te		Judge, Retired Judge, Pro Tem Judge, (Statewide Jurisdiction)	dge, or Court Commissioner
Mult	ti-County		County of	
City	of Pinole		Other	
3. Type	of Statement (Check at least o	ne box)		
	nnual: The period covered is January December 31, 2022.		Leaving Office: Date Left(Check one	
	The period covered is/_ December 31, 2022.	, through	The period covered is January leaving officeor-	y 1, 2022, through the date of
☐ As	ssuming Office: Date assumed	<i>J</i>	☐ The period covered is the date of leaving office,	/, through
☐ Ca	andidate: Date of Election	and office sought, if	different than Part 1:	
4. Sche	edule Summary (required)	➤ Total number o	f pages including this cover pag	ge:
Sche	edules attached			
	Schedule A-1 - Investments - schedu	ic attached	Schedule C - Income, Loans, & Business	
	Schedule A-2 - Investments - schedu	ie allaciieu 🗀	Schedule D - Income - Gifts - schedule	
	Schedule B - Real Property - schedu	le attached	Schedule E - Income - Gifts - Travel Pa	yments – schedule attached
-or- 🔳	None - No reportable interes	s on any schedule		
5. Verifi	cation			
MAILING (Busines	G ADDRESS STREET ss or Agency Address Recommended - Public Do	CITY current)	STATE	ZIP CODE
	0 Charles Avenue	Pinole	CA	94564
DAYTIM	ME TELEPHONE NUMBER		MAIL ADDRESS	
(510			ksantoyo@ci.pinole.ca.us	
herein	and in any attached schedules is true	and complete. I acknowledge th		
l certi	fy under penalty of perjury under th	e laws of the State of California	that the foregoing is true and correct	
Date 9	Signed 3/28/2023	Sia	nature	
Date 3	(month, day, year)		(File the originally signed paper state	tement with your filing official.)

STATEMENT OF ECONOMIC INTEREST COVER PAGE

A PUBLIC DOCUMENT

	RECEIVED
S	Date Initial Filing Received Filing Official Use Only
Of	fice of the City Clerk

Please type or print in ink.

IAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Whalen	Lilly	Α
. Office, Agency, or Co	ourt	
Agency Name (Do not use City of Pinole	acronyms)	
Division, Board, Department,	District, if applicable	Your Position
Community Developn		Community Development Director
	ns, list below or on an attachment. (Do not use	
I ming for manaple position	na, hat below of on all attachment. (Do not use	, dolonyma)
Agency:		Position;
2. Jurisdiction of Offic	e (Check at least one box)	
State	31	 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of Pinole		Other
3. Type of Statement (Check at least one hoy)	
7 <u>—</u> 7	vered is January 1, 2022, through	Leaving Office: Date Left//
-or-	vered is, through	□ The period covered is January 1, 2022, through the date of leaving office. -or-
Assuming Office: Date	e assumed	☐ The period covered is/, through the date of leaving office.
Candidate: Date of Ele	ection and office sought,	if different than Part 1:
Schedule A-2 - Inve		of pages including this cover page: Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
5. Verification		
MAILING ADDRESS (Business or Agency Address Reco	STREET CITY nmended - Public Document)	STATE ZIP CODE
2131 Pear Street	Pinole	CA 94564
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(510) 724- 9832	ligence in preparing this statement. I have review	Iwhalen@ci.pinole.ca.us wed this statement and to the best of my knowledge the information contained
	schedules is true and complete. I acknowledge	
l certify under penalty of p	erjury under the laws of the State of Californ	nia that the foregoing is true and correct.
Date Signed 3/28/23	(month, day, year)	ignature
		N. U.



STATEMENT OF ECONOMIC INTERESTS RECEIVED Receive **COVER PAGE**

A PUBLIC DOCUMENT

MAR 3 0 2023

Office of the City Clerk

Please type or print in ink.

NAME OF FILER (LA	ASI) (FIKSI)	(MIDDLE)
Picazo	Maria	Guadalupe
1. Office, Age	ncy, or Court	
Agency Name	(Do not use acronyms)	
City of Pind	ole	Recreation Manager
Division, Board	, Department, District, if applicable	Your Position
► If filing for n	nultiple positions, list below or on an attachment. (Do n	ot use acronyms)
Agency:		Position:
منامل المالية	on of Office (c) I (I (see her)	(C
2. Jurisaictio	on of Office (Check at least one box)	-
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-Count	ty	County of
City of Pi	nole	Other
3. Type of St	tatement (Check at least one box)	
Annual:	The period covered is January 1, 2022, through	Leaving Office: Date Left/
	December 31, 2022.	(Check one circle.)
	The period covered is/, thro December 31, 2022.	ugh The period covered is January 1, 2022, through the date of leaving office.
Assuming	g Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate	e: Date of Election and office s	ought, if different than Part 1:
4. Schedule	Summary (required) ► Total num	nber of pages including this cover page:
Schedules	s attached	
Schedu	ule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	ule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule attached
Sched	ule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- 🔳 Non	e - No reportable interests on any schedule	
5. Verification	n	
MAILING ADDRES (Business or Ager	SS STREET CI ncy Address Recommended - Public Document)	TY STATE ZIP CODE
	r St. Pinole, CA 94564	
DAYTIME TELEP	HONE NUMBER	EMAIL ADDRESS
	724-9062	mpicazo@ci.pinole.ca.us
I have used al herein and in	I reasonable diligence in preparing this statement. I have any attached schedules is true and complete. I acknow	e reviewed this statement and to the best of my knowledge the information contained ledge this is a public document.
I certify unde	r penalty of perjury under the laws of the State of C	alifornia that the foregoing is true and correct.
	March 20, 2022	
Date Signed	March 29, 2023 (month, day, year)	Signature
	1	William Control of the Control of th

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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(FIRST)

RECEIVED Only

MAR 28 2023

(MICHAEL OF THE City Clerk

Please type or print in ink.

NAME OF FILER (LAST)

Gι	uillory Ma	ırkisha				
. (Office, Agency, or Court					
	Agency Name (Do not use acronyms) City of Pinole					_
	Division, Board, Department, District, if applicable		Your Position			
	Finance Department		Finance Director			
	▶ If filing for multiple positions, list below or on an attack	chment. (Do not use	acronyms)			
	Agency:		Position:			==
2.	Jurisdiction of Office (Check at least one box	r)				
	State		Judge, Retired Judge, (Statewide Jurisdiction)	_	e, or Court Commissioner	
	Multi-County		County of			
	City of Pinole		Other			
3.	Type of Statement (Check at least one box)					_
	Annual: The period covered is January 1, 2022, the December 31, 2022.	nrough	Leaving Office: Dat	e Left/_ (Check one cir	/	
	The period covered is//	, through	☐ The period covered leaving office.	ed is January 1,	, 2022, through the date of	
	Assuming Office: Date assumed		☐ The period covere the date of leavin		/, through	
	Candidate: Date of Election	and office sought, i	f different than Part 1:			
4.	Schedules attached Schedule A-1 - Investments – schedule attache Schedule A-2 - Investments – schedule attache Schedule B - Real Property – schedule attache	d 🗆 d 🗆	Schedule C - Income, Loans, Schedule D - Income - Gifts Schedule E - Income - Gifts	& Business Po	ositions – schedule attached ached	
_	or- None - No reportable interests on any	/ schedule				
5.	Verification	CITY		STATE	ZIP CODE	_
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)					
	2131 Pear Street DAYTIME TELEPHONE NUMBER	Pinole	EMAIL ADDRESS	CA	94564	_
	(510) 724-9823		mguillory@ci.pinole.ca	IIS		
	I have used all reasonable diligence in preparing this statement and in any attached schedules is true and comp	tement. I have review lete. I acknowledge t	ved this statement and to the b		edge the information containe	∍d
	I certify under penalty of perjury under the laws of	the State of Californ	ia that the foregoing is true	and correct.		
	Date Signed March 28 2023	Si	gnature (File the officially	signed paper statemen	nt with your filing official.)	
				LANCE CONTRACTOR OF CHILD IN	restored Sunatribution St.	

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Office of the City Clerk Please type or print in ink. NAME OF FILER (LAST) (FIRST) Matthew Duan Avery 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Pinole Division, Board, Department, District, if applicable Your Position Lieutenant Police Department ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: _ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of Multi-County City of Pinole Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left _______ (Check one circle.) December 31, 2022. The period covered is January 1, 2022, through the date of The period covered is ______, through leaving office. December 31, 2022. ☐ The period covered is ____ __/___, through Assuming Office: Date assumed ____/__ the date of leaving office. Candidate: Date of Election ___ _____ and office sought, if different than Part 1:___ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- ☐ None - No reportable interests on any schedule 5. Verification STATE ZIP CODE MAILING ADDRESS CITY STREET (Business or Agency Address Recommended - Public Document) 94564 CA 880 Tennent Avenue Pinole EMAIL ADDRESS DAYTIME TELEPHONE NUMBER (510) 724-8962 mavery@ci.pinole.ca.us I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 3/28/2023 Signature (month, day, year) (File the originally tigned paper statement with your filing official.)

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Office of the City Clerk

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

—	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Adobe	Home Depot
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Software	Home Improvement Retailer
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other (Describe)	Stock Other(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
_	ACQUIRED DISPOSED	ACQUIRED DISPOSED
•	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
		GENERAL DESCRIPTION OF THIS BUSINESS
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL BESONII HON SI THIS BUSINESS
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other (Describe)	Stock Other (Describe)
	Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
	Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
		**
_		
	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000	\$2,000 - \$10,000\$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock (Describe)	Stock Other (Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
	·	
C	omments:	

STATEMENT OF ECONOMIC INTERESTS RECEIVED Official Use Unity COVER PAGE

A Public Document

MAR 29 2023

1517343

Please type or print in ink.

Office of the City Clerk

AME OF FILER (LAST)	(FIRST) (MIDDLE)
Coms, Maureen	P.
. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Pinole	
Division, Board, Department, District, if applicable	Your Position
City Council	Council Member
▶ If filing for multiple positions, list below or on an attachment. (Do not	t use acronyms)
Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS	Position:
. Jurisdiction of Office (Check at least one box)	
☐ State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
X Multi-County CA	•
X City of Pinole	
3. Type of Statement (Check at least one box)	
X Annual: The period covered is January 1, 2022 through	Leaving Office: Date Left/
December 31, 2022.	(Check one circle)
The period covered is/, through December 31, 2022.	 The period covered is January 1, 2022 through the date of leaving office.
X Assuming Office: Date assumed 04 / 08 / 1993 See attached	The period covered is/, through the date of leaving office.
Candidate:Date of Election and office sought,	; if different than Part 1:
l. Schedule Summary (required) ► Total numbe Schedules attached	er of pages including this cover page:4
Schedule A-1 - Investments - schedule attached	X Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule attached
X Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
or-	
■ None - No reportable interests on any schedule	
. Verification	
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	nole CA 94564
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS mtoms@ci.pinole.ca.us
I have used all reasonable diligence in preparing this statement. I have r herein and in any attached schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws of the State of Cal	
2 . 0 0.2 /10 /2023	
Date Signed 03/10/2023 (month, day, year)	(File the originality signed paper statement with your mind original.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Maureen Toms

This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
Contra Costa County	Transit Authority - Western Contra Costa (WestCAT)	Board Member	Annual 1/1/2022 - 12/31/2022	041600128-NFH-0128
Pinole	City Council	Council Member	Assuming Office 12/7/2021	
Contra Costa County	Conservation and Development	Deputy Director	Assuming Office 4/8/1993	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Toms, Maureen

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
	:
CITY	CITY
Pinole	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$10,001 - \$100,000/
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
X Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold	Leasehold []
Yrs. remaining Other	Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	\$0 - \$499
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	None
l i None	11 Line
None	
∐ None	5
None	X
∐ None	
Li None	
L None	
You are not required to report loans from a commerci	
You are not required to report loans from a commerci business on terms available to members of the public	without regard to your official status. Personal loans and
You are not required to report loans from a commerci	
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and iness must be disclosed as follows:
You are not required to report loans from a commercion business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*	without regard to your official status. Personal loans and iness must be disclosed as follows:
You are not required to report loans from a commercion business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commerciousiness on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commerciousiness on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commerciousiness on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commerciousiness on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commerci business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whighest Balance during reporting period \$500 - \$1,000 \$1,001 - \$10,000	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Toms, Maureen

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
GE Retirement	Contra Costa County
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable) 30 Muir Road
	Martinez, CA 94553
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	Government
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
retired	Contra Costa County
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position On
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
▼ \$10,001 - \$100,000	\$10,001 - \$100,000 X OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary X Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED X Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	165 - 167 S
(Describe)	(Describe)
Other(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
·	% None
ADDRESS (Business Address Acceptable)	
·	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other(Describe)
	(Position)
Comments:	

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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AFR 0 - 2023

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)

MISH

№ Mice of the City Clerk

ĸ	AUR MISHA	
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	
	City of Pinole	
	Division, Board, Department, District, if applicable	Your Position
	Department of Public Works	Capital Improvement & Environmental Program Ma
	▶ If filing for multiple positions, list below or on an attachment. (Do not	use acronyms)
	Agency:	Position:
_		
2.	Jurisdiction of Office (Check at least one box)	_
	State	 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	City of Pinole	Other
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2022, through December 31, 2022.	Leaving Office: Date Left/
	The period covered is/, through December 31, 2022.	h
	Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office sou	ght, if different than Part 1:
4.	Schedule Summary (required) ► Total numb	per of pages including this cover page:
	Schedules attached	
	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments – schedule attached	Schedule D - Income – Gifts – schedule attached
	Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-1	Or- None - No reportable interests on any schedule	
-	Verification	
-	MAILING ADDRESS STREET CITY	STATE ZIP CODE
	(Business or Agency Address Recommended - Public Document) 2131 Pear Street Pinc	ole CA 94564
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
	(510) 724-9839	mkaur@ci.pinole.ca.us
	I have used all reasonable diligence in preparing this statement. I have reherein and in any attached schedules is true and complete. I acknowled	eviewed this statement and to the best of my knowledge the information contained
	I certify under penalty of perjury under the laws of the State of Calif	fornia that the foregoing is true and correct.
	0.4/00/0000	
	Date Signed 04/03/2023 (month, day, year)	Signature

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

rs	RECEIVED Date Initial Filing Received Filing Official Use Only			
Office of the City Clerk				

Please type or print in ink.

	or print in ink.				
NAME OF FILER	(LAST)	(FIRST)		(MIDDLE)	
Gang		Neil ————————————————————————————————————		H.	
1. Office, A	Agency, or Co	ourt			
Agency Na	ame (Do not use a	acronyms)			
City of I					
Division, B	loard, Department,	District, if applicable		Your Position	
Police D	Department			Chief of Police	
► If filing	for multiple positio	ns, list below or on an attachment	. (Do not use a	acronyms)	
Agonov				Position;	
Agency.				1 Ostron	
2. Jurisdi	ction of Offic	e (Check at least one box)			
State				Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)	
Multi-C	County			County of	
City of	Pinole			Other	
2 Type o	f Statement /	Check at least one box)			
	•			Leaving Office: Date Left/	
110000	December 31,	vered is January 1, 2022, through 2022.		(Check one circle.)	
-0	The period co December 31,	vered is//	, through	The period covered is January 1, 2022, through the date of leaving officeor-	
Assu	ming Office: Date	e assumed/	-	The period covered is/, through the date of leaving office.	
Cand	idate: Date of Ele	ection and	office sought, if	if different than Part 1:	
1 Cabadı	ile Cummeni	(roquired) T-4			
	ıle Summary ules attache	• •	ai number o	of pages including this cover page:	
Scried	ules allacile	u .			
		stments - schedule attached		Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached	
		stments - schedule attached			
Sc	hedule B - Real F	Property - schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached	
or = 4	lone Name		adula.		
		ortable interests on any sche	auie		
5. Verifica	_	STDEET	CITY	STATE ZID CODE	
		STREET nmended - Public Document)	CITY	STATE ZIP CODE	
	nnent Ave		Pinole	CA 94564	
DAYTIME T	ELEPHONE NUMBER		E	EMAIL ADDRESS	
(510) 724-8957			ngang@ci.pinole.ca.us	
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information containe herein and in any attached schedules is true and complete. I acknowledge this is a public document.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and eorrect.					
	March 00	2022			
Date Sign	March 28,	(month, day, year)	Sig	gnature	



(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 03/30/2023 04:20 PM SAN: FPPC

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riease type or print in ink.		
IAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Martinez-Rubin	Norma	D
. Office, Agency, or C	Court	
Agency Name (Do not use	acronyms)	
City of Pinole	. ,	
Division, Board, Department	t, District, if applicable	Your Position
		City Council Member
► If filing for multiple positi	ions, list below or on an attachment. (Do	
Agency:		Position:
Jurisdiction of Offic	Ce (Check at least one box)	
State	(chook at loadt one box)	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
		(Statewide Jurisdiction)
Multi-County		County of
★ City of Pinole		Other
B. Type of Statement	(Check at least one box)	_
Annual: The period of December 31	overed is January 1, 2022, through	Leaving Office: Date Left//(Check one circle.)
-or-	overed is, thro	
December 31		leaving office.
Assuming Office: Da	ate assumed/	The period covered is/
Candidate: Date of E	lection and office s	sought, if different than Part 1:
. Schedule Summary	(required) ► Total nui	mber of pages including this cover page: 4
Schedules attache	ed	
Schedule A-1 - Inve	estments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
 ➤ Schedule A-2 - Inve	estments - schedule attached	Schedule D - Income - Gifts - schedule attached
⋉ Schedule B - Real	Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
•	portable interests on any schedule	
. Verification	ATDEET.	
MAILING ADDRESS (Business or Agency Address Reco		ITY STATE ZIP CODE
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	diligence in preparing this statement. I have schedules is true and complete. I acknow	re reviewed this statement and to the best of my knowledge the information containe wledge this is a public document
•	·	California that the foregoing is true and correct.
. co.m., unact policity of	project and the of the other of the	
Date Signed 03/3	30/2023 04:20 PM	Signature

(File the originally signed paper statement with your filing official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Norma Martinez-Rubin

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Evaluation Focused Consulting	The Newsletter Guy
Name	Name
1517 Buckeye Court, Pinole, CA 94564	1517 Buckeye Court, Pinole, CA 94564
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Health and social services program evaluation	Newsletter design, writing, and publishing
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 J_J22 J_J22	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT ☐ Partnership ☒ Sole Proprietorship ☐Other
YOUR BUSINESS POSITION Principal Consultant	YOUR BUSINESS POSITION Proofreader/Editor
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
□ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 □ OVER \$100,000 □ S1,001 - \$10,000	
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
X None or Names listed below	None or Names listed below
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	l I

Comments: _

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name

Norma Martinez-Rubin

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1517 Buckeye Court	.
CITY	CITY
Pinole, CA 94564	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED DISPOSED	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	cial lending institution made in the lender's regular course o c without regard to your official status. Personal loans and
business on terms available to members of the publi loans received not in a lender's regular course of bus	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the publi loans received not in a lender's regular course of bus	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the publi loans received not in a lender's regular course of business of LENDER*	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the publi loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable)	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the publi loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	cial lending institution made in the lender's regular course of count without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the publi loans received not in a lender's regular course of business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the publi loans received not in a lender's regular course of business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Wone	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the publi loans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the publi loans received not in a lender's regular course of business received not in a lender's regular course of business received not in a lender's regular course of business received not in a lender's regular course of business received not in a lender's regular course of business received not in a lender's regular course of business received not in a lender's regular course of business received not in a lender's regular course of business received not in a lender's regular course of business regular course of business received not in a lender's regular course of business regular course of business regular course of business received not in a lender's regular course of business regular course regular course of business regular course re	bial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Norma Martinez-Rubin		

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Evaluation Focused Consulting	The Newsletter Guy
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1517 Buckeye Court, Pinole, CA 94564	1517 Buckeye Court, Pinole, CA 94564
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Program Evaluation	Newsletter design, writing, and publishing
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Principal Consultant	Proofreader/Editor
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED X No Income - Business Position Only
■ \$500 - \$1,000 × \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other service fees	Other
Other Service fees (Describe) (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING I	Other(Describe)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in t	Describe) PERIOD I lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	Other (Describe) PERIOD I lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's:
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follows.	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$10,000	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	Other



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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MAR 2 9 2023

Office of the City Clerk

Please type or p. nt in ink.

NAME OF FILER (LAST) (FIRST) Κ Sanjaya Mishra 1. Office, Agency, or Court Agency Name (Do not use acronyms) City or Pinole Your Position Division, Board, Department, District, if applicable Public Works Director Public Works ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of Contra Costa Multi-County City of Pinole Other 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____ Annual: The period covered is January 1, 2022, through (Check one circle.) December 31, 2022. The period covered is January 1, 2022, through the date of The period covered is _______, through leaving office. December 31, 2022. The period covered is ______, through Assuming Office: Date assumed ____/___ the date of leaving office. and office sought, if different than Part 1:___ Candidate: Date of Election 4. Schedule Summary (required) ► Total number of pages including this cover pages Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- R None - No reportable interests on any schedule 5. Verification ZIP CODE CITY STATE MAILING ADDRESS (Business or Agency Address Recommended - Public Document) CA 94564 Pinole 2131 Pear Street EMAIL ADDRESS DAYTIME TELEPHONE NUMBER (510) 7249017 smishra@ci.pinole.ca.us I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 03/28/2023 Signature (month, day, year) (File the originally signed paper statement with your tiling official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

RECEIVED
Date Initial Filing Received Filing Official Use Only
Office of the City Clerk

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MI	IDDLE)	
PATTON	SARRAH		K	AE	
1. Office, Agency, or Co	ourt				
Agency Name (Do not use	acronyms)				
CITY OF PINOLE					
Division, Board, Department,	District, if applicable		Your Position		
COMMUNITY DEVEL	OPMENT		CODE ENFORCEM	1ENT	
► If filing for multiple position	ns, list below or on an attachment. (Do	not use acro	nyms)		
Agency:			Position:		
2. Jurisdiction of Offic	e (Check at least one box)				
State			Judge, Retired Judge, Pr (Statewide Jurisdiction)	o Tem Judge, or	Court Commissioner
Multi-County			County of		
City of PINOLE			Other		
:					
3. Type of Statement (Leaving Office: Date 1	off /	1
Annual: The period co December 31,	vered is January 1, 2022, through 2022.			Check one circle.)	J
-or-	vered is, th	ırouah	☐ The period covered	is January 1, 202	2, through the date of
December 31,			leaving office.		
Assuming Office: Date	e assumed/		The period covered the date of leaving of		, through
Candidate: Date of Ele	ection and office	sought, if di	ferent than Part 1:		
4. Schedule Summary	(required) ► Total no	umber of p	pages including this co	over page:	1
Schedules attache	d			_	
Schedule A.1 . Inve	stments – schedule attached	Sc	nedule C - Income, Loans, &	Business Positio	ns – schedule attached
	stments – schedule attached	Sc Sc	nedule D - Income - Gifts -	schedule attached	i
Schedule B - Real F	Property – schedule attached	Sc Sc	nedule E - Income - Gifts -	Travel Payments	- schedule attached
_					
-or- 🔳 None - No repo	ortable interests on any schedule)			
5. Verification					
MAILING ADDRESS (Business or Agency Address Reco		CITY	STA	ΛΤΕ	ZIP CODE
2131 PEAR STREET		PINOLE	CA	١	94564
DAYTIME TELEPHONE NUMBER			IL ADDRESS		
(510) 724-9007			PATTON@CI.PINOLE		n
I have used all reasonable d herein and in any attached :	iligence in preparing this statement. I has schedules is true and complete. I acknow	ave reviewed owledge this	this statement and to the best s a public document.	of my knowledge	the information contained
I certify under penalty of p	perjury under the laws of the State of	California t	at the foregoing is true an	d correct.	
Date Signed 03/30/202	(month, day, year)	Signa	ure (File the originally sign	ned paper statement with	your filing official)
	prioriti, day, year)			35.	

Date Signed 3/28/23

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received

RECEIVED

Please type or print in ink.					PIAN 45 ZULD
NAME OF FILER (LAST) (FIRST)			MOTTice	of the City Clerk	
Shell	Stacy			Renee	J. C. C. C.
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
City of Pinole					
Division, Board, Department, District, if	applicable		Your Position		
Human Resources			Human Resour	ces Director	·
► If filing for multiple positions, list belo	ow or on an attachment.	(Do not use	acronyms)		
Agency:			Position:		9
2. Jurisdiction of Office (Check	at least one box)				
State			☐ Judge, Retired Judç (Statewide Jurisdicti		dge, or Court Commissioner
Multi-County			County of		
Pinole			Other		
3. Type of Statement (Check at I	east one box)				
Annual: The period covered is Ja December 31, 2022.	nuary 1, 2022, through		Leaving Office:	Date Left (Check one	Jl circle.)
-or- The period covered is December 31, 2022 .		, through	☐ The period coverage leaving office.	ered is January	1, 2022, through the date of
Assuming Office: Date assumed			☐ The period cover the date of lear		, through
Candidate: Date of Election	and o	office sought,	if different than Part 1;		
4. Schedule Summary (require	ed) ► Tota	al number	of pages including th	is cover pag	re:
Schedules attached					
Schedule A-1 - Investments - s	schedule attached		Schedule C - Income, Loa	ns, & Business	Positions - schedule attached
Schedule A-2 - Investments -	schedule attached		Schedule D - Income - G		
Schedule B - Real Property -	schedule attached		Schedule E - Income - G	ifts – Travel Pay	ments – schedule attached
-or- None - No reportable in	terests on any sche	dule			
5. Verification	400000000000000000000000000000000000000	AND LINES OF THE OWNER.	CONTROL OF THE PARTY OF THE PAR		**************************************
MAILING ADDRESS STREET (Business or Agency Address Recommended - Po	ublic Document)	CITY		STATE	ZIP CODE
2131 Pear Street	,	Pinole		CA	94564
DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS		
(510) 741-3864			sshell@ci.pinole.ca.		
I have used all reasonable diligence in herein and in any attached schedules i	preparing this statement. is true and complete. I	I have review acknowledge t	ved this statement and to the his is a public document.	e best of my kno	owledge the information contained

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Sign

(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
Filing Official Use Only

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RECEIVED

Please type or print in ink.			
NAME OF FILER (LAST) Banuelos	(FIRST) Timothy		Office of the City Clerk
1. Office, Agency, or 0	Court		
Agency Name (Do not use	e acronyms)		
City of Pinole		V D141	
Division, Board, Departmen		Your Position	
Pinole Planning Coo			Commissioner
► If filing for multiple posit	ions, list below or on an attachment. (Do not	use acronyms)	
Agency:		Position:	
) lumin disting of Offi	60 (6) 1 (1) (1) (1)		3
	CE (Check at least one box)	Ludas Datis	d ludes Des Terre ludes en Court Commissioner
State		Statewide Ju	d Judge, Pro Tem Judge, or Court Commissioner risdiction)
Multi-County		County of	45)
City of Pinole		_	
- 1		-	
3. Type of Statement		- Lauring Off	See Detector
December 3	covered is January 1, 2021, through 1, 2021.	Leaving Un	fice: Date Left//(Check one circle.)
-or- The period o	covered is 4 12 2021, through	The peri	od covered is January 1, 2021, through the date of
December 3		leaving o -or-	
Assuming Office: Da	ate assumed4	•	od covered is/, through of leaving office.
Candidate: Date of E	election and office soug	ht, if different than Part 1	<u> </u>
I. Schedule Summary	/ (must complete) ► Total numb	er of pages includir	ng this cover page: 3
Schedules attache		. 0	
Schedule A-1 - Inv	restments - schedule attached	Schedule C - Incom	e, Loans, & Business Positions – schedule attache
	restments – schedule attached	Schedule D - Incom	e - Gifts - schedule attached
Schedule B - Real	Property - schedule attached	Schedule E - Incom	e - Gifts - Travel Payments - schedule attached
on — None N			
	portable interests on any schedule		
5. Verification MAILING ADDRESS	STREET CITY		STATE ZIP CODE
(Business or Agency Address Rec			Zii OODE
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
The state of the s		tjbarch@comca	st.net
	diligence in preparing this statement. I have re schedules is true and complete. I acknowled	viewed this statement and	to the best of my knowledge the information conta
<u>-</u>	perjury under the laws of the State of Calif	-	
Date Signed	March 17, 2023	Signature	
	(month, day, year)	U	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
NI	

Name

Timothy J. Banuelos

▶ 1, BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Timothy J.Banuelos Architect	
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Architectural Practice	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 ACQUIRED DISPOSED DISPOSED Over \$1,000,000 Over \$1,000,000 Cover \$1,000,00
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Principal	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
None or Names listed below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Property Ownership/Deed of Trust Stock Partnership Leasehold Other	Property Ownership/Deed of Trust Stock Partnership
Yrs. remaining Check box if additional schedules reporting investments or real property are attached	Yrs, remaining Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Timothy J. Banuelos

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
JRDV Architects	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1615 Broadway Oakland CA 94612	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Architectural Practice	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Senior Project Manager	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
. ,	Other
Other(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	PERIOD
a retail installment or credit card transaction, made in	Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender's vs: INTEREST RATE TERM (Months/Years)
	w
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	□ Book Books
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property
\$500 - \$1,000	
\$1,001 - \$10,000	City
	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
	(Describe)
Comments:	

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date	Initial	Filing	Received
	Filing O	fficial Use	Only

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,		(MIDDLE)
nuelos Timothy		Office of the City Clerk
licable	Your Position	
	Planning Comm	issioner
or on an attachment. (Do not u	se acronyms)	
	Position:	- 1
and and havi		4.5
ast one box)		B. T. Hall and O. of Our offenium
		e, Pro Tem Judge, or Court Commissioner
	_ `	,
	- OIL -	
	Other	
one box)		
ry 1, 2022, through	Leaving Office: D	ate Left/
		(Check one circle.)
	-	ered is January 1, 2022, through the date of
	-or-	
		ered is, through
and office could		•
and onice sough	it, ii dillerent than Fart 1:	
► Total number	r of pages including thi	s cover page: ³
		-
dule attached	Schedule C - Income, Loar	ns, & Business Positions – schedule attached
dule attached	Schedule D - Income - Git	ts - schedule attached
dule attached	Schedule E - Income - Gif	ts - Travel Payments - schedule attached
sts on any schedule		
CITY		STATE ZIP CODE
ocament)		
	EMAIL ADDRESS	
	Albarration and made	
	tiparch@comcast.net	
aring this statement. I have revi ee and complete. I acknowledge		best of my knowledge the information contain
	iewed this statement and to the e this is a public document.	best of my knowledge the information contain
e and complete. I acknowledge	iewed this statement and to the e this is a public document.	best of my knowledge the information contain
	east one box) Total number dule attached dule attached dule attached sts on any schedule	Timothy Comparison

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Timothy J. Banuelos

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Timothy J. Banuelos Architect	
Name	Name
	
Address (Business Address Acceptable)	Address (Business Address Acceptable) Check one
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Architectural Practice	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Principal	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RAT SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST Check one box:
INVESTMENT REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FDDC Form 700 Schodulo A 2 (2022/20

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Timothy J. Banuelos

NAME OF SOURCE OF INCOME International Parking Design Inc. ADDRESS (Business Address Acceptable) 560 14th Street Suite 300 Oakland CA 94612	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	
1	DES Architects and Engineers
560 14th Street Suite 300 Oakland CA 94612	ADDRESS (Business Address Acceptable)
	1 Sansome STreet Suite 1620 San Francisco CA9410
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Architectural Practice	Archiedtural Practice
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Senior Project Manager	Project Manager
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
■ \$10,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.) Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
a retail installment or credit card transaction, made in t	I lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)
ADDDECC (Duringer Address Association)	% None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BURINESS ACTIVITY IS ANY OF LENDED	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
HIGHEST BALANCE DURING REPORTING PERIOD	None Personal residence Real Property
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Real Property Street address City
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	None Personal residence Real Property
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Real Property Street address City
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	None Personal residence Real Property



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
Filing Official Use Only

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A PUBLIC DOCUMENT Filed Date: 03/31/2023 06:36 PM SAN: FPPC

react type or print.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Menis	Rafael	
1. Office, Agenc	y, or Court	
Agency Name (Do	o not use acronyms)	
City of Pinole	, ,	
	epartment, District, if applicable	Your Position
		Diameira o Carantinaire de
		Planning Commissioner
► If filing for multi	ple positions, list below or on an attachmen	it. (Do not use acronyms)
Agency:		Position:
. 9,.		
2. Jurisdiction (of Office (Check at least one box)	
State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissione
_		(Statewide Jurisdiction)
Multi-County		County of
★ City of Pinol		☐ Other
3. Type of State	ement (Check at least one box)	
Dec	period covered is January 1, 2022 , through ember 31, 2022 .	Leaving Office: Date Left/(Check one circle.)
	period covered is/ember 31, 2022 .	, through The period covered is January 1, 2022 , through the date leaving office.
Assuming Of	fice: Date assumed/	**
Candidate:	Date of Election and	l office sought, if different than Part 1:
Ourididate: E	und	- Chiese sought, it different that I i
4. Schedule Su	mmary (required) ► Tot	tal number of pages including this cover page:
Schedules a	ttached	
Schedule /	A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attac
Schedule /	A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule I	B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- \square None -	No reportable interests on any sche	edule
5. Verification		
MAILING ADDRESS	STREET	CITY STATE ZIP CODE
(Business or Agency Ad 2131 Pear St	ddress Recommended - Public Document)	Pinole CA 94564-1774
DAYTIME TELEPHONE		EMAIL ADDRESS
(510) 724-8		
I have used all rea		t. I have reviewed this statement and to the best of my knowledge the information cor acknowledge this is a public document.
-	·	ate of California that the foregoing is true and correct.
Date Signed	03/31/2023 06:36 PM	Signature Rafael Menis
Date Orgineu	(month day year)	(File the originally signed paper statement with your filing official)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Rafael Menis

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Rafael Menis	Rafael Menis
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Home Healthcare Aide	Administrative Assistant
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000//22//22
\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership X Sole Proprietorship Other
YOUR BUSINESS POSITION Independent Contractor	VOUR BURNISSE BOSITION Independent Contractor
	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000 ■ \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) X None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
Notice of Names listed below	Name issue see
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
· ·	
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
are attached	are attached

Comments: _