				CO	VER PAGE
Recipient Committee			Date Stamp	CALIFORNIA /	460
Campaign Statement Cover Page			RECEIVED		100
Cover rage	1			,	
	Statement covers period	Date of election if applicable:	JAN 2 8 2023	Page of_	>_
	from 7/1/2002	(Month, Day, Year)		Pol Official Ose C	niy
	10/210-	Navi 4, 2000	ice of the City	Clerk	
SEE INSTRUCTIONS ON REVERSE	through $\frac{12/3i}{\partial \delta 2}$	Nov 4, 2008			
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
☑ Officeholder, Candidate Controlled Committee ☐	Primarily Formed Ballot Measure	☐ Preelection Statement		Quarterly Statement	
	Committee	Semi-annual Statemer	_	Special Odd-Year Report	
(Also Complete Part 5)	O Controlled O Sponsored	Termination Statemen (Also file a Form 410			
	(Also Complete Part 8)	Amendment (Explain I			
General Purpose Committee O Sponsored	Primarlly Formed Candidate/	Amendment (Explain)	5610W)		
Small Contributor Committee	Officeholder Committee (Also Complete Part 7)	-		We the History on the	
O Political Party/Central Committee	AND COMPANY PARTY				
	D. NUMBER 1311336	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1011000	NAME OF TREASURER			
Alegria for Council		Maria Alegria			
Alogha for oddffoli		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE AREA COD	E/PHONE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	Pinole CA. 94564 NAME OF ASSISTANT TREASUR	ED IE ANIV		
Pinole CA 9456		INAIVIE OF ASSISTANT TREASUR	ER, IF ANT		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		w	
CITY STATE ZIP CC	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA COD	E/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	PRODUCTION OF THE PROPERTY OF	ORTIONAL FAY IF MAIL APPER	-00		
OF HONAL. FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	:55		
4. Verification		THE RESERVE OF THE PERSON NAMED IN	MINERAL MARKET M		
I have used all reasonable diligence in preparing and review	ing this statement and to the best of my k	nowledge the information containe	d herein and in the attac	ched schedules is true and comp	olete. I
certify under penalty of perjury under the laws of the State of					
Executed on 1/24/2023	Po.				
Date Date	Ву	Signature of Treasurer or Assista	nt Treasurer		
Executed on	Ву	lite Offic halls On High Challes Office Manager	No. 1 Company of the Coffice	t O	
Date	Signature of Contro	lling Officeholder, Candidate, State Measure F	roponeπ or κesponsible Office	r or aponsor	
Executed on	By —————————Si	gnature of Controlling Officeholder, Candidate	, State Measure Proponent		
Executed on	Ву				
Date	Si	gnature of Controlling Officeholder, Candidate	State Measure Proponent		

Recipient Committee Campaign Statement Cover Page — Part 2

Officeholder or Candidate Controlled Comn	nittee	6.	Primarily Formed Ballo	t Measure Co	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Maria Alegria							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	OT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION			SUPPORT
City Council							OPPOSE
	STATE ZIP CA. 94564		Identify the controlling office	holder, candida	ite, or state	measure pro	oonent, if any.
T III OIC	OA. 04004		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROF	PONENT		
Related Committees Not Included in this St. not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	r are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
Friends of Maria Alegria	922173	7	Primarily Formed Cand	idato/Officol	holder Co	mmittae /	1-4
NAME OF TREASURER	CONTROLLED COMMITTEE?	/.	officeholder(s) or candidate(s)	for which this c	ommittee is	primarily form	ed.
Maria Alegria	YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE T	OFFICE COLL	GHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OK HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	
Pinole CA 94564							SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP			Atta	ch continuation	n sheets if n	ecessary	

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
through	Page of

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE		through _		I age
NAME OF FILER			1.D. NUMBER 1311336	
Alegria for Council				
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COlumn B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	0	\$ \$ \$	20. Contributions Received \$	\$\$
Expenditures Made 6. Payments Made	\$ 0 0 0 0	\$ \$ \$		Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See Instructions on reverse	\$\$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section reported in Column B.	may be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Advice: ad	FPPC Form 460 (Jan/2016) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page				Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from $\frac{7}{1}$ $\frac{1}{2022}$ through $\frac{12}{31}$ $\frac{31}{2022}$	Date of election if appl (Month, Day, Year November 4, 2009		2 6 2023 ne City Cle	For Official Use Only
1. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statem	nent:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Office holder Committee Also Complete Part 7)	Preelection Sta	Statement latement lm 410 Termination)	□ sp	uarterly Statement pecial Odd-Year Report
3 Comminee information	D. NUMBER 22173	Treasurer(s)	-M. W Colored		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURES	3		
Friends of Maria Alegria		Maria Alegria			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY		STATE ZIP	CODE AREA CODE/PHONE
		Pinole			564
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT	TREASURER, IF ANY		
Pinole CA 94564					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	X	MAILING ADDRESS			
3781 Brazil Court CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY		STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MA	AIL ADDRESS		MAC 10 KG WINNESS CO.
4. Verification ! have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on	California that the foregoing is true and company and set of the s		or Assistant Treasurer Measure Proponent or Re Candidate, State Measure	sponsible Officer of Spo	onsor
					FPPC Form 460 (Jan/2016))

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

Officeholder or Candidate Controlled	6.	. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		×			
Maria Alegria							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		
City Council							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE			Identify the controlling offic	eholder, candi	date, or state	measure prop	onent, if any.
	Pinole CA. 94564		NAME OF OFFICEHOLDER, CAR	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in the not included in this statement that are controlled be contributions or make expenditures on behalf of year.	y you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEE NAME Alegria for Council	1.D. NUMBER 1311336	7	. Primarily Formed Can	didate/Offic	eholder Co	ommittee Lie	et names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	′	officeholder(s) or candidate(s) for which this	committee is	primarily forme	d.
Maria Alegria	✓ YES □ NO		CONTRACT OFFICE USE OFFI OF	CALIDIDATE	TOFFICE POL	IGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (N	(O P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOC	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT
Pinole CA 94564							OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	NO P.O. BOX)					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
CITY STATE	ZIP CODE AREA CODE/PHONE		Ati	ach continuati	on sheets if n	ecessary	

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period CALIFORNIA FORM through I.D. NUMBER 922173

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Friends of Maria Alegria

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0	\$ \$ \$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. Schedule E, Line 3 17. Add Lines 6 + 7 18. Add Lines 8 + 9 + 10 19. Add Lines 8 + 9 + 10 10. Current Cash Statement 11. Column A, Line 3 above 12. Column A, Line 3 above 13. Cash Payments 14. Column A, Line 8 above	\$ 0 0 0 0 \$ -15.237	\$ To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
16. ENDING CASH BALANCE		amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents			FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page		Г		Pate Stamp		ALIFORNIA 460
	Statement covers period from $\frac{10/25/2022}{}$	Date of election if applic (Month, Day, Year)		JAN 17 2023		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2022</u>	11/08/2022	Offic	ce of the City	Clerk	
1. Type of Recipient Committee: All Committees - Comp	plete Parts 1, 2, 3, and 4.	2. Type of Stateme	ent:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	imarily Formed Ballot Measure committee Controlled Sponsored co Complete Part 6) imarily Formed Candidate/ ficeholder Committee co Complete Part 7)	Preelection State Semi-annual State Termination State (Also file a Form Amendment (Ex	atement tement n 410 Te	rmination)	Quarterly Special C	Statement dd-Year Report
(L'Ammittee Intermation	NUMBER 52992	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER				
Campaign to Elect Debbie Long for Pinole City Counci	il 2022	Debbie Long				
		MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)		CITY	_	STATE	ZIP CODE	AREA CODE/PHONE
STREET ABBRECO (INO)		El Sobrante		CA	94803	AREA CODE/FIGNE
CITY STATE ZIP COD	E AREA CODE/PHONE	NAME OF ASSISTANT TR	REASURE		01000	
Pinole CA 94564						
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS				
CITY STATE ZIP CODI	E AREA CODE/PHONE	CITY		STATE	ZIP CODE	AREA CODE/PHONE
El Sobrante CA 94803		5		· · · · · ·		/ <u>-</u>
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL	L ADDRE	ss		
. Verification						
I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my kr	owledge the information cor	ntained	herein and in the attack	ned schedu	es is true and complete. I
certify under penalty of perjury under the laws of the State of C						
Executed on	Ву					2
Date 1/2/122		Simpature # Treasurer or	Assistant	Treasurer		
Executed on	BySignature of Control	ing Officeholder, Capplidate, State Me	easure Pro	ponent or Responsible Officer	of Sponsor	-
Executed on	BySig	nature of Controlling Officeholder, Ca	andidate, S	tate Measure Proponent		÷
Executed onDate	BySig	nature of Controlling Officeholder, Ca	andidate, S	tate Measure Proponent		-

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIFORI FORM	NIA 460				
Page 2	of_5				

Officeholder or (Candidate Controlled (Committee			6.	Primarily Formed Ballo	t Measure (Committee	•	
NAME OF OFFICEHOL	DER OR CANDIDATE					NAME OF BALLOT MEASURE				
Debbe Long										
OFFICE SOUGHT OR	HELD (INCLUDE LOCATION AN	D DISTRICT NUM	BER IF APPLIC	CABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Pinole City Counci	l in Contra Costa County									OPPOSE
RESIDENTIAL/BUSINE	SS ADDRESS (NO. AND STRI	EET) CITY Pinole	STATE	ZIP 94564		Identify the controlling office	holder, candi	date, or state	measure propo	onent, if any.
3						NAME OF OFFICEHOLDER, CAN	NDIDATE, OR F	PROPONENT		
not included in this st	tees Not Included in the atement that are controlled by expenditures on behalf of your series.	y you or are prima				OFFICE SOUGHT OR HELD		. —	DISTRICT NO.	F ANY
COMMITTEE NAME		I.D. NUM	BER	:					12707	
NAME OF TREASURES	2	CONTR	OLLED COMM		7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic for which this	eholder Co committee is	ommittee Lis primarily formed	t names of i.
COMMITTEE ADDRESS	S STREET ADDRESS (I					NAME OF OFFICEHOLDER OR	CANDIDATE		UGHT OR HELD	✓ SUPPORT
						Debbie Long		Pinole Cit	y Council	☐ OPPOSE
CITY	STATE	ZIP CODE		DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUM				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		□ YE	OLLED COMM			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS	S STREET ADDRESS (I	ZIP CODE	AREA CO	DE/PHONE		Atta	ch continuati	on sheets if r	necessary	

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

NAME OF FILER **Debbie Long for Pinole City Council 2022** 1452992 Column A Column B **Calendar Year Summary for Candidates** Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1124.00 10722.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date .00 .00 2. Loans Received Schedule B. Line 3 20. Contributions 1124.00 10722.00 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received .00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures **\$** 7445.37 1124.00 10722.00 Made 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 4415.23 7445.37 Candidates 6. Payments Made...... Schedule E, Line 4 .00 .00 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 4415.23 7445.37 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) .00 .00 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date .00 .00 (mm/dd/yy) 4415.23 4415.23 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 6567.86 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 1124.00 add amounts in Column A to the corresponding .00 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 amounts from Column B reported in Column B. of your last report. Some 4415.23 amounts in Column A may 3276.63 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). FPPC Form 460 (Jan/2016)) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			its may be rounded whole dollars.			SCHEDULE A		
		to	Wildle dollais.	Statement covers period from 10/25/2022		CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through <u>12/31/20</u>	22	Page	4 of 5	
NAME OF FILER Debbie Long	for Pinole City Council 2022			L			JMBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
11/1/1011	Ironworkers Local 378 3120 Bayshore Rd. Benicia, CA 94510	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PAC 831693	1000.00	1000.00		1000.00	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
1		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL S	1000.00				
Amount re (Include al Amount re	A Summary ceived this period – itemized monetary contributions Il Schedule A subtotals.)		\$	00.00 4.00	IND - COM OTH - PTY -	other) Other - Politica	ial ient Committee than PTY or SCC) (e.g., business entity)	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.) TOTAL \$ 112	24.00		FPP	C Form 460 (Jan/2016))	

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

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E			
Statement covers period from 10/25/2022	CALIFORNIA 460			
through <u>12/31/2022</u>	Page 5 of 5			
	I.D. NUMBER			
	1452992			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Debbie Long for Pinole City Council 2022

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

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

professional services (legal, accounting) LEG legal defense campaign literature and mailings

PRT print ads

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAIL
11/04/2022 Chase Freedom P.O Box 6294 Carol Stream, Il 60197-6294	POS OFC LIT	USPS \$24.00 Staples \$46.61 Vistability \$3549.05 Mailing	3619.66
11/27/2022 Chase Freedom P.O. Box 6294 Carol Stream, Il 60197-6294	TRC	Meals	278.89
12/27/2022 Debbie Long El Sobrante, CA 94803	TRS FND CMP	Mileage \$110.03 Event \$73.99 Volunteers \$234.92	516.68

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

SUBTOTAL \$ 4415.23

Schedule E Summary

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

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	GE - PART 2
CALIFORNIA FORM	460
Page 2 of	. 6

. Officeholder or Candidate Controlled (Committee	6.	Primarily Formed Ballo	ot Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE Norma Martínez-Rubin			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN Council Member, City of Pinole	D DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	EET) CITY STATE ZIP Pinole CA 94564		Identify the controlling office	eholder, candid	date, or state measure	propon	ent, if any.
Deleted Committee on Net Included in the	in Chatamants 111		NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in the not included in this statement that are controlled by contributions or make expenditures on behalf of you	y you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER					e de la companya de	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Office) for which this	eholder Committe committee is primarily	e List r formed.	names of
COMMITTEE ADDRESS STREET ADDRESS (NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (CONTROLLED COMMITTEE? YES NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	ach continuatio	on sheets if necessary	,	

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period from	CALIFORNIA 460
through	Page 3 of 6
	I.D. NUMBER 1/08103

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Norma Martínez-Rubin for Pinole City Council

Contributions Received 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	**TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) **1,299.00 **00.00 **1,299.00 00.00	**Column B	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$
4. Nonmonetary Contributions	\$ 1,299.00	\$ 7,617.00	21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$\frac{5,369.35}{000.00}\$ \$\frac{5,369.35}{000.00}\$ \$\frac{000.00}{000.00}\$ \$\$\frac{5,369.35}{5,369.35}\$	\$\frac{9,409.21}{000.00}\$ \$\frac{9,409.21}{000.00}\$ \$\frac{000.00}{9,409.21}\$ \$\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	1,299.00 000.00 5,369.35 147.56	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year,	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 000.00 \$ 000.00	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received				from 10/23/2022		california 460		
SEE INSTRUCTION	ONS ON REVERSE			through		Page	<u>4</u> of 6	
NAME OF FILER Norma Martí	ínez-Rubin for Pinole City Council 2022					I.D. NU 140810		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
12/06/2022	Norma Martínez-Rubin	☑IND □COM □OTH □PTY □SCC	Program Evaluator Evaluation Focused Consulting	\$1,200.00	\$1,200.00			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL S	\$ \$1,200.00				
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	99.00	IND COM OTH PTY	other) I – Other (– Politica	ent Committee than PTY or SCC) (e.g., business entity)	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1	i.) TOTAL \$ ^{1,2}	99.00	PPC Advice: adv		C Form 460 (Jan/2016)) .ca.gov (866/275-3772) www.fppc.ca.gov	

Schedule E **Payments Made**

legal defense

Amounts may be rounded to whole dollars.

		SCHEDULE E
ſ	Statement covers period	CALIFORNIA AGO
	from	FORM 400
	through	Page _ 5 of _6
-		I.D. NUMBER 1408103

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Norma Martínez-Rubin for Pinole City Council 2022

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

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

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

PRO professional services (legal, accounting) VOT voter registration

PRT campaign literature and mailings

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
PrizmLitho 13098 Peyton Dr., #C-284 Chino Hills, CA 91709	LIT	Mailer Printing	\$954.49
Commercial Support Services 185 Mason Circle, Suite F Concord, CA 94520-9998	LIT	Mailer postage & delivery	\$1,729.41
Contra Costa MarketPlace P.O. Box 307 Parrish, FL 34219	PRT	Half-page ad - single issue	\$740.00

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

SUBTOTAL \$ 3,423.90

5,339,35

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u> </u>
1. Itemized paymente made the period. (medade all concurse 2 customer)	30.00
2. Unitemized payments made this period of under \$100	\$
·	00.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	3
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$

FPPC Form 460 (Jan/2016))

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

SCHEDULE E	(CONT.)
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FPPC Form 460 (Jan/2016))

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Schedule E	
(Continuation	on Sheet)
Payments N	<i>l</i> lade

CMP campaign paraphernalia/misc.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers period 10/23/2022 from through	CALIFORNIA 460
	Page66
	I.D. NUMBER 1408103

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Norma Martínez-Rubin for Pinole City Council 2022

MBR member communications

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

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

MTG meetings and appearances CNS campaign consultants OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating PHO phone banks TRC candidate travel, lodging, and meals candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT AMOUNT PAID CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) LIT Printed fold card \$920.15 PrizmLitho 13098 Peyton Dr., #C-284 Chino Hills, CA 91709 Commercial Support Services POS Sorting/tabbing for mailer \$291.08 185 Mason Circle, Suite F Concord, CA 94520-9998 POS Postage and delivery - folded card \$704.22 Commercial Support Services 185 Mason Circle, Suite F Concord, CA 94520-9998 SUBTOTAL \$ 1,915.45

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page 2 of 5

. Officeholder or Candidate Controlled Commi	ttee	6	. Primarily Formed Ba	allot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASUR	RE		
Rafael Menis						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABL	LE)	BALLOT NO. OR LETTER	JURISDICTI	ON	☐ SUPPORT
Pinole City Councilmember						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE	ZIP	3 111111111111111111111111111111111111			
. 10	Pinole CA 9	94564	Identify the controlling of	fficeholder, candi	idate, or state measure p	proponent, if any.
			NAME OF OFFICEHOLDER,	CANDIDATE, OR I	PROPONENT	
Related Committees Not Included in this State	omonts (/	144				
not included in this statement that are controlled by you or	are primarily formed to red		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
contributions or make expenditures on behalf of your cand	dacy.				1	
COMMITTEE NAME	I.D. NUMBER		·			
9		7	. Primarily Formed Ca	andidate/Offic	eholder Committee	List names of
NAME OF TREASURER	CONTROLLED COMMITTE	EE?	officeholder(s) or candidat	e(s) for which this	s committee is primarily fo	rmed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	YES NO	-	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR H	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	(OA)					SUPPORT
CITY STATE ZIP C	DDE AREA CODE/	PHONE	NAME OF OFFICEHOLDER	OD CANDIDATE	OFFICE COLLOUT OR U	OPPOSE
STATE ZII S	THE TOOLS	THORE	NAME OF OFFICEROLDER	OR CANDIDATE	OFFICE SOUGHT OR HI	SUPPORT
	r					☐ OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HI	ELD SUPPORT
						OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTE	EE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HI	ELD
	☐ YES ☐ NO		NAME OF OFFICEROLDER	OK GANDIDATE	OTT TOL GOOD ITT ON THE	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	OX)					OPPOSE
CITY STATE ZIP C	ODE AREA CODE/	PHONE	,	Attach continuati	ion sheets if necessary	

Amounts may be rounded to whole dollars.

SUMMARY PAGE

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE		through	12/31/2022	Page_3 of_5
NAME OF FILER Rafael Menis				I.D. NUMBER 1446701
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \frac{50}{0} \$ \frac{50}{0} \$ \frac{50}{0} \$ \$ \frac	* 3,471 0 3,471 30 3501	Running in Both th General Elections 1/1 tf 20. Contributions Received \$ 21. Expenditures	mary for Candidates e State Primary and arough 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$\frac{98.47}{0}\$ \$\frac{98.47}{0}\$ 0 0 98.47 \$\frac{0}{98.47}\$	\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$\frac{214.62}{50}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section reported in Column B.	snay be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Advice: adv	[/FPPC Form 460 (Jan/2016) [/ice@fppc.ca.gov (866/275-3772

Schedule A Monetary (A Contributions Received		ts may be rounded whole dollars.	Statement cov from 10/23/2022	•	CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through 12/31/20)22	Page	4of_5	
NAME OF FILER Rafael Menis						1.D. NU	JMBER)1	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
	æ	□IND □COM □OTH □PTY □SCC	9					
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$				
(Include all	Summary eived this period – itemized monetary contribution Schedule A subtotals.)				IND COM	(other	ient Committee than PTY or SCC) (e.g., business entity)	

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

SCC - Small Contributor Committee

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be rounded to whole dollars.					
Rafael Menis CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	n costs duction costs nd meals , and meals	s ne candidate/sponsor				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.		S	UBTOTAL	\$
Schedule E Summary						
 Itemized payments made this period. (Include all Schedule Unitemized payments made this period of under \$100 	•					98.47
3. Total interest paid this period on loans. (Enter amount from4. Total payments made this period. (Add Lines 1, 2, and 3. Exercise)						98.47

FPPC Form 460 (Jan/2016))

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

FPPC Form 460 (Jan/2016))

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	t Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Peter Murray							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
City of Pinole Councilmember							OPPOSE
	TY STATE ZIP Pinole CA 94564		Identify the controlling office			measure prop	onent, if any.
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this Stat	tement: List any committees						
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi			OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
		_	n	1-1-1000			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	enolder Co committee is p	mmittee List primarily forme	st names of d.
	☐ YES ☐ NO		1		1		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	SOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	
							☐ SUPPORT☐ OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	
							SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	YES NO						OPPOSE
COMMITTEE ADDRESS NO P.O. E	DUA)		· · · · · · · · · · · · · · · · · · ·				
CITY STATE ZIP C	ODE AREA CODE/PHONE		Ada	nh continuetic	on sheets if no	00000000	
			Atta	un continuatio	ni sneets ii Ne	ccessary	

Amounts may be rounded to whole dollars.

| Statement covers period | CALIFORNIA | 460 | FORM | Tolerand | T

SEE INSTRUCTIONS ON REVERSE		through	Page 01
NAME OF FILER			I.D. NUMBER
Peter Murray			1452419
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3	\$ [1,582.00 [(643.84) [938.16	\$	1/1 through 6/30 7/1 to Date 20. Contributions
 SUBTOTAL CASH CONTRIBUTIONS	\$ [U] \$ [938.16]	\$	Received \$ \$ 21. Expenditures
Expenditures Made 6. Payments Made	\$ [2,268.45] [U] \$ [2,268.45]	\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ [2,268.45	\$:	(mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	938.16 [2,268.45] [1145.11]	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above		any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov		california 460		
SEE INSTRUCTION	ONS ON REVERSE			through 12/31/20	022	Page	4_ of _7	
NAME OF FILER Peter Murray						I.D. NU 14524	UMBER 19	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
T1/09/2022	Sprinklerfitters and Apprentices Local 483 2525 Barrington Court Hayward, CA 94545	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$483.00	\$483.00			
11/1/2022	U.A. Local Union 342 P.A.C. Fund 935 Detroit Avenue Concord, CA 94518	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$1,000.00	\$1,000.00			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ \$1,483.00				
Amount re (Include al	A Summary eceived this period – itemized monetary contributions Il Schedule A subtotals.)	***************************************	\$ <u>—</u>	483.00	IND- COM OTH PTY	other (other – Other – Politica	ient Committee than PTY or SCC) (e.g., business entity)	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.)TOTAL \$	582 F	PPC Advice: advi		C Form 460 (Jan/2016))	

Cahadula D. David 4	Am	ounts may be ro		-				DULE B - PART
Schedule B – Part 1	to whole dollars.				Statement cov	CALIFORNIA 460		
Loans Received					from 10/27/2022		FORM	400
CEE INCTRICTIONS ON DEVERSE				1	through 12/31/2	022	Page5	of 7
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		·					I.D. NUMBER	
								<u>-</u>
Peter Murray							1432419	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	OUTSTANDING	(b) AMOUNT	(c) AMOUNT PAII	OUTSTANDING	(e) INTEREST	ORIGINAL	(g) CUMULATIVE
OF LENDER (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	RECEIVED THIS		N BALANCE AT	PAID THIS PERIOD	AMOUNT OF LOAN	CONTRIBUTION: TO DATE
Peter Murray	Retired			PAID				CALENDAR YEAR
				\$ \$1440.32	\$ <u>U</u>	<u> U </u>	\$ 643.84	s 1440.32
			}	FORGIVEN		RATE		PER ELECTION
		\$643.84	\$796.48				1	
TIND COM OTH PTY SCC		3		,	DATE DUE	-	DATE INCURRED	\$
***************************************				☐ PAID				CALENDAR YEAR
				\$. \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION*
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
			1	\$. s	%	\$	\$
				FORGIVEN		RATE		PER ELECTION*
		s	\$	\$		\$	_	\$
IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
	S	SUBTOTALS S	\$796.48	\$ \$1440.32	\$ 0	\$ 0		
Schedule B Summary				70000		(Enter (e) on Scho	edule E, Line 3)	
Loans received this period				s \$7	96.48			
(Total Column (b) plus unitemized loar					40.32	_		
 Loans paid or forgiven this period 				\$ L14	40.52		†Contributor Codes IND – Individual	;
(Total Column (c) plus loans under \$10	00 paid or forgiven.)						COM – Recipient C	ommittee
(Include loans paid by a third party that				(6	43.84)		(other than	PTY or SCC)
3. Net change this period. (Subtract Lin	e 2 from Line 1.)			NET \$ 느		19	OTH - Other (e.g.,	business entity)

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

Enter the net here and on the Summary Page, Column A, Line 2.

** If required.

(May be a negative number)

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www.fppc.ca.gov

PTY - Political Party

SCC - Small Contributor Committee

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE Amounts may to whole of		Statement covers period	CALIFORNIA 460 FORM
NAME OF FILER			I.D. NUMBER
Peter Murray			1452419
	mmunications nd appearances uses ulating s	RAD radio airtime and production or returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and product TRC candidate travel, lodging, and candidate travel, lodging, and transfer between committees of voter registration WEB information technology costs (in	ction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CODE OR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
Commercial Support Services 185 Mason Circle, Suite F, Concord, CA 94520	LIT		\$704.22
Peter Murray Pinole, CA 94564	TRC Reimbursement		\$125.08
Pinole, CA 94564	LIT7 OFC Reimbursement		[\$643.84
* Payments that are contributions or independent expenditures must also be summarized on Sch	edule D.	SUB	TOTAL \$ 1473.14
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100			\$

Schedule E Continuation Sheet) Payments Made	Amounts may be to whole do				stement covers period	CALIF	SCHEDULE E (CONT ORNIA 460 ORM
EEE INSTRUCTIONS ON REVERSE IAME OF FILER Peter Murray				throug	gh [12/51/2022	Page _	
CODES: If one of the following codes accurately described ampaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com meetings and office expens PET petition circul PHO phone banks POL polling and st POS postage, deliv PRO professional st PRT print ads	munications I appearance es ating urvey researe very and me	es ch ssenger services	RAD RFD SAL TEL TRC TRS TSF VOT	describe the paymeradio airtime and produreturned contributions campaign workers' salat.v. or cable airtime and candidate travel, lodgin staff/spouse travel, lodgin transfer between commoter registration information technology	action costs aries I production cost Ig, and meals Iging, and meals Inittees of the sar	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Peter Murray		FIL	Reimbursem		N OF PAYMENT		AMOUNT PAID \$396.42
Peter Murray		FND	Reimbursen	nent			\$278.89

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

SUBTOTAL \$ 675.31

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Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNI FORM	⁴ 460
Page 2	of8

Officeholder or Candidate Controll	ed Committee	6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE Cameron Sasai			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	N AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	1 -	SUPPORT
City Council, City of Pinole] [OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP Pinole CA 94564		Identify the controlling office	holder, candi	date, or state	measure pro	oonent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	ROPONENT		
Related Committees Not Included not included in this statement that are control contributions or make expenditures on behalf	led by you or are primarily formed to receive		OFFICE SOUGHT OR HELD	Q		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER		•				
	CANTON I DO COMMITTEE	7.	Primarily Formed Cand	lidate/Offic	eholder Co	mmittee L	ist names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this	committee is	primarily form	ed.
COMMITTEE ADDRESS STREET ADDRE	YES NO SS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELE	SUPPORT
CITY STA			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELE	SUPPORT OPPOSE
CITY STA	TE ZIP CODE AREA CODE/PHONE		Atta	nch continuati	on sheets if r	necessary	

Amounts may be rounded to whole dollars.

	SUMMARY PAG
Statement covers period	CALIFORNIA ACO
from 10/23/22	FORM 40U
through	Page3 of8
	I.D. NUMBER
	FPPC #1439007

SEE INSTRUCTIONS ON REVERSE		through		LD NUMBER
NAME OF FILER				I.D. NUMBER FPPC #1439007
SASAI FOR PINOLE CITY COUNCIL 2022				
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		imary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2531.00 0.00 \$ 2531.00 0.00 \$ 2531.00	\$ 12626,22 0.00 \$ 12626,22 175.00 \$ 12801.22		\$
Expenditures Made 6. Payments Made	0.00	\$\frac{17676.22}{0.00}\$ \$\frac{17676.22}{0.00}\$ 0.00 \$\frac{17676.22}{0.7676.22}\$		Ve Expenditures Made* o Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	0.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section reported in Column B.	may be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		•	FPPC Form 460 (Jan/2016) vice@fppc.ca.gov (866/275-3772

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov		CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE			through12/31/2	2	Page		
NAME OF FILER SASAI FOR	PINOLE CITY COUNCIL 2022						JMBER #1439007	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/25/22	Marilou Sasai, Pinole, CA 94564	IND COM OTH PTY	Office Manager, Interactive Resources	500.00	500.00			
10/27/22	Josephine Valderas, CA 94941	☑IND □ COM □ OTH □ PTY □ SCC	NONE	50.00	150.00		500.00	
10/28/22	AFSCME Public Employees Union Local 1	OTH	PAC	1000.00	1000.00			
10/30/22	George Pursley, CA 94564	☑IND □COM □OTH □PTY □SCC	NONE	50.00	300.00		350.00	
11/01/22	Yolanda Chung, Pinole, CA 94564	☑IND □COM □OTH □PTY □SCC	Manager, Uncle Chung's Szechuan	100.00	100.00		200.00	
			SUBTOTAL	\$ 1700.00		i girifia		
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) 2. Amount received this period – unitemized monetary contributions of less than \$100 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 2531.00 FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov								

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

				through 12/31/22			5 of 8	
NAME OF FILER SASAI FOR PINOLE CITY COUNCIL 2022						51	#1439007	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
11/01/22	Hung Ho, 94568	☑IND □ COM □ OTH □ PTY □ SCC	Revenue Analyst, Mandiant	100.00	100.00		200.00	
11/01/22	Jill Alderfer, Oakland, CA 94606	IND COM OTH SCC	Dentist, Ray Castro DDS	50.00	50.00		200.00	
11/01/22	Kristen Pursley, Pinole, CA 94564	☑IND □COM □OTH □PTY □SCC	NONE	25.00	25.00		100.00	
11/01/22	Cody Keller, Lafayette, CA 94549	MIND □ COM □ OTH □ PTY □ SCC	Cybersecurity, ShotSpotter	44.00	114.00			
11/01/22	Emily Manotok, Foster City, CA 94404	VIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	NONE	30.00	190.00		240.00	
	SUBTOTAL \$ 249.00							

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY – Political Party SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016))

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www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

monotary continuous recent			from <u>10/23/22</u>		FORM 40U		
				through 12/31/22		Page _	
NAME OF FILER SASAI FOI	R PINOLE CITY COUNCIL 2022						#1439007
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
11/01/22	Karen Lim, Richmond, CA 94803	☑IND □COM □OTH □PTY □SCC	NONE	50.00	50.00		125.00
11/01/22	Anita Tolentino Macaraeg, Hollister, CA 95023	☑IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician, Self- Employed	100.00	100.00		200.00
11/07/22	Aaron Baggs, 94564	ZIND COM OTH PTY SCC	Medical Doctor, The Permanente Medical Group	25.00	150.00		
) *	「☐ IND☐ COM☐ OTH☐ PTY☐ SCC			(e)		
***************************************		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
-			SUBTOTAL	\$ 175.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))

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						SCHEDULE E		
Schedule E Amounts may be rounded to whole dollars.				Statement covers period	CALIFORNIA 460			
Payments Made				from 10/23/22	FO	RM		
SEE INSTRUCTIONS ON REVERSE				through 12/31/22		of8		
NAME OF FILER					LD. NUM	#1439007		
SASAI FOR PINOLE CITY COUNCIL 2022					Tite,	1435007		
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. CMB campaign consultants contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees fundraising events IND Independent expenditure supporting/opposing others (explain)* IND LEG legal defense campaign paraphemalia/misc. MBR member communications MTG meetings and appearances MTG office expenses PET petition circulating PHO phone banks PHO phone banks POL polling and survey research POL postage, delivery and messenger services professional services (legal, accounting) PRT print ads MBR member communications RAD radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals staff/spouse travel, lodging, and meals staff/spouse travel, lodging, and meals restantification YOT voter registration information technology costs (internet, e-mail)								
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DES	CRIPTION OF PAYMENT		AMOUNT PAID		
Autumn Press			Walk Pieces			1093.22		
PDI			Voter Data			493.25		
Autumn Press			Mailers			2288.50		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * SUBTOTAL \$ 3874.97								
Schedule E Summary					¢ 5	5006.01		
Itemized payments made this period. (Include all Schedule E subtotals.)								
1. Itemized payments made this period. (Include all Schedule 2 subtolats) 2. Unitemized payments made this period of under \$100\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$						0.00		
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Pa	rt 1, Columr	ı (e).)		- Φ			

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period 10/23/22 from	CALIFORNIA 460
through <u>12/31/22</u>	Page of
	I.D. NUMBER FPPC #1439007

SASAI FOR PINOLE CITY COUNCIL 2022 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads LIT campaign literature and mailings AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 131.04 PHO Scale to Win 1000.00 Campaign Management oncord, CA 94520 Victor Benedict Tiglao, **SUBTOTAL \$ 1131.04**

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

				COVER PAGE
Recipient Committee Campaign Statement Cover Page		RE	Date Stamp	CALIFORNIA 460
Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from10/23/2022 through _12/31/2022	1 1	of the City Cle	For Official Use Only
1. Type of Recipient Committee: All Committees – Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminat Amendment (Explain below)	☐ Speci ☐ Suppl	erly Statement al Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE TAVE FOR CITY COUNCIL 2022	I.D. NUMBER 1408891 E)	Treasurer(s) NAME OF TREASURER Cine D. Ivery		
		MAILING ADDRESS 1 W. Manchester Blvd., Sui		DDE AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX) 1 W. Manchester Blvd., Suite 700		CITY Inglewood	CA 903	
CITY STATE ZIP	CODE AREA CODE/PHONE 301 (310)817-6679 BOX	Michelle Moore Sanders MAILING ADDRESS 1 W. Manchester Blvd., Sui		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY Inglewood	STATE ZIP CO	
OPTIONAL: FAX / E-MAIL ADDRESS (310)672-6679 / cine@politicalreportingplu	s.com	OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califo JAN 2 4 2023	By	Signature of Controlling Officeholder, Candidate, State Measure Signature Sign	r Responsible Officer of Sponsor sure Proponent	les is true and complete. I certify

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA 160
from	10/23/2022	FORM 460
through _	12/31/2022	Page3 of7
		I.D. NUMBER

NAME OF FILER TAVE FOR CITY COUNCIL 2022 1408891 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions Schedule A, Line 3 \$ 1,000.00 8,470.99 1/1 through 6/30 7/1 to Date 0.00 2,155.01 2. Loans Received Schedule B. Line 3 20. Contributions 10,626.00 Received 0.00 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 10,626.00 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made ______ Schedule E, Line 4 \$ _____ 3,562.81 \$ _____ 9,254.20 **Candidates** 7. Loans Made Schedule H. Line 3 0.00 22. Cumulative Expenditures Made* \$ _____ 9,254.20 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 **Current Cash Statement** 3,858.88 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ____ To calculate Column B, add 1,000.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 3,562.81 15. Cash Payments Column A, Line 8 above Column A may be negative 1,296.07 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any).

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

							SCHI	EDULE B - PART	
Schedule B – Part 1	Am	Amounts may be rounded			Statement co	vers period	CALIFORNIA 460		
Loans Received		to whole dolla	rs.		from10/	23/2022	FORM	700	
					through12/	31/2022	Page5	of7	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					v-g		I.D. NUMBER		
TAVE FOR CITY COUNCIL 2022							1408891		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIV THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
Anthony Tave Pinole, CA 94564 Received through intermediary: eFundraising Connections, 2831 G Street #120, Sacramento, CA 95816	Director City College of San Francisco			PAID \$0_(FORGIVEN	11 (00 (0000	0_0% RATE	\$ <u>2,155</u> 01 11/28/2021	\$OOO PER ELECTION*	
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$_2,155.01	\$ 0.00	\$	DATE DUE	*	DATE INCURRED	<u> </u>	
			e	\$ FORGIVEN	\$	RATE %	\$	\$PER ELECTION *	
T IND COM OTH PTY SCC		· ·	ı —		DATE DUE		DATE INCURRED		
				PAID \$ FORGIVEN	s		\$	\$PER ELECTION*	
† IND COM OTH PTY SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS S	0.00	\$ 0.	.00\$ 2,155.0	1\$ 0.00			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
				e	0.0	0			
Loans received this period (Total Column (b) plus unitemized loar				Ф —			Contributor Codes		
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	0 paid or forgiven.)			\$ ₂ _	0.0		D – Individual OM – Recipient Co (other than TH – Other (e.g., TY – Political Part	ornmittee PTY or SCC) business entity) y	
	0.5 1: 4)			NET C	0.00	n So	CC – Small Contri	butor Committee	

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

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

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	CONTEDULE E (CONTI
Statement covers period	CALIFORNIA 460
from10/23/2022	FORM TOU
through12/31/2022	Page of
1	I.D. NUMBER
	1408891

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAVE FOR CITY COUNCIL 2022

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

CMP campaign paraphernalia/misc. MBR member communications meetings and appearances office expenses petition circulating meetings and appearances office expenses petition circulating member communications meetings and appearances office expenses salaries two or cable and production costs returned contributions campaign workers' salaries two or cable and production costs returned contributions campaign workers' salaries two or cable and production costs of two or cable and production costs of the campaign workers' salaries to contributions.

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

IND independent expenditure supporting/opposing others (explain)*

POL polling and survey research

POL polling and survey research

TS stati/spouse travel, loughly, and means

TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration
LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Reporting Plus 1 W Manchester Blvd Suite 700 Inglewood, CA 90301	PRO	Political Accounting - November, 2022	250.00
Political Reporting Plus 1 W Manchester Blvd Suite 700 Inglewood, CA 90301	PRO	Political Accounting - Year-End Report	250.00
	#3		

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

SUBTOTAL \$

500.00

4					COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	- F	orm 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period 7/1/2022 through 12/31/2022	Date of election if applicable: (Month, Day, Year)	AN 3 0 2013 e of the City	l ago	1 of 5 For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Implete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Use Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te	t [ermination)	☐ Quarterly Stat	
	DE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Jerome Brunstein MAILING ADDRESS CITY Pinole NAME OF ASSISTANT TREASURE MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE	ZIP CODE 94564 ZIP CODE	AREA CODE/PHONE AREA CODE/PHONE
I. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Executed on	California that the foregoing is true and By	knowledge the information contained correct Classification of Transpirer of Assistant Cling Officeholder, Candidate, State Measure Pro- Signature of Controlling Officeholder, Candidate, State Measure Pro- Controlling O	Opponent or Responsible Office State Measure Proponent		true and complete. I

COVER PAGE - PART 2					
CALIF	ORNIA ORM	460			
Page	0	f5			

5.	ficeholder or Candidate Controlled Committee		6.	Primarily Formed Ballo	marily Formed Ballot Measure Committee			
	NAME OF OFFICEHOLDER OR CANDIDATE	1		NAME OF BALLOT MEASURE				
	Maureen Toms				T			
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JURISDICTION			SUPPORT OPPOSE	
	City Council - Pinole, CA RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Pinole CA 94564			Identify the controlling officeholder, candidate, or state measure proponent, if any.				
	Pinole		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					
	Related Committees Not Included in this Statement included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
	COMMITTEE NAME	I.D. NUMBER		-				
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can- officeholder(s) or candidate(s	didate/Offic) for which this	eholder Coi committee is p	mmittee L primarily form	ist names of ed.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUC	SHT OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP C	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B			Att	ach continuati	ion sheets if n	ecessary	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Staten	nent covers period 7/1/2022	CALIFORNIA 460
through	12/31/2022	Page3 of5
		I.D. NUMBER
		1409274

Committee to Elect Maureen Toms to Pinole City Council 2020 Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 0.00 0.00 1. Monetary Contributions Schedule A, Line 3 \$ _____ 7/1 to Date 1/1 through 6/30 0.00 0.00 2. Loans Received...... Schedule B. Line 3 20. Contributions 0.00 0.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0.00 0.00 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures \$______ \$____ 0.00 Made 0.00 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 \$ _____ 261.89 211.89 **Candidates** 0.00 0.00 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 261.89 211.89 (If Subject to Voluntary Expenditure Limit) 8 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ _ 0.00 0.00 Date of Election Total to Date (mm/dd/vv) 0.00 0.00 10. Nonmonetary Adjustment...... Schedule C, Line 3 261.89 211.89 **Current Cash Statement** 1769.05 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____ To calculate Column B. 0.00 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 6.23 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 211.89 amounts in Column A may 1563.69 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 0.00 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ _____ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 18. Cash Equivalents...... See instructions on reverse \$ 0.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule E Payments Made		Amounts may be rounded to whole dollars.		Statem	ent covers period 7/1/2022	CALIFO FOR	RM 400
SEE INSTRUCTIONS ON REVERSE				through_	12/31/2022	Page	4 of 5
Committee to Elect Maureen Toms to Pinole City	Council 2020					1.D. NUME 1409274	
CODES: If one of the following codes accurately campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events ND independent expenditure supporting/opposing others (explegal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and su	munications I appearances es ating urvey research very and mes	s h senger services	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transi VOT voter	airtime and producti ned contributions aign workers' salarie cable airtime and pr date travel, lodging, spouse travel, lodgin fer between committ	es roduction costs and meals ig, and meals ees of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBEI		CODE C	DR DES	SCRIPTION OF PA	AYMENT		AMOUNT PAID
Zoom Video Communications, Inc. 55 Almaden Blvd., 6th Floor San Jose, CA 95113		WEB	Web Meeting Su	bscription			161.89
455		뗗					0
Payments that are contributions or independent expenditures r	must also be summarized on Sche	dule D.			,	SUBTOTAL \$	161.89
Schedule E Summary							404.00
Itemized payments made this period. (Include all							161.89
2. Unitemized payments made this period of under	\$100				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	0.00

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

211.89

SCHEDULE E

ichedule l	Amounts m	ay be rounded		SCHEDULE	
		e dollars.	Statement covers period	CALIFORNIA 460	
	*		from7/1/2022	FORM TOO	
			through12/31/2022	Page5 of5	
EE INSTRUCTION AME OF FILER	S ON REVERSE			I.D. NUMBER	
Committee to	Elect Maureen Toms to Pinole City Council 2020			1409274	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
	20				
Attack addit	ional information on appropriately labeled continuation sheets.		SUBTOTA	1.5	
Attach addit	ина иногнации он арргорнатегу выегей сольнившей внеств.				
Schedule I			¢ 0.0	Λ	
	creases to cash this period.				
	increases to cash of under \$100 this period.			 ;	
	nterest received this period on loans made to others. (Schedule H, Co		Φ	-	
 Iotal misce Summary P 	llaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter h	ere and on the	TOTAL \$ 6.2	3_	