Paginiant Committee				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVE	california 460
	Statement covers period from1/1/2024	Date of election if applicable: (Month, Day, Year)	AUG 01 2024	Page of
SEE INSTRUCTIONS ON REVERSE	through <u>6/30/24</u>	Nov 4, 2008 Off	ce of the City	y Ole IC
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Bailot Measure committee Controlled Sponsored Scomplete Part 6) rimarily Formed Candidate/ officeholder Committee Scomplete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To ☐ Amendment (Explain b	ermination)	☐ Quarterly Statement ☐ Special Odd-Year Report
S COMMITTED INTOFMISTION	NUMBER 311336	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Alegria for Council		NAME OF TREASURER MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	F	Pinole CA. 94564	STATE	ZIP CODE AREA CODE/PHONE
Pinole STATE ZIP COL		NAME OF ASSISTANT TREASURE	R, IFANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COD	AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	38	
4. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Certify under the laws of the State of Certific under the laws of Certific under the la	California that the foregoing is true a By	knowledge the Information contained Signature of Treasure) or Assistant rolling Officeholder, Candidate, State Measure Pro-	Treasurer oponent or Responsible Office	
Executed on	By	Signature of Controlling Officeholder, Candidate, S	·	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period from 1/1/24	CALIFORNIA 460
through 6/30/24	Page of
	I.D. NUMBER
	4044006

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE			
NAME OF FILER			I.D. NUMBER 1311336
Alegria for Council			
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
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	\$ \$ \$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$ 0 0 0 0	\$ \$ \$	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.	1,755.49	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year,	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents		only carry over the amounts from Lines 2, 7, and 9 (If any).	
19. Outstanding Debts			FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Statement covers period from01/01/2024	Date of election if application (Month, Day, Year)	RECEIVE JUL 3 1 202 Office of the Cit	D 24 Page	FOR Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2024	11/08/2022			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Waso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Calso Complete Part 7)	2. Type of Statemen Preelection State Semi-annual State Termination State (Also file a Form Amendment (Exp	ment [ement [ment [410 Termination)	Quarterly Sta Special Odd Supplementa Statement - A	-Year Report
3. Committee information	D. NUMBER 1408891	Treasurer(s) NAME OF TREASURER Cine D. Ivery MAILING ADDRESS 1 W. Manchester B	Blyd . Suite 700		
STREET ADDRESS (NO P.O. BOX) 1 W. Manchester Blvd., Suite 700		CITY Inglewood	STATE CA	ZIP CODE 90301	AREA CODE/PHONE (310)817-6679
Inglewood CA 9030 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	01 (310)817-6679	MAME OF ASSISTANT TR Michelle Moore Sa MAILING ADDRESS 1 W. Manchester I	anders		
OPTIONAL: FAX / E-MAIL ADDRESS (310) 672-6679 / cine@politicalreportingplus		Inglewood OPTIONAL: FAX / E-MAIL	STATE CA . ADDRESS	ZIP CODE 90301	AREA CODE/PHONE (310) 817-6679
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on	g this statement and to the best of my ker is that the foregoing is true and correct. By		didate, State Measure Proponent		ue and complete. I certify
Date		Signature of Controlling Officeriolder, Carl	indate, State Measure Proportent		FPPC Form 460 (Jan/2016)

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
	ORNIA ORM	46	0				
Page _	2 (of6					

			6. Primarily Form			V		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT ME	ASURE				
Anthony Lee Tave		34						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	DISTRICT NUMBER IF APPLICAB	BLE)	BALLOT NO. OR LETT	ER .	JURISDICTION			1 SUPPORT
City Council Member Pinole City Council								OPPOSE
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET	T) CITY STATE	ZIP	Identify the control	Olling office	noldor cand	idata ar atal		
	Pinole CA	94564	NAME OF OFFICEHO				measure	proponent, it a
Polotod Committees Netherland 15 415			8 017102110	LDEN, ONNOIL	AIL, OK FROM	ONENT		
Related Committees Not Included in thing included in this statement that are controlled by contributions or make expenditures on behalf of your statement.	v vou or are primarily formed	ommittees I to receive	OFFICE SOUGHT OR	HELD		С	DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER							
and the sale			7 Primarily Form	مط (مصطنط	-t-1055 - 1			
	CONTROLLED COMMIT		7. Primarily Form officeholder(s) or ca	andidate(s) fo	r which this d	holder Concommittee is p	orimarily form	suppor
COMMITTEE ADDRESS STREET ADDRESS (NO	YES NO		officeholder(s) or ca	andidate(s) fo	DIDATE	committee is p	orimarily form	SUPPORT OPPOSE
OMMITTEE ADDRESS STREET ADDRESS (NO	YES NO	0	NAME OF OFFICEHOL	andidate(s) fo	DIDATE	committee is p	orimarily form	SUPPOR OPPOSE
OMMITTEE ADDRESS STREET ADDRESS (NO	YES NO	0	NAME OF OFFICEHOL	andidate(s) fo	DIDATE	committee is p	Orimarily form	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR
	YES NO	ODE/PHONE	NAME OF OFFICEHOL	LDER OR CAN	DIDATE DIDATE DIDATE DIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
OMMITTEE ADDRESS STREET ADDRESS (NO STATE STATE SOMMITTEE NAME	P.O. BOX) ZIP CODE AREA CO I.D. NUMBER CONTROLLED COMMIT	ODE/PHONE	NAME OF OFFICEHOL	LDER OR CAN	DIDATE DIDATE DIDATE DIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO STATE	P.O. BOX) ZIP CODE AREA CO I.D. NUMBER CONTROLLED COMMIT YES NO P.O. BOX)	ODE/PHONE	NAME OF OFFICEHOL	LDER OR CAN	DIDATE DIDATE DIDATE DIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR SUPPOR OPPOSE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period	CALIFORNIA AGO
from01/01/2024	FORM 400
through06/30/2024	Page3 of6
	I.D. NUMBER
	1408891

NAME OF FILER TAVE FOR CITY COUNCIL 2022 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions Schedule A, Line 3 \$ _____ 1/1 through 6/30 7/1 to Date 0.00 2,155.01 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ 2,155.01 0.00 Received 4. Nonmonetary Contributions Schedule C, Line 3 0.00 0.00 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 0.00 2,155.01 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made ______ Schedule E, Line 4 \$ ____ 8.11 \$ ____ **Candidates** 8.11 7. Loans Made Schedule H. Line 3 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ _____ 8.11 8.11 (If Subject to Voluntary Expenditure Limit) ____125.00 125.00 Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C. Line 3 (mm/dd/yy) 0.00 0.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ______ 200.95 To calculate Column B. add 0.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above 8.11 Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 192.84 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 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 Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule B - Pa	rt '	1
Loans Received		

Amounts may be rounded to whole dollars.

Stateme	ent covers period	CALIFORNIA 160
from	01/01/2024	FORM 400
through _	06/30/2024	Page 4 of 6
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Anthony Tave Pinole, CA 94564 Received through intermediary: eFundraising Connections, 2831 G Street #120, Sacramento, CA 95816	Executive Director of Facilities St. Mary's College			PAID \$ 0.00 FORGIVEN	\$ _2,155.01	0.00% RATE	\$_2,155.01	\$0.00 PER ELECTION**
†☑ IND □ COM □ OTH □ PTY □ SCC		\$ 2,155.01	\$0.00	\$0.00	11/28/2022 DATE DUE	\$0.00	DATE INCURRED	\$
				PAID S——— FORGIVEN	\$	% RATE	\$	\$PER ELECTION **
† IND		\$	\$	\$	DATE DUE	s	DATE INCURRED	s
8				PAID S FORGIVEN	\$	% RATE	\$	\$PER ELECTION ***
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS S	0.00	\$ 0.00	\$ 2,155.01	\$ 0.00	Stranger And	Because for

Schedule B Summary

1. Loans received this period\$ (Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period\$ 0.00 (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

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

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

†Contributor Codes

IND - Individual

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

> COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

Schedule E	Amounts may be rounded	Statement covers period	CALIF
Payments Made	to whole dollars.	from01/01/2024	FO
SEE INSTRUCTIONS ON REVERSE		through06/30/2024	Page _
NAME OF FILER			I.D. NU
TAVE FOR CITY COUNCIL 2022			14088

CMP CNS CTB CVC FIL FND IND LEG LIT	campaign consultants contribution (explain nonmonetary)*	MBR MTG OFC PET PHO POL POS PRO PRT	office expen petition circu phone banks polling and s postage, deli	d appearan ses lating survey rese livery and r	ices	RFD SAL TEL TRC TRS rices TSF	returned contribution campaign workers t.v. or cable airtime candidate travel, lostaff/spouse travel transfer between couter registration	adio airtime and production costs eturned contributions ampaign workers' salaries v. or cable airtime and production costs andidate travel, lodging, and meals taff/spouse travel, lodging, and meals ransfer between committees of the same candidate/sp oter registration nformation technology costs (internet, e-mail)		
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID	
-										
:										
* Pa	yments that are contributions or independent expenditures r	must al	so be summ	arized on	Schedule D.			SUBTOTAL\$	0.00	
	nedule E Summary									
1. It	emized payments made this period. (Include all Schedule	E subt	totals.)					\$	0.00	
2. U	Initemized payments made this period of under \$100		••••					\$	8.11	
3. T	otal interest paid this period on loans. (Enter amount from	Sched	dule B, Part	1, Colum	n (e).)			\$	0.00	
4. T	otal payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)							TOTAL \$	8.11	

Schedule F **Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA** FORM 01/01/2024 from through $\frac{06/30/2024}{}$ Page 6

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 communication	S	RAD	radio airtime a	nd production costs			
CNS	campaign consultants	MTG	meetings and appearar	nces	RFD	returned contri	butions			
CTB	contribution (explain nonmonetary)*	OFC	office expenses		SAL	campaign worl	cers' salaries			
CVC	civic donations	PET	petition circulating		TEL	t.v. or cable air	time and production cos	ts		
FIL	candidate filing/ballot fees	PHO	phone banks		TRC	candidate trave	el, lodging, and meals			
FND	fundraising events	POL	polling and survey rese	earch	TRS	staff/spouse tra	avel, lodging, and meals			
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and r	messenger services	TSF	transfer between	en committees of the sa	me candidate/sponsor		
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registrati	on			
LIT	campaign literature and mailings	PRT	print ads		WEB	information tec	hnology costs (internet,	e-mail)		
-				(-)		(F)	(0)	/ 10		

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Political Reporting Plus 1 W Manchester Blvd Suite 700 Inglewood, CA 90301	PRO Political Accounting - Semi- Annual Report	0.00	125.00	0.00	125.00
8					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS:	\$ 0.00\$	125.00	0.00	125.00

Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 125.00 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
- 0.00
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

 NET \$ 125.00 | May be a negative number

Paginiant Committee						COVER PAGE
Recipient Committee Campaign Statement				Date Stamp	CALI	FORNIA 160
Cover Page				RECEIVE	F	ORM 400
Cover Fage				LOLIVE		
	Statement covers period	Date of election	f applicable:	ALIC AT DOD	Page_	1 of 5
	from 1/1/24	(Month, Day	Year)	AUG 01 202	4	or Official Use Only
	from					
SEE INSTRUCTIONS ON REVERSE	through <u>6/30/24</u>	N/A	Office	of the City	y Clerk	
1. Type of Recipient Committee: All Committees - Com	mplete Parts 1, 2, 3, and 4.	2. Type of S	tatement:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Semi-ar Termina (Also file	tion Statement nnual Statemen tion Statement e a Form 410 T nent (Explain b	ermination)	Quarterly State Special Odd-Ye	
3. Committee Information	NUMBER	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	-	NAME OF TREA				
SASAI FOR PINOLE CITY COUNCIL 2022						
original out in to about the control of the control		CAMERON S MAILING ADDRE				
STREET ADDRESS (NO P.O. BOX)		CITY		STATE	ZIP CODE	AREA CODE/PHONE
		PINOLE		CA	94564	
CITY STATE ZIP COL	DE AREA CODE/PHONE	NAME OF ASSIS	STANT TREASUR	ER, IF ANY		
PINOLE CA 94564	4					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRE	ESS			
STATE ZIP COL	DE AREA CODE/PHONE	CITY		STATE	ZIP CODE	AREA CODE/PHONE
PINOLE CA 94564 OPTIONAL: FAX / E-MAIL ADDRESS	1					
OPTIONAL: FAX/E-MAILADDRESS		OPTIONAL: FAX	(/ E-MAIL ADDRI	ESS		
4. Verification						
I have used all reasonable diligence in preparing and reviewin		nowledge the informa	ation contained	herein and in the attac	ched schedules is	true and complete. I
certify under penalty of perjury under the laws of the State of C	California that the foregoing is true and					
Executed on 8/1/24	Ву		or Assistant	Treasurer		
Executed on 8/1/24	D.:		n resultani	The about		
Executed on	Signature of Control	ing Officeholder, Candidate	z, State Measure Pr	oponent or Responsible Officer	r of Sponsor	
Executed onDate	BySig	nature of Controlling Office	holder, Candidate, S	State Measure Proponent	-	
Executed on	By	nature of Controlling Orice	holder Candidate 5	State Measure Proponent		

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

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460	
Page _2 of _5	

. Officeholder or Candidate Controlled Co	mmittee			6.	Primarily Formed Ballot	Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE Cameron Sasai					NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER	R IF APPLICA	ABLE)		BALLOT NO, OR LETTER	JURISDICTIO	N		SUPPORT
City Council, City of Pinole									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY Pinole	STATE CA	ZIP 94564		Identify the controlling office	holder, candid	ate, or state	measure prop	oonent, if any.
D. Little d. Committee of Mattheway Mattheway Mattheway	Statement	. :-4			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PF	ROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primaril	y formed to	receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMB	ER			S. 10 (2)	negatisan was		obstruction (Mary 127 Gray	
NAME OF TREASURER	CONTROL TYES	LED COMMI		7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office for which this o	holder Co committee is	primarily forme	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO					NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE		DE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	JGHT OR HELD	☐ SUPPORT
COMMITTEE NAME	I.D. NUMBE	ER			NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	☐ YES	LED COMMI			NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO CITY STATE	ZIP CODE	AREA COI	DE/PHONE		Atta	ch continuatio	n sheets if n	ecessary	J.

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

www.fppc.ca.gov

CALIFORNIA 460

Statement covers period

from <u>7/1/23</u>

SEE INSTRUCTIONS ON REVERSE 1/1/24			through 12/31/23	Page3 of
NAME OF FILER 6/30)/24	=		I _s D _s NUMBER
Contributions Received 1. Monetary Contributions	**Column A TOTAL THIS PERIOD (FROM ATTACHED SK EDULES) ***EDULES** **O.00 **O.00 **O.00 **O.00 **O.00 **O.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	Running in Both General Election	ummary for Candidates I the State Primary and IS /1 through 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made	\$ \\ \frac{90.00}{0.00} \\ \$ \\ \frac{90.00}{0.00} \\ \frac{0.00}{0.00} \\ \frac{0.00}{0.00} \\ \frac{0.00}{0.00} \\ \$ \\ \frac{90.00}{0.00} \\ \$ \\ \frac{90.000}{0.00} \\ \$ \\ \frac{90.00}{0.00} \\ \$ \\ \frac{90.000}{0.00} \\ \$ \\ \frac{90.00}{0.00} \\ \$ \\ \frac{90.000}{0.00} \\ \$ \\ \frac{90.00}{0.00} \\ \$ \\ \frac{90.00}{0.00} \\ \$ \\ \frac{90.00}{0.00} \\ \$ \\ \frac{90.00}{0.00} \\ \$ \\ \fra	\$ 0.00	Candidates	nit Summary for State clative Expenditures Made* bet to Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 8/1/24 17. LOAN GUARAN 8/1/24 ECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 693.49 0.00 0.00 90.00 \$ 603.49 \$ 0.00 \$ 0.00 \$ 0.00	To calculate Colur add amounts in C A to the correspor amounts from Col of your last report amounts in Colum be negative figure should be subtrac previous period ar this is the first rep filed for this calenonly carry over the from Lines 2, 7, at any).	*Amounts in this secti reported in Column B. *Amounts in this secti	FPPC Form 460 (Jan/2018

Schedule A			ts may be rounded		S			
Monetary Contributions Received		to	whole dollars.	Statement co	vers period	CALIFORNIA 460		
SEE INSTRUCTION	NS ON REVERSE			through <u>6/30/24</u>		Page	4 of <u>5</u>	
NAME OF FILER SASAI FOR I	PINOLE CITY COUNCIL 2022					LD, NU	MBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SGC					,	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND☐COM☐OTH☐PTY☐SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL S	0.00				
(Include all S	Summary eived this period – itemized monetary contribution Schedule A subtotals.)				IND - COM- OTH - PTY -	(other to Other (or Political	al ent Committee han PTY or SCC) e.g., business entity)	
3. Total moneta (Add Lines 1	ary contributions received this period. I and 2. Enter here and on the Summary Page, C	olumn A, Line 1.) TOTAL \$ 0.0	0	PPC Advice: advice		Form 460 (Jan/2016)) ca.gov (866/275-3772) www.fppc.ca.gov	

Schedule E Payments Made	Amounts may to whole d			CALIF	schedule e FORNIA 460 DRM		
SEE INSTRUCTIONS ON REVERSE					through <u>6/30/24</u>	Page_	5 of S
NAME OF FILER						I.D. NU	
CODES: If one of the following codes accurately described campaign 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	es the payment, y MBR member con meetings an office expens PET petition circu phone banks polling and s postage, dell PRO PRT professional print ads	nmunications d appearance ses lating urvey researd very and mes	s h senger services	F F S T T T T	se, describe the payment and productive returned contributions campaign workers' salarieful. t.v. or cable airtime and productive racing and productive racing and productive racing staff/spouse travel, lodging staff/spouse travel, lodging transfer between committed voter registration information technology co	ion costs es roduction cost and meals g, and meals ees of the san	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR	DESCRI	PTION OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.	41		5	SUBTOTAL	\$ 0.00
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$_0	0.00
2. Unitemized payments made this period of under \$100						\$_6	0.00
Total interest paid this period on loans. (Enter amount fror							
4. Total payments made this period. (Add Lines 1, 2, and 3. I	Enter here and on	the Summa	arv Page, Coli	umn A. L	ine 6.) T	OTAL \$ 6	0.00

CALIFORNIA Campaign Statement FORM RECEIV **Cover Page** Date of election if applicable: Statement covers period (Month, Day, Year) from $\frac{01/01/2024}{}$ Office of the City Clerk 11/08/2022 through $\underline{06/30/2024}$ SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee □ Primarily Formed Ballot Measure Quarterly Statement Semi-annual Statement State Candidate Election Committee Committee Special Odd-Year Report ○ Recall **Termination Statement** Controlled (Also file a Form 410 Termination) (Also Complete Part 5) Sponsored Amendment (Explain below) (Also Complete Part 6) General Purpose Committee □ Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Campaign to Elect Debbie Long for Pinole City Council 2022 Debbie Long CITY STATE ZIP CODE AREA CODE/PHONE El Sobrante CA 94803 STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Pinole CA 94564 (IE DIEEEDENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE El Sobrante CA 94803 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of periury under the laws of the State of California that the foregoing is true Executed on of Treasurer or Assistant Treasurer Executed on ignature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee

COVER PAGE

Date Stamp

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFOR FORM	^{NIA} 460
Page 2	of _4

Officeholder or Candidate Controlled Committee			6.	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Debbie Long								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	TRICT NUMBE	R IF APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT
Pinole City Council in Contra Costa County								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		,			
	Pinole	CA	94803		Identify the controlling off	iceholder, cand	idate, or state measure pro	ponent, if any.
					NAME OF OFFICEHOLDER,	CANDIDATE, OR	PROPONENT	
Poloted Committees Not Included in this St	otomonti							
Related Committees Not Included in this St not included in this statement that are controlled by you					OFFICE SOUGHT OR HELD		DISTRICT NO	D. IF ANY
contributions or make expenditures on behalf of your can		,						
COMMITTEE NAME	I.D. NUMB	FR						
Samuel Lee Wille	I.D. IVOIVID							
				_	n: 1 = 10	U. L. A. IDEG		
NAME OF TREASURER	CONTROL	LED COMM	TTEE?	7.	 Primarily Formed Ca officeholder(s) or candidate 	ndidate/Offic (s) for which this	cenoider Committee is committee is committee is primarily form	ist names of ed.
	☐ YES	□ NC)		N W	2015 		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)				NAME OF OFFICEHOLDER (OR CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT
*					Debbie Long		Pinole City Council	☐ OPPOSE
CITY STATE ZIP	CODE	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HEL	
								SUPPORT
COMMITTEE NAME	I.D. NUMBI	ER				- 1		☐ OPPOSE
					NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HEL	D □ SUPPORT
								OPPOSE
NAME OF TREASURER	CONTROL	LED COMMI	TTEE?		NAME OF OFFICEHOLDER O	OR CANDIDATE	OFFICE SOUGHT OR HEL	
	☐ YES	□ NC)					☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)							☐ OPPOSE
CITY STATE ZIP	CODE	AREA CO	DE/PHONE		Δ	ttach continuati	ion sheets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	Column A	Column B	Calandar Voor Summany for Candidates
Contributions Received 1. Monetary Contributions	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$.00	CALENDAR YEAR TOTAL TO DATE \$.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date
Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$\frac{.00}{.00}\$ \$\frac{.00}{.00}\$	\$\frac{.00}{.00}\$ \$\frac{.00}{.00}\$	20. Contributions Received \$.00 \$.00 21. Expenditures Made \$.00 \$.00
Expenditures Made 6. Payments Made	\$\frac{600.00}{.00}\$ \$\frac{600.00}{.00}\$ \$\frac{.00}{600.00}\$	\$\frac{1000.00}{.00}\$ \$\frac{1000.00}{.00}\$ \$\frac{.00}{.00}\$ \$\$\$1000.00	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$\frac{2626.63}{.00} \tag{.00} \text{600.00} \text{\$\frac{600.00}{2026.63}} \$\text{\$\frac{.00}{\text{\$\frac{1}{3}}}}	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	\$ <u>.00</u> \$ <u>.00</u>	any).	FPPC Form 460 (Jan/20: FPPC Advice: advice@fppc.ca.gov (866/275-37 www.fppc.ca.

Schedule	Ε
Payments	Made

Amounts may be rounded to whole dollars.

	2CHEDOLE E
Statement covers period	CALIFORNIA 160
from01/01/2024	FORM 400
through <u>06/30/2024</u>	Page of
<u> </u>	I,D. NUMBER
	1452992

COUEDINE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LEG

Campaign to Elect Debbie Long for Pinole City Council 2022

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

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

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

		AMOUNT PAID	
CVC	3 checks totalling \$550.00 from 2/16/24 to 4/5/24	550.00	
FIL	Annual Fee	50.00	

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

SUBTOTAL \$ 600.00

600.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	
2. Unitemized payments made this period of under \$100	.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	600.00

Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable:	RECEIVE	D	ALIFORNIA 460 FORM of 23
SEE INSTRUCTIONS ON REVERSE	from01/01/2024 through06/30/2024	11/05/2024	fice of the Cit	_	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through		1100 of the oft		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee () Controlled () Sponsored (so Complete Part 6) (rimarily Formed Candidate/ (fficeholder Committee (so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410	t [Suppleme	Statement dd-Year Report ntal Preelection - Attach Form 495
o. Committee information	NUMBER 426590	Treasurer(s)		-	
STREET ADDRESS (NO P.O. BOX) 1 W. Manchester Blvd, Suite 700		Samahndi Cunningham MAILING ADDRESS 1 W. Manchester Blvd CITY Inglewood	, Suite 700 STATE CA	ZIP CODE 90301	AREA CODE/PHONE
CITY STATE ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASU		90301	(310)817-6679
Inglewood CA 9030		Cine D. Ivery			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	OX .	MAILING ADDRESS	Q-11- 700		
CINE STATE ZIP COI	DE AREA CODE/PHONE	1 W. Manchester Blvd	STATE	ZIP CODE	AREA CODE/PHONE
STATE ZIF GOT	AREA GODE/FIIONE	Inglewood	CA	90301	(310)817-6679
OPTIONAL: FAX / E-MAIL ADDRESS (310)672-6679 / samahndi@politicalreportingpl	us.com	OPTIONAL: FAX / E-MAIL ADD			
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	that the foregoing is true and correct. By	an Im	oponent or Responsible Officer of State Measure Proponent		true and complete. I certify FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 23

Officeholder or Candidate Controlled Con	nmittee	6.	Primarily Formed Ballo	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		0	NAME OF BALLOT MEASURE	-		
Devin T. Murphy						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	
City Council Member Pinole						SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY SIAIE ZIP					
1 W. Manchester Blvd., Suite 700	Inglewood CA 90301		Identify the controlling off	iceholder, ca	ındidate, or state measur	e proponent, if any
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT	
Related Committees Not Included in this	Statement: List on committees					
not included in this statement that are controlled by ve	OU Or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N) IF ANY
contributions or make expenditures on behalf of your	candidacy.					7.11
COMMITTEE NAME	I.D. NUMBER					
Devin T. Murphy for Contra Costa Clerk- Recorder 2026	1444648					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	didate/Offi	ceholder Committee	List names of
Cine D. Ivery	YES NO		officeholder(s) or candidate(s) for which th	is committee is primarily fo	rmed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELE	
1 W. Manchester Blvd, Suite 700						SUPPORT OPPOSE
CITY STATE ZII	CODE AREA CODE/PHONE		WARE OF OFFICE VALUE OF			
Inglewood CA 9	031 (310)817-6679		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELI	☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER					☐ OPPOSE
	I.B. HOMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELD	
			+>			SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?					
	☐ YES ☐ NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O						OPPOSE
	,		-			
CITY STATE ZIF	CODE AREA CODE/PHONE					
SIAIE ZII	CODE AREA CODE/PHONE	3 3	Attac	h continuati	on sheets if necessary	
	y 13					

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement	CALIFORNIA / G					
from0	1/01/2024	FC	ORM		+00	
through	6/30/2024	Page _	3	of_	23	
10		I.D. NU	MBER			
		14269	590			

	Column A	Column B	Calendar Year Summary for Candidates
Contributions Received	TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE	Running in Both the State Primary and
4. Marcella Contributions	7 160 91	ç 7,160.91	General Elections
1. Monetary Contributions	0.00	1,000.00	1/1 through 6/30 7/1 to Date
2. Loans Received		8,160.91	20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS	94.88	94.88	Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3	-	\$ 8,255.79	21. Expenditures Made \$ \$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 4,598.97	\$ 4,598.97	Candidates
7. Loans Made Schedule H, Line 3	0.00	0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$4,598.97	\$ 4,598.97	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	0.00	0.00	Date of Election Total to Dat
10. Nonmonetary Adjustment	94.88	94.88	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 4,693.85	\$4,693.85	/\$
Current Cash Statement			<i></i> \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$3,878.67	To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	7,160.91	amounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4	264.47	corresponding amounts from Column B of your last	*Amounts in this section may be different from amount reported in Column B.
15. Cash Payments Column A, Line 8 above	4,598.97	report. Some amounts in Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6,705.08	figures that should be	
If this is a termination statement, Line 16 must be zero.		subtracted from previous period amounts. If this is	Professional Confession
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	the first report being filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts	Day 1	from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse	\$ 0.00	"	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	s 1,000.00		

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

www.fppc.ca.gov

SEE INSTRUCTIO	A Contributions Received ONS ON REVERSE RPHY FOR PINOLE CITY COUNCIL 2024		ts may be rounded whole dollars.	Statement cover from01/01/20 through06/30/20	024 F	SCHEDULE A FORM 460 FORM of 23 D. NUMBER 426590
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 DA' CALENDAR YEAR (JAN. 1 - DEC. 31)	TE PER ELECTION TO DATE
01/22/2024	Bulmaro Vicente 07		Fellow Open Society	100.00 Received through inter eFundraising Connectio 2831 G St Ste 200 Saulamento, CA 95816	100 mediary; ns	.00
01/23/2024	David Smith		Insurance Broker Trans Bay Insurance Agency	500.00 Received through inter eFundraising Connectio 2831 G St Ste 200 Sacramento, CA 95816	500 mediary: ns	.00
01/29/2024	DeNise Blake	⊠IND □COM □OTH □PTY □SCC	Assistant Director - Business Operations and Capital Project Metropolitan Transportation Commission	100.00 Received through inter eFundraising Connection 2831 G St Ste 200 Sacramento, CA 95816	100 mediary: ns	.00
01/29/2024	Brendalynn Goodall	⊠IND □COM □OTH □PTY □SCC	Retired None	103.94 Received through inter eFundraising Connection 2831 G St Ste 200 Sacramento, CA 95816	103 mediary: ns	. 94
01/29/2024	Paul David Henderson	☑IND □COM □OTH □PTY □SCC	Attorney City College of San Francisco	100.00 Received through inter eFundraising Connectio 2831 G St Ste 200 Sacramento, CA 95816	100 mediary: ms	.00
			SUBTOTAL\$	903.94	Anna Sa	AAJAMISAA CERSE N
Schedule A	A Summary				*Contribu	itor Codes

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)\$ 5,612.24

2. Amount received this period – unitemized monetary contributions of less than \$100\$ 1,548.67

3. Total monetary contributions received this period. COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA ACO
from01/01/2024	FORM 400
through06/30/2024	Page 5 of 23
	I.D. NUMBER
	1426500

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024 1426590 AMOUNT PER ELECTION **CUMULATIVE TO DATE** IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR RECEIVED THIS TO DATE OCCUPATION AND EMPLOYER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * PERIOD (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME (JAN, 1 - DEC, 31) OF BUSINESS) 01/29/2024 Tiffanee Jones District Director 100.00 100.00 **▼ IND** California State Assembly □ COM Received through intermediary: Потн eFundraising Connections 2831 G St Ste 200 **□** PTY Sacramento, CA 95816 □ SCC 01/29/2024 Wei-Tai Kwok Chief Marketing Officer 155.75 155.75 X IND Bila Solar □ COM Received through intermediary: eFundraising Connections □ OTH 2831 G St Ste 200 PTY Sacramento, CA 95816 SCC 100.00 100.00 01/29/2024 Vanessa Tyson Associate Professor **▼ IND** Scripps College □ COM Received through intermediary: eFundraising Connections □ OTH □ PTY Sacramento, CA 95816 □ scc 01/29/2024 Allyssa Victory Attorney 103.94 103.94 X IND American Civil Liberties □ COM Union of Northern Received through intermediary: Потн California eFundraising Connections 2831 G St Ste 200 □ PTY Sacramento, CA 95816 SCC 01/29/2024 Courtney Welch Program Coordinator 100.00 100.00 **▼**IND Homeownership San СОМ Francisco Received through intermediary: eFundraising Connections ☐ OTH 2831 G St Ste 200 PTY Sacramento, CA 95816 □ SCC SUBTOTAL \$ 559.69

*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

Amounts may be rounded

SCHEDULE A	CONT
COLLEGEE	COLVII.

Wonetary	Contributions Received	to whole		from01/01/	•	CALIFO FOR	^{RNIA} 460
				through06/30/	2024	Page	6 of 23
NAME OF FILER						I.D. NUMBE	ER
DEVIN T. MURI	PHY FOR PINOLE CITY COUNCIL 2024		-			1426590	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
01/30/2024	Diana Becton	⊠IND □COM □OTH □PTY □SCC	District Attorney Contra Costa County District Attorney	250.00 Received through intererundraising Connectic 2431 G St StE 2UU Sacramento, CA 95816		50.00	
01/30/2024	Rodney K Nickens	⊠IND □COM □OTH □PTY □SCC	Program Officer San Francisco Foundation	Received through inte eFundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816		34.86	
01/31/2024	Wendy Bloom	☑IND □COM □OTH □PTY □SCC	Registered Nurse Children's Hospital Oakland	103.94 Received through integerundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816		03.94	
02/01/2024	Cinthia Flores	IND COM OTH PTY	Attorney UCLA Labor Center	103.94 Received through intelePundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	1 -1402	03.94	
02/01/2024	Zeaad Handoush	☑IND □COM □OTH □PTY □SCC	President 7 Stars Holistic Foundation, Inc.	Received through inte- efundraising Connectic 2031 G St Ste 200 Sacramento, CA 95016		03.94	
			SUBTOTAL	\$ 661.82			

*Contributor Codes

IND - Individual

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

PTY - Political Party

SCC - Small Contributor Committee

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

ounded ars.	Statement covers period	CALIFORNIA AGO			
213.	from01/01/2024	FORM 400			
	through06/30/2024	Page7 of23			
		I.D. NUMBER			
		1426590			

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/01/2024	Tyette Picco	⊠IND □COM □OTH □PTY □SCC	Retired None	Received through intererundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	mediary:	
02/01/2024	Seth Steward	⊠IND □COM □OTH □PTY □SCC	Executive Director The Crucible	103.94 Received through interefundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	rmediary:	
02/01/2024	Propin V Williams	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00 Received through interefundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	mediary:	
02/03/2024	Kimberly Ellis	IND COM OTH PTY	Government Executive Director City and County of San Francisco	259.38 Received through intererundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	THE STATE OF THE S	
02/03/2024	Christian Green	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Professor West Los Angeles College	Received through interestudents of the Received through interestudents of the Received Sacramento, CA 95816	mediary:	

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

Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole o		### Statement coverage 10	2024	CALIFORNIA 460 FORM of 23		
NAME OF FILER						I.D. NUMB	ER	
DEVIN T. MUR	PHY FOR PINOLE CITY COUNCIL 2024					1426590		
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 Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
02/03/2024	Cody Keller	IND COM OTH PTY	Cybersecurity Analyst EPIC	100.00 Received through interefundraising Connectic 2831 G ST STE 200 Sacramento, CA 95816	mediary:	00.00		
02/03/2024	Cesar Nije	IND COM OTH PTY	Paralegal Public Counsel	103.94 Received through intererundraising Connectity 2831 G St Ste 200 Sacramento, CA 95816		03.94		
02/08/2024	Wanda Williams	⊠IND □COM □OTH □PTY □SCC	Solano County Supervisor Solano County	103.94 Received through inte eFundraising Connection 2831 G St Ste 200 Sacramento, CA 95816		03.94		
02/13/2024	Michael Fortney	☑IND □COM □OTH □PTY □SCC	Vice President Placer Title Company	103.94 Received through inte eFundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816		03.94		
02/13/2024	Irma Ruport	☑IND □COM □OTH □PTY □SCC	Retired None	100.00	2	00.00		
			SUBTOTAL	\$ 511.82				

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA AGO					
from01/01/2024	FORM 400					
through 06/30/2024	Page 9 of 23					
	I.D. NUMBER					

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

26590

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/13/2024	Irma Ruport		COM NOTE OTH PTY		200.00	
02/13/2024	Stephen Tilton		Deputy Sheriff City of San Francisco	250.00	250.00	
02/14/2024	Nagemah Charles	⊠IND □COM □OTH □PTY □SCC	Senior Director GLIDE	Received through inte ePundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	103.94 mediary:	
02/21/2024	George Pursley	⊠IND □ COM □ OTH □ PTY □ SCC	Retired None	28.79 Received through interefundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	128.79 rmediary: ons	
02/24/2024	Rafael Menis	☑IND □COM □OTH □PTY □SCC	Home Healthcare Aide Allpro Staffnet	Received through inte- eFundraising Connectic 2831 G St Ste 200 Sacramento, CA 95016	225.00 mediary: ns	
====			SUBTOTAL	\$ 582.73		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole		\$\taken{\text{Statement cover}} \text{from} \qquad \text{01/01/} \text{through} \qquad \text{06/30/} \text{cover} \qu	2024	CALIFORNIA 460 FORM of 23	
NAME OF FILER			1.			I.D. NUMBER	
DEVIN T. MUR	PHY FOR PINOLE CITY COUNCIL 2024					1426590	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	ER ELECTION TO DATE REQUIRED)
03/08/2024	Lorreen Pryor	⊠IND □COM □OTH □PTY □SCC	Committee Secretary California State Assembly	250.00 Received through intererundraising Connective 201 201 Sacramento, CA 95816	rmediary:	0.00	
03/09/2024	Thomas Casazza	⊠IND □COM □OTH □PTY □SCC	Realtor Keller Williams Realty	259.38 Received through integrundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	mediary:	9.38	
03/12/2024	Rodney K Nickens	⊠IND □COM □OTH □PTY □SCC	Program Officer San Francisco Foundation	134.86 Received through interefundraising Connection 2831 G St Ste 200 Sacramento, CA 95816		4.86	
03/13/2024	Alexander Buckner	⊠IND □COM □OTH □PTY □SCC	Attorney Contra Costa County	129.84 Received through integrundraising Connective 2831 G St Ste 200 Sacramento, CA 95816		9.84	
03/13/2024	Colino Torrano	⊠IND □COM □OTH □PTY □SCC	Mortician Sunset View Cemetery & Mortuary	Received through integrals of the connective 2831 G St Ste 200 Sacramento, CA 95816		9.84	
			SUBTOTAL	903.92		e 1 " 1"	

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

		to whole t	201141-01	from01/01/	2024 F	ORM 400
				through06/30/	2024 Page	of23
NAME OF FILER					I.D. NU	MBER
DEVIN T. MUR	PHY FOR PINOLE CITY COUNCIL 2024				14265	590
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ŹIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I,D. NUMBER)			AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/18/2024	Josh Becker for Senate 2024 (ID# 1435512) 1700 Tribute Rd, Suite 201 Sacramento, CA 95815	□IND ICOM □OTH □PTY □SCC		500.00	500.00	
03/20/2024	Rafael Menis	⊠IND □COM □OTH □PTY □SCC	Home Healthcare Aide Allpro Staffnet	125.00 Received through interefundraising Connection 2831 G St Ste 200 Sacramento, CA 95816	225.00 mediary:	
04/09/2024	Lisa Chang	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00 Received through interefundraising Connection 2831 G St Ste 200 Sacramento, CA 95816	100.00 mediary:	
04/18/2024	George Purslev	⊠IND □COM □OTH □PTY □SCC	Retired None	50.00 Received through interefundraising Connection 2831 G St Ste 200 Sacramento, CA 95816	128.79 mediary: ons	
06/25/2024	George Purslev	☑IND □COM □OTH □PTY □SCC	Retired None	50.00 Received through interefundraising Connectio 2831 G St Ste 200 Sacramento, CA 95816	128.79	

SUBTOTAL\$

825.00

*Contributor Codes

 $\mathsf{IND}-\mathsf{Individual}$

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

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

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received		Amounts may be rounded				Statement covers	neriod	SCHEDULE		
Nonlinonetary Contributions Received		to whole dollars.			from01/01/2024			california 460		
SEE INSTRUCTIO	ONS ON REVERSE				thro	ugh06/30/20	24	Page	13 of 23	
NAME OF FILER	NO ON NEVEROL							I.D. NUMI	BER	
DEVIN T. MUF	RPHY FOR PINOLE CITY COUNCIL 2024		-					142659	0	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I,D, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION O GOODS OR SERVIO		AMOUNT/ FAIR MARKET VALUE	CALEN	LATIVE TO DATE IDAR YEAR 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
	.*\	□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
	22	□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach addi	tional information on appropriately labe	eled continuat	ion sheets.	SUBTO	TAL \$	0.00	va inc	TO THE SECTION	n saft minuser "	
	0.0						_			
1. Amount re	C Summary seceived this period – itemized nonmonetal II Schedule C subtotals.)				\$_	0.	IN	Contributor Co ID – Individual OM – Recipier	nt Committee	
2. Amount re	eceived this period – unitemized nonmone	tary contributio	ns of less than \$100		\$_	94.			nan PTY or SCC) e.g., business entity) Party	
3. Total nonm	nonetary contributions received this periods 1 and 2. Enter here and on the Summar	l. y Page, Colum	n A, Lines 4 and 10.)	TOTAL	L \$_	94.	S		ontributor Committee	

Schedule E Payments Made

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from01/01/2024	FORM 400
through06/30/2024	Page14 of23
	I.D. NUMBER
	1426500

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries SAL CVC civic donations PET petition circulating t.v. or cable airtime and production costs TFI FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* PÓS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor voter registration LEG legal defense PRO professional services (legal, accounting) VOT campaign literature and mailings PRT print ads information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER LD, NUMBER) Political Reporting Plus PRO Political Accounting - December, 2023 250.00 1 W. Manchester Blvd., Suite 700 Inglewood, CA 90301 Credit Card Processing Fee eFundraising Connections CMP 16.16 2831 G St Ste 200 Sacramento, CA 95816 eFundraising Connections CMP Credit Card Processing Fee 17.80 2831 G St Ste 200 Sacramento, CA 95816 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 283.96

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

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

FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
www.fppc.ca.gov

4,535.82

63.15

0.00

Schedule E Summary

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from01/01/2024	FORM TOU
through06/30/2024	Page15 of23
	I.D. NUMBER
	1426590

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and seponstage, del	nmunications d appearance nses llating s survey resear ivery and me	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cost TRC candidate travel, lodging, and meals	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816		СМР	Credit Card Processing Fee	6.15
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816		CMP	Credit Card Processing Fee	9.72
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816		CMP	Credit Card Processing Fee	30.28
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816		CMP	Credit Card Processing Fee	20.82
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816		CMP	Credit Card Processing Fee	3.94

SUBTOTAL \$

70.91

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Stater	nent covers period	CALIFORNIA AGO
from	01/01/2024	FORM 400
through_	06/30/2024	Page16 of23
		I.D. NUMBER
		1426590

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. member communications RAD radio airtime and production costs CNS campaign consultants meetings and appearances returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL РНО phone banks candidate travel, lodging, and meals TRC FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
CMP	Credit Card Processing Fee	3.34
CMP	Credit Card Processing Fee	21.4
CMP	Credit Card Processing Fee	7.74
CMP	Credit Card Processing Fee	6.29
СМР	Credit Card Processing Fee	24.86
	CMP CMP	CMP Credit Card Processing Fee CMP Credit Card Processing Fee CMP Credit Card Processing Fee CMP Credit Card Processing Fee

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

SUBTOTAL \$

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

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

		SCHEDULE E (CONT.)
Staten	nent covers period	CALIFORNIA 460
from	01/01/2024	FORM TOO
through_	06/30/2024	Page of
		I.D. NUMBER
		1426590

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

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	MBR	member commeetings and office expense petition circul phone banks polling and spostage, deli	munications appearance ses ating urvey researe very and me	RAD S RFD SAL TEL TRC TRS ssenger services TSF al, accounting) VOT	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 transfer between committees of the san voter registration information technology costs (internet, e	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	DR DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816		è	CMP	Credit Card Processing	Fee	3.94
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816			CMP	Credit Card Processing	Fee	7.88
Political Reporting Plus 1 W. Manchester Blvd., Suite 700 Inglewood, CA 90301			PRO	Political Accounting -	January, 2024	250.00
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816			СМР	Credit Card Processing	Fee	1.31
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816		==	CMP	Credit Card Processing	Fee	3.80
* Payments that are contributions or independent expenditures must als	so be su	ımmarized on	Schedule D.		SUBTOTAL \$	266.93

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		CONLEGEL E (CONT.)
Stater	nent covers period	CALIFORNIA 160
from	01/01/2024	FORM TOO
through,-	06/30/2024	Page 18 of 23
		I.D. NUMBER
		1426590

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

COD	ES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	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)

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
PRO	Political Accounting - February, 2024	250.00
СМР	Credit Card Processing Fee	2.20
CMP	Credit Card Processing Fee	9.05
CMP	Credit Card Processing Fee	9.38
CMP	Credit Card Processing Fee	7.07
	CMP CMP	PRO Political Accounting - February, 2024 CMP Credit Card Processing Fee CMP Credit Card Processing Fee CMP Credit Card Processing Fee

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

SUBTOTAL \$

277.7

Schedule E

SCHEDULE I	E (CONT.)
------------	-----------

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from01/01/2024	FORM 400
SEE INSTRUCTIONS ON REVERSE		through06/30/2024	Page19 of23
NAME OF FILER			I.D. NUMBER
DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024			1426590
	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	transport and a series of the management	

COL	DES: If one of the following codes accurately describes	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
FND	fundraising events		polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		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
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	4.84
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	4.84
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	1.29
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	СМР	Credit Card Processing Fee	4.68
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	1.89

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

SUBTOTAL \$

17.54

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SCHEDE	LE E (CONT.
Stater	nent covers period	CALIFORNIA	460
from	01/01/2024	FORM	400
through_	06/30/2024	Page	of23
		I.D. NUMBER	
		1426500	

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications radio airtime and production costs CNS campaign consultants meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundralsing events polling and survey research IRS statt/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
PRO	Political Accounting - March, 2024	250.00
CMP	Credit Card Processing Fee	3.80
CMP	Live Performance	1,750.00
СМР	Credit Card Processing Fee	2.05
PRO	Political Accounting - April, 2024	250.00
	PRO CMP CMP	PRO Political Accounting - March, 2024 CMP Credit Card Processing Fee CMP Live Performance CMP Credit Card Processing Fee

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

		SCHEDULE E (CONT.)
Staten	nent covers period	CALIFORNIA 460
from	01/01/2024	FORM TOO
through_	06/30/2024	Page21 of23
		I.D. NUMBER
		1426590

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

CODES: If one of the following codes accurately describes the payment, your campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member commetting and profice expendifice approved to profice expendition circumpation in part of the profice approved to profice expendition circumpation in profice approved to profice expendition circumpation in profice expendition circumpation circumpation in profice expendition circumpation circu	nmunications and appearance ases alating s survey resea livery and m	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cos TRC candidate travel, lodging, and meals	me candidate/sponsor
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 - May, 2024	250.00
Chase Card Services 270 Park Ave New York, NY 10017	TRC	Flight & Conference Registration	1,045.96
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	3.27

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

SUBTOTAL \$

1,299.23

Schedule G Payments Made by an Agent or Independent **Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA ACO
from01/01/2024	FORM 400
through06/30/2024	Page 22 of 23
	I.D. NUMBER
	1426590

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LEG

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chase Card Services

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

FND fundraising events polling and survey research

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

campaign literature and mailings PRT print ads TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Delta 1030 Delta Blvd Atlanta, GA 30354	TRC	Flight to YEO National Convening	895.96
YEO Network 1101 15th St, NW Suite 600 Washington, DC 20005	CMP	YEO National Convening Registration	150.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

1,045.96

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule	1		S		
Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period from01/01/2024	california 460	
			through06/30/2024	Page23 of23	
EE INSTRUCTION	NS ON REVERSE			I.D. NUMBER	
DEVIN T. MURI	PHY FOR PINOLE CITY COUNCIL 2024			1426590	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
03/01/2024	Political Reporting Plus 1 W. Manchester Blvd., Suite 700 Inglewood, CA 90301	Refund Correction	on Amount	264.47	
		8			
Attach add	itional information on appropriately labeled continuation sheets.		SUBTOTA		
Schedule l	Summary				
	ncreases to cash this period		\$\$	17	
	d increases to cash of under \$100 this period			00	
	I interest received this period on loans made to others. (Schedu			00	
4. Total misc	ellaneous increases to cash this period. (Add Lines 1, 2, and 5 Page, Line 14.)	3. Enter here and on the		<u>47</u>	

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

A 41 s

Desimient Committee				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVE	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year)	JUL 1 5 200	Page 1 of 5 For Official Use Only
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	Quarterly Statement Special Odd-Year Report
	. NUMBER 409274	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Committee to Elect Maureen Toms to Pinole City	y Council 2024	Jerome Brunstein		
		WAILING ADDRESS		
CTDEET ADDRESS AND D.O. BOYO		CITY Pinole	STATE CA	ZIP CODE AREA CODE/PHONE 94564
STATE ZIP COL		NAME OF ASSISTANT TREASURE	R, IF ANY	
Pinole CA 94564 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
III III III III III III III III III II		WALINGABBILLOO		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS	
. Verification				
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of 0		information contained	I herein and in the attach	ned schedules is true and complete. I
Executed on	Ву			-
Executed on	By Signature of Contro	lling Officeholder, Candidate, State Measure Pr	oponent or Responsible Officer	of Sponsor
Executed onDate	BySi	gnature of Controlling Officeholder, Candidate, s	State Measure Proponent	
Executed on	Ву	unature of Controlling Officeholder, Candidate	State Measura Prononent	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER CALIFORN FORM	1A 460
Page 2	of5

Officeholder or Candidate Control	led Committee		6.	Primarily Formed Ballo	t Measure Commi	ttee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Maureen Toms							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUM	IBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
City Council - Pinole, CA							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	TREET) CITY	STATE ZIP	•	A			
Maria de Para de Caración de C	Pinole	CA 94564		Identify the controlling office	holder, candidate, or	state measure pro	oponent, if any.
	1 111010	0/1 0/1001	-	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONEN		
Related Committees Not Included	in this Statem	ent: List any committees					
not included in this statement that are contro	lled by you or are p	rimarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
contributions or make expenditures on behal	f of your candidacy						
COMMITTEE NAME	I.D.	NUMBER	•				
	1						
		NTROLLED COMMITTEE?	- 7.	Primarily Formed Cand	idate/Officeholde	r Committee	List names of
NAME OF TREASURER		YES NO		officeholder(s) or candidate(s)	tor which this committe	ee is primarily for	nea.
COMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BOX)] 452 [] NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE	SOUGHT OR HELD	□ SUPPORT
COMMITTEE ADDRESS OF THE ETABLISHED							OPPOSE
CITY STA	TE ZIP CODE	AREA CODE/PHONE	•	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE	SOUGHT OR HELD	_
							SUPPORT OPPOSE
COMMITTEE NAME	Tup.	NUMBER	=				
OOM TEE TANKE	1			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE	SOUGHT OR HELD	∐ SUPPORT
							☐ OPPOSE
NAME OF TREASURER	COI	NTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT
		YES NO					OPPOSE
COMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BOX)						
CITY STA	ATE ZIP CODE	AREA CODE/PHONE		Atta	ch continuation sheet	s if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statem	Statement covers period from1/1/2024		california 460			
through	6/30/2024	Page _	3	of	5	
		I.D. NUM	BER			
		14002	7/			

Committee to Elect Maureen Toms to Pinole City Council 2020 1409274 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 100.00 100.00 1. Monetary Contributions...... Schedule A, Line 3 \$ ____ 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received...... Schedule B. Line 3 20. Contributions 100.00 100.00 3. SUBTOTAL CASH CONTRIBUTIONS....... Add Lines 1 + 2 \$ = Received 0.00 0.00 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 100,00 100.00 Made **Expenditures Made Expenditure Limit Summary for State** 3.93 3.93 **Candidates** 0.00 0.00 22. Cumulative Expenditures Made* 3.93 3.93 8 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ _____ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 3.93 3.93 **Current Cash Statement** 1401.50 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ____ To calculate Column B. 100.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 3.93 of your last report. Some 15. Cash Payments Column A. Line 8 above amounts in Column A may 1497.57 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 0.00 filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ ____ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 18. Cash Equivalents...... See instructions on reverse \$ 0.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

Monetary Contributions Received		to	whole dollars.	trom	2024	FORM 460		
SEE INSTRUCTIO	ONS ON REVERSE			through 6/3	0/2024	Page	4of5	
NAME OF FILER	NO OT NEVELOE					I.D. NU	JMBER	
Committee	e to Elect Maureen Toms to Pinole City Council 2020					14092	274	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
6/23/2024	Kathleen Brunstein	☑IND □COM □OTH □PTY □SCC	Teacher St. Joseph School	100.00	100.9	00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL S	100.00				
1. Amount re	A Summary ceeived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	100.00	IND - COM	(other	ial ient Committee than PTY or SCC)	
2. Amount re	eceived this period – unitemized monetary contribution	ns of less thar	n \$100\$	0.00	PTY-	 Politica 		
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	i.) TOTAL \$	100.00	SCC		Contributor Committee	

Schedule E Amounts may be rounded to whole dollars.			Stateme	ent covers period	CALIFO	RNIA	460	
Payments Made				from	1/1/2024	FOR	IVI	
EE INSTRUCTIONS ON REVERSE				through_	6/30/2024	Page5	of_	5
AME OF FILER				-Ni		I.D. NUMBE	ER	
Committee to Elect Maureen Toms to Pinole City Council	2020					1409274		
CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign consultants. CODES: If one of the following codes accurately describe campaign consultants. CODES: If one of the following codes accurately describe campaign consultants. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CODES: If one of the following codes accurately describe campaign	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deliv PRO professional si PRT print ads	munications I appearances es lating urvey research very and mess	n senger services	RAD radio a RFD return SAL campa TEL t.v. or TRC candid TRS staff/s TSF transfe VOT voter i	airtime and production of ed contributions aign workers' salaries cable airtime and produ date travel, lodging, and pouse travel, lodging, a er between committees	action costs meals nd meals of the same		/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DES	CRIPTION OF PA	YMENT		AMOU	NT PAID
				er,				
				41				
Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.			SUI	STOTAL \$		0.00
Schedule E Summary								
. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$		0.00
2. Unitemized payments made this period of under \$100								3.93
3. Total interest paid this period on loans. (Enter amount from								0.00
b. Total interest paid this period on loans, (Linter amount nor	ii concadio b, i ai	, ວວເຜາກາ	(5).)					2 22

Desirient Osmanittes		_			COVER PAGE
Recipient Committee Campaign Statement			RECEIME		ALIFORNIA 460
Cover Page			JUL 31 202	4	1 4
	Statement covers period from 01/01/24	Date of election if ap (Month, Day, Ye	oplicable: of the Cit	y Clerk Pa	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through	11/06/22			
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of State	ement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)		ll Statement	☐ Quarterly ☐ Special O	Statement dd-Year Report
	D. NUMBER 408103	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Norma Martínez-Rubin for Pinole City Council 2022	*	NAME OF TREASUR Norma Martínez-Ri			
			CA ·9456	4 5:	
CA 94564		CITY	ST	ATE ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTAN	IT TREASURER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO.	X	MAILING ADDRESS			
STATE ZIP CO	DDE AREA CODE/PHONE	CITY	ST	ATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX/E-	-MAIL ADDRESS		
4. Verification					
I have used all reasonable diligence in preparing and reviewi	ng this statement and to the best of my	knowledge the information	n contained herein and in the	attached schedule	es is true and complete. I
certify under penalty of perjury under the laws of the State of		NA ARCOSTRO			
Executed on	Ву		ssistant Treasurer		
Executed on	By — Signature of Loop	regulars with the state of the	ate weasure Proponent or Responsible	e Officer of Sponsor	
Executed on	By		er, Candidate, State Measure Propone		
Executed on	By				
Date	<i>,</i> = = = = = = = = = = = = = = = = = = =	Signature of Controlling Officeholde	er, Candidate, State Measure Propone		FPPC Form 460 (Jan/2016))
L 3 T 3			FPP:	೭ Advice: advice@	fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

(COVER PA	GE - PART 2
CALII F(FORNIA DRM	460
Page _	2 0	f_ <u>/</u>

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	ID DISTRICT NUMBER II	F APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	1 —	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRI 2131 Pear Street	EET) CITY Pinole	STATE ZIP CA 94564		Identify the controlling office		•	neasure propo	nent, if any.
		€		NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in the not included in this statement that are controlled by contributions or make expenditures on behalf of your contributions.	y you or are primarily fo			OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER			E				
NAME OF TREASURER	CONTROLLE	D COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	didate/Offic) for which this	eholder Con committee is pi	nmittee List rimarily formed	names of
COMMITTEE ADDRESS STREET ADDRESS (I		NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
CITY STATE	ZIP CODE A	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	☐ YES	D COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)							I DALOSE
CITY STATE	ZIP CODE A	AREA CODE/PHONE		Λ.44.	ach continuati	an abasta if na		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from	CALIFORNIA 460
through	Page 3 of 4
1,81	I.D. NUMBER
	1408103

Norma Martínez-Rubin for Pinole City Council 2022			1408103
Contributions Received 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	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 00.00 00.00 \$ 00.00 00.00 \$ 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 \$ \$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 3 Add Lines 8 + 9 + 10	\$ 93.43 00.00 93.43 00.00 00.00 93.43	\$ \(\begin{array}{c} 93.43 \\ \ 93.43 \\ \ \ 00.00 \\ \ \ 00.00 \\ \ \ 00.00 \\ \ \ \	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	90.00 93.43 (18.14)	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
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

	A					SCHEDUL				
to whole dollars.			Statement covers period	CALIF	ORNIA	460				
Payments Made				f	rom	FC	RM	100		
SEE INSTRUCTIONS ON REVERSE				t	hrough	Page _	<u>4</u> .	of <u> </u>		
NAME OF FILER Norma Martínez-Rubin for Pinole City Council 2022				"		1.D. NUI 14081				
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	munications d appearances ses lating urvey researc very and mes	s h senger services	RA RE SA TE TE TE TS VO	radio airtime and production returned contributions L campaign workers' salaries L t.v. or cable airtime and production candidate travel, lodging, are staff/spouse travel, lodging, transfer between committee	duction cost id meals and meals s of the san	ne candid	ate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)		CODE (DR	DESCRIP	TION OF PAYMENT		АМ	OUNT PAID		
* Payments that are contributions or independent expenditures must also b Schedule E Summary	e summarized on Sche	edule D.			SU	IBTOTAL	\$			
Itemized payments made this period. (Include all Schedul	e E subtotale \					c 0	0.00			
Unitemized payments made this period of under \$100						9	3.43	*		
3. Total interest paid this period on loans. (Enter amount from						^	0.00			
4. Total payments made this period. (Add Lines 1, 2, and 3.						0	3.43			

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

www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	AGE - PART 2
CALIFORNIA FORM	460
Page	of _4

j.	Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure C	ommittee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	Peter Murray							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
	N/A							OPPOSE
I	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	STATE ZIP Pinole & 9450	4	Identify the controlling office	holder, candid	ate, or state m	easure prop	onent, if any.
		20 1120		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	ROPONENT		
	Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD		[DISTRICT NO.	. IF ANY
	COMMITTEE NAME	I.D. NUMBER						
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office for which this o	holder Com committee is pr	nmittee Li imarily forme	st names of ed.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUG	CHT OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP CO		:	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E			Atta	ch continuatio	n sheets if ned	cessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from January 1, 2024

CALIFORNIA 460
FORM

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE		throu	gh	Page of4
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		nmary for Candidates ne 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 0 0 0 0 0	\$ 0 0 0 0 0		\$
Expenditures Made 6. Payments Made	0	\$ 60 0 60 0 0	Candidates 22. Cumulat	Summary for State ive Expenditures Made* o Voluntary Expenditure Limit) Total to Date
Current Cash Statement	\$	7		\$ 0 \$ 0
12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$\frac{1,709.58}{0}\\ 0\\ 60.00\\ \$\frac{1,659.58}{0}\\ \$\frac{0}{0}\\ \$\frac{0}\\ \$\frac{0}{0}\\ \$\frac{0}\\ \$\frac{0}{0}\\ \$\frac{0}\\ \$\frac{0}{0}\\ \$\frac{0}{0}\\ \$\frac{0}{0}\\ \$\frac{0}\\ \$\frac{0}{0}\\ \$\frac{0}{0}\\ \$\frac{0}{0}\\ \$\frac{0}{0}\\ \$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. this is the first report being filed for this calendar year	reported in Column B.	may be different from amounts
	\$	only carry over the amour from Lines 2, 7, and 9 (if		
Cash Equivalents and Outstanding Debts	_c 0	any).		
18. Cash Equivalents	\$ 0		FPPC Advice: ad	FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule E Payments Made	Amounts may b to whole do			Statement covers period from		ORNIA 460
SEE INSTRUCTIONS ON REVERSE				through July 31, 2024	Page_	4 of 4
NAME OF FILER					I.D. NUM	MBER
Peter Murray					1452	419
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member commetings and office expens petition circul PHO phone banks POL polling and suppostage, deliprofessional print ads	munications I appearance es ating urvey resea	s ees rch essenger services	erwise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production radio radio returned in the salarity salarity salarity salarity salarity ransfer between committee vother registration WEB information technology costs	duction costs nd meals and meals s of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	ESCRIPTION OF PAYMENT		AMOUNT PAID
Mechanics Bank 2690 Pinole Valley Road		PRO	Bank fees and	services		60.00
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	dule D.		SL	JBTOTAL:	\$
Schedule E Summary						
Itemized payments made this period. (Include all Schedul	e E subtotals.)				\$_	0
2. Unitemized payments made this period of under \$100						60.00
3. Total interest paid this period on loans. (Enter amount from						0
4. Total payments made this period. (Add Lines 1, 2, and 3.						60.00

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

D I . I			COVER PAGE
Recipient Committee Campaign Statement Cover Page		RECEIVE	FORM 460
SEE INSTRUCTION® ON REVERSE	Statement covers period 12/31/23 6/30/24	Date of election if applicable: (Month, Day, Year) Office of the C November 5, 2024	ity Clerk Page 1 of 2 For Official Use Only
	tnrougn		76
O State Candidate Election Committee O Recall (Also Complete Part 5) ✓ General Playpose Committee O Spons@ed O Small Contributor 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 Termination) ☐ Amendment (Explain below)	☐ Quarterly Statement ☐ Special Odd-Year Report
' L'Ammittag Intarmation	D. NUMBER 1404981		TATE ZIP CODE AREA CODE/PHONE Ca 94564
Pinole STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF ANY	20 20 20 20 20 20 20 20 20 20 20 20 20 2
MAILING ADDRESS (IF DIFFERENT) NO, AND STREET OR P.O. BOX P.O Box 1 CITY STATE ZIP CO PINOLE CA 9456 OPTIONAL: FAX / E-MAIL ADDRESS	5000.004	OPTIONAL: FAX / E-MAIL ADDRESS	TATE ZIP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on	f California that the foregoing is true and	knowledge the information contained herein and in the correct Signature of Treasurer or Assistant Treasurer trolling Officeholder, Candidate, State Measure Proponent or Responsib	le Officer of Sponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Propon	ent .

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 12/31/23	CALIFORNIA 460
through 6/30/24	Page 2 of 2
- 12	I.D. NUMBER
	1404981

Pinole 4 Fair Government 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** 00.00 00.00 1. Monetary Contributions Schedule A, Line 3 \$ _____ 1/1 through 6/30 0.00 0.00 7/1 to Date 00.00 20. Contributions SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ 00.00 Received 00.00 00.00 Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ _____ 00.00 00.00 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 \$ _____ 00.00 00.00 Candidates 7. Loans Made..... Schedule H, Line 3 0.00 0.00 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ _____ 22. Cumulative Expenditures Made* 00.00 00.00 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date 00.00 (mm/dd/yy) 00.00 00.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 2448.61 To calculate Column B. 00.00 add amounts in Column A to the corresponding 14. Miscellaneous Increases to Cash Schedule I, Line 4 00.00 *Amounts in this section may be different from amounts amounts from Column B reported in Column B. 00.00 of your last report. Some amounts in Column A may 2448.61 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 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ _____ 0.00 filed for this calendar year. only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any). 18. Cash Equivalents...... See instructions on reverse \$ 0.00 0.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ _____ FPPC Form 460 (Jan/2016)

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

Recipient Committee Campaign Statement Cover Page			Pate Stamp	CALIFORNIA 460
	Statement covers period from $\frac{1/1/2024}{6/30/2024}$		JUL 3 1 2024 of the City Cleri	Page 1 of 4 For Official Use Only
	plete Parts 1, 2, 3, and 4. imarily Formed Ballot Measure	2. Type of Statement: Preelection Statement Semi-annual Statement		arterly Statement ecial Odd-Year Report
Recall (Also Complete Part 5)	Controlled Sponsored o Complete Part 6)	Termination Statement (Also file a Form 410 Te	rmination)	есіаі Обо-үеаг кероп
Sponsored Pri	marily Formed Candidate/ ficeholder Committee o Complete Part 7)			
3 Committee information	NUMBER 46701	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	10/01	NAME OF TREASURER		
Menis for Pinole City Council 2026		Rafael Menis		
,		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Pinole		CODE AREA CODE/BHONE 564
CITY STATE ZIP COD		NAME OF ASSISTANT TREASUR	ER, IF ANY	
Pinole CA 94564 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS	
4. Verification				
I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my k	knowledge the information contained	herein and in the attached s	chedules is true and complete. I
certify under penalty of perjury under the laws of the State of C	alifornia that the foreg			
Executed on 7/31/2024	By	easurer or Assistant	Treasurer	
Executed on 7/31/2024 Date	By Signature of Control	oiling Officeholder, Candidate, State Measure Pro		nsor
Executed onDate	Bys	ignature of Controlling Officeholder, Candidate, S	State Measure Proponent	
Executed on	Ву	Ignature of Controlling Officeholder Candidate S	State Measure Proponent	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIFOR FORM	NIA 460					
Page 2	of _4					

. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	: Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Rafael Menis							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Pinole City Councilmember							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP Pinole CA 94564		Identify the controlling office	nolder, candid	ate, or state n	neasure prop	onent, if any.
<u> </u>			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PE	ROPONENT		
Related Committees Not Included in this Star not 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 NAME OF TREASURER	I,D. NUMBER CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	idate/Office	holder Cor	nmittee <i>Li</i>	st names of
NAME OF TREADURER	YES NO		-				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	SOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT☐ OPPOSE
CITY STATE ZIPC			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIPC			Attac	ch continuatio	n sheets if ne	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 1/1/2024	CALIFORNIA 460
through <u>6/30/2024</u>	Page _3 of _4
	I,D, NUMBER
	1446701

Rafael Menis			1446701
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	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$	\$ \frac{0}{0} \\ \$ \fra	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 8. Schedule F, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	0	\$\frac{175}{0}\$ \$\frac{175}{0}\$ 0 0 175 0 0 175	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.	\$\frac{376.97}{0}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$ 0	this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule E Payments Made	to whole dollars.					FORNIA 460
SEE INSTRUCTIONS ON DEVEDSE				through <u>6/30/2024</u>	Page_	4 of 4
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					I.D. NUI	MBER
Rafael Menis					14467	701
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member commeetings and office expens petition circul PHO phone banks POL polling and si POS postage, deliper professional si print ads	munications appearances es ating urvey research very and mes	s n senger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, an staff/spouse travel, lodging, TSF vOT woter registration WEB research	duction cost nd meals and meals s of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)		CODE C	DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Automattic, Inc. 60 29th St. #343, San Francisco, CA 94110		WEB				115
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * SUBTO						
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedu	le E subtotals.)				\$_	115
2. Unitermized payments made this period of under \$100				ALEX CAMBILLA MARKALLA MARKAL	\$_	60
3. Total interest paid this period on loans. (Enter amount fro						
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summa	ary Page, Column A	A, Line 6.) TC	OTAL \$_	175

FPPC Form 460 (Jan/2016))

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

Desinient Committee					COVER PAGE
Recipient Committee Campaign Statement Cover Page		-	Date Stamp		FORNIA 460
Cover Page			RECEIVE	D	1 8
	Statement covers period from 01/01/2024	Date of election if applicable: (Month, Day, Year)	JUL 3 1 202	Page.	of 8 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>06/31/2024</u>	November, 5, 2024 Off	ce of the City	y Clerk	
1. Type of Recipient Committee: All Committees - Col	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Nso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Nso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	et ermination)	Quarterly State Special Odd-Y	
S LOMMITTEE INTOFFICIALION I	NUMBER 467612	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	46/612	NAME OF TREASURER			
Menis for Treasurer 2024		Rafael Menis			
Mems for Treasurer 2024		MAILING ADDRESS			
) P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	Pinole NAME OF ASSISTANT TREASUR	CA	94564	
		NAME OF ASSISTANT TREASUR	KER, IF ANT		
Pinole CA 9456 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		ORTIONAL FAY (F MAIL APPR	F00		
		OPTIONAL: FAX / E-MAIL ADDR	C 99		
me@menisfortreasurer.org 4. Verification					
I have used all reasonable diligence in preparing and reviewin	ng this statement and to the hest of my	knowledge the information contained	herein and in the attac	hed schedules is	true and complete i
certify under penalty of perjury under the laws of the State of			Thoron and the attac	nou concuaico io	trae and complete.
Executed on 7/31/2024					
Date	Ву	A source of Assistan	t Treasurer		
Executed on 7/31/2024	By Signature of Con-	trolling Officeholder, Candidate, State Measure P	roponent or Responsible Officer	of Sponsor	
Executed on	By			and a second	
Date	Бу	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	-	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		

FPPC Form 460 (Jan/2016))

Recipient Committee Campaign Statement Cover Page — Part 2

COVE	R PAGE - PART 2
CALIFOR	NIA 460
FORM	
Page 2	of 8

Officeholder or Candidate Controlled Con	mmittee			6.	Primarily Formed Ballot	Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Rafael Menis									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND E	ISTRICT NUMBI	ER IF APPLIC	CABLE)		BALLOT NO. OR LETTER	JURISDICTI	NC		SUPPORT
Pinole City Treasurer								_	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE	ZIP		7.=				
	Pinole	CA	94564		Identify the controlling officer	older, candi	date, or state	measure prop	onent, if any.
					NAME OF OFFICEHOLDER, CAN	IDIDATE, OR F	PROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by you contributions or make expenditures on behalf of your contributions.	ou or are primar				OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUME	BER	7		3 <u>=</u>				
				_	D: 15 10 1			•44	
NAME OF TREASURER	CONTRO	LLED COMM	ITTEE?	7.	Primarily Formed Candi officeholder(s) or candidate(s)	ldate/Uπic for which this	enoider Co committee is	mmittee List primarily forme	t names of d.
	☐ YES	6 🔲 NO)						_
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)				NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
CITY STATE 2	ALD CODE	ADEA 00	DE/PHONE						OPPOSE
CITY STATE 2	ZIP CODE	AREACO	IDE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUME	250							☐ OPPOSE
GOMMITTEL NAME	I D NOME	SEK			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
NAME OF TREASURER	CONTRO	LLED COMM	ITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	☐ OPPOSE
	☐ YES	S 🗌 NO	0		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE GOO	JOHN OK HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)				7				1 011 000
CITY STATE 2	ZIP CODE		DE/PHONE						

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{01/01/2024}{}$	california 460
through	Page 3 of 8
**	I.D. NUMBER
	1467612

Rafael Menis					1467612
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
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	\$ \$	3203 3203 3203	\$ \$	3203 3203 3203	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$	1029.2 1029.2 500 1529.2	\$ \$	1029.2 500 1529.2	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$		ad A t an of an be sh pro thi file on	calculate Column B, d amounts in Column to the corresponding mounts from Column B your last report. Some nounts in Column A may negative figures that could be subtracted from evious period amounts. If is is the first report being ad for this calendar year, ly carry over the amounts in Lines 2, 7, and 9 (if y).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)
	•				•

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

Monetary Contributions Received		to	whole dollars.	Statement covers period from 1/1/2024		CALIFORNIA 460 FORM	
SEE INSTRUCTION	ONS ON REVERSE			through <u>6/30/202</u>	4	Page	4of8
NAME OF FILER Rafael Menis						1.D. NU 146761	JMBER 12
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	rear	PER ELECTION TO DATE (IF REQUIRED)
2/16/2024	Rafael Menis	IND COM OTH PTY SCC	Home Healthcare Aide, Allpro Staffnet	500	500		500
2/27/2024	Subhana Ansari	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self Employed, Flourishing Daylilies	500	500		500
3/28/2024	Bryan Duff	☑IND □COM □OTH □PTY □SCC	Research Director, Senesis Agency	100	100		100
3/30/2024	Stephen Tilton	☑IND □COM □OTH □PTY □SCC	None	100	100		100
4/1/2024, 5/1/2024, 6/1/2024	Kristen Pursley	☑IND □COM □OTH □PTY □SCC	Teacher, West Contra Costa Unified School District	150	150		150
			SUBTOTAL \$	3 1350			
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) 2800 (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small 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							ual ient Committee than PTY or SCC) (e.g., business entity) al Party
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.) TOTAL \$ 32		PPC Advice: advi		C Form 460 (Jan/2016))

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole (dollars.	Statement coverage from 1/1/2024	ers period	CALIFORNIA 460		
				through <u>6/30/202</u>	4	Page_	5 of	
NAME OF FILER Rafael Menis						1,D, NU 14676	JMBER 312	
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)	
4/12/2024	Sharon R Ingersoll	☑ IND □ COM □ OTH □ PTY □ SCC	None	100	100		100	
6/15/2024	Franke Martinez	☑IND □COM □OTH □PTY □SCC	None	400	400		400	
6/15/2024	Tammera Campbell	☑IND □COM □OTH □PTY □SCC	IT Support Services Group Lead, Lawrence Berkeley National Laboratory	250	250		250	
6/28/2024	Ivette Ricco	□IND □COM □OTH □PTY □SCC	None	100	100		100	
6/30/2024	Huzur Nawaz Stephen Coughlin	☑IND □COM □OTH □PTY □SCC	None	500	500		500	
			SUBTOTAL	1350		1. 15		

*Contributor Codes

IND – Individual COM – Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedule A (Continuation Sheet) SCHEDULE A (CONT.) Amounts may be rounded **Monetary Contributions Received** to whole dollars. Statement covers period CALIFORNIA from $\frac{1/1/2024}{}$ **FORM** through _6/30/2024 LD. NUMBER NAME OF FILER Rafael Menis 1467612 CUMULATIVE TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF **AMOUNT** PER ELECTION IF AN INDIVIDUAL, ENTER CONTRIBUTOR DATE OCCUPATION AND EMPLOYER CONTRIBUTOR RECEIVED THIS CALENDAR YEAR TO DATE CODE * (IF SELF-EMPLOYED, ENTER NAME) RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) **▼**IND 06/30/2024 Richard Menis None 100 100 100 Псом □отн □ PTY □scc □сом Потн □ PTY □scc ☐ IND □сом □ OTH □ PTY □ scc □ IND Сом OTH □ PTY □scc ☐ IND

SUBTOTAL \$ 100

□ COM □ OTH □ PTY □ SCC

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedule E Payments Made	Amounts may b to whole do			Statement covers period from $\frac{1/1/2024}{}$	CALIF FO	SCHEDULE ORNIA 460 RM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rafael Menis				through_6/30/2024	Page	
CODES: If one of the following codes accurately descended in the contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications d appearances ses ating urvey research very and mess	s n senger services	wise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and staff/spouse travel, lodging, and staff/spouse travel, lodging, and transfer between committees voter registration WEB information technology costs	uction costs d meals and meals s of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Memo Reyes Address unknown			Headshots, Service	not provided. Bad debt.		200
Jasmine Macaraeg		LIT	Campaign brandin	g		500.65
Wix.com		WEB	Website hosting, d	omain name		174
* Payments that are contributions or independent expenditures must	also be summarized on Sche	dule D.		su	BTOTAL \$	874.65
Schedule E Summary						

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

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

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

FPPC Form 460 (Jan/2016))

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

					SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cove	ers period CA	LIFORNIA 460 FORM
			through _6/30/202	24	age_8of8
SEE INSTRUCTIONS ON REVERSE				Pi	age or
NAME OF FILER				I.D.	NUMBER
Rafael Menis				14	67612
CODES: If one of the following codes accurately describes 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	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime al RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production costs butions (ers' salaries time and production cel, lodging, and meals avel, lodging, and meals on committees of the on	s als same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Jasmine Macaraeg ■	WEB	0	500	0	500
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0	\$ 500	0	\$ 500
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Scaccrued expenses of \$100 or more, plus total unitemized at accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized parts.)	accrued expenses under s	\$100.)			0

May be a negative number FPPC Form 460 (Jan/2016))

C	ecipient Committee ampaign Statement over Page				e Stamp	CALIFORNIA 460
		Statement covers period from 5/01/2024	Date of election if applicable (Month, Day, Year)	JUL Office of t	2 9 2024 he City C	Page of For Official Use Only
SE	E INSTRUCTIONS ON REVERSE	through <u>6/30/2024</u>		O IIIOO OI I		
1.	Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement	i:		
	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Liso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	Preelection Stateme Semi-annual Stateme Termination Stateme (Also file a Form 41 Amendment (Explai	ment nent !0 Termination)		nterly Statement cial Odd-Year Report
	- गांगकरणका संक्राता का नवाल श ांकला को क्षाता है। एक करने	ulso Complete Part 7)	-			·
3.), NUMBER 468478	Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	t e	NAME OF TREASURER			
	LAM-JULIAN 4 PINOLE CITY COUNCIL 2024		KARIN HOSELTON			
			MAILING ADDRESS			
	S1		CITY		STATE ZIP C	ODE AREA CODE/PHONE
	9		ľ		CA .	
	STATE ZIP COI		NAME OF ASSISTANT TREAS	SURER, IF ANY		
	PINOLE CA 94564 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY		STATE ZIP C	ODE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL AD	DDRESS		
ı.	Verification					
	I have used all reasonable diligence in preparing and reviewing	- ·	_	ined herein and in	the attached so	hedules is true and complete. I
	certify under penalty of perjury under the laws of the State of	California that the foregoing is true and c	orrect.			
	Executed on	Ву	er or Assi	istant Treasurer		
	Executed on 7/Zq Zo ZU Date	By Signature of Control	ling Officeholder Cardidate, State Measur	re Proponent or Respon	nsible Officer of Spons	sor
	Executed on	BySig	nature of Controlling Officeholder, Candid	late, State Measure Pro	ponent	 ,
	Executed onDate	BySig	nature of Controlling Officeholder, Candida	late, State Measure Pro	ponent	EDDC Form 450 (lon/2015))

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page of

Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballot	Measure Co	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
TRUC (CHRISTY) LAM-JULIAN						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
CITY COUNCIL			\$			OPPOSE
SS (NO. AND STREET) C	PINOLE CA 94564		Identify the controlling office	nolder, candida	te, or state measure pro	pponent, if any.
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	OPONENT	
Related Committees Not Included in this Stanot included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeh	nolder Committee ommittee is primarily form	List names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
CITY STATE ZIP C			NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
CITY STATE ZIP C			Attac	ch continuation	sheets if necessary	

Campaign Disclosure Statement Sı

Amounts may be rounded

SUMMARY PAGE

ummary Page	to whole dollars.		ement covers period 01/2024	CALIFORNIA 460
E INSTRUCTIONS ON REVERSE		through	06/30/2024	Page3 of
ME OF FILER		.,,		I.D. NUMBER
am-Julian 4 Pinole City Council 2024				1468478
	Column A	Column B	Calendar Vear Su	mmany for Candidates

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
 Monetary Contributions	\$\frac{8214.17}{0}\$ \$\frac{8214.17}{0}\$ \$\frac{8214.17}{0}\$	\$ \$ \$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$\frac{2276.73}{0}\$ \$\frac{2276.73}{0}\$ \frac{0}{0}\$ \frac{0}{2276.73}\$	\$ \$ \$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$\frac{0}{8214.17}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$ <u>0</u> \$ <u>0</u> \$ <u>0</u>	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedule A Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE			nts may be rounded whole dollars.	Statement covers period from $\frac{05/01/2024}{\text{through}} \frac{06/30/2024}{\text{through}}$			SCHEDULE CALIFORNIA 460 FORM Page 4 of 1	
NAME OF FILER Lam-Julian 4	4 Pinole City Council 2024					I.D. N 14684	UMBER 78	
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)	
5/19/2024	Kevin Lam	☑ IND □ COM □ OTH □ PTY □ SCC	Self - Graphic Design	\$100	\$100			
5/20/2024	Courtney Luddon	☑IND □COM □OTH □PTY □SCC	Chef manager- Epicurean Group	\$100	\$100			
5/21/2024	Molly Boyatt	☑IND □COM □OTH □PTY □SCC	Retired	\$250	\$250			
5/21/2024	David Smith	☑IND □ COM □ OTH □ PTY	State Farm Agent	\$500	\$500			

SUBTOTAL \$ 1450

\$500

Quinan Street Project

Exec. Director

Schedule A Summary

Anna Smith

5/21/2024

SCC

□сом

☐ OTH ☐ PTY ☐ SCC

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

 *Contributor Codes

IND - Individual

\$500

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

Amounts may be rounded to whole dollars.

SCHED	ULEA	(CONT.)
-------	------	---------

CALIFORNIA 460

Statement covers period

				from <u>05/01/2024</u>	2024		FORM 460		
		through <u>06/30/20</u>	24	Page <u>5</u> of <u>11</u>					
NAME OF FILER Lam-Julian 4	Pinole City Council 2024					1.D. NO 14684	JMBER 78		
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)				PER ELECTION TO DATE (IF REQUIRED)
5/21/2024	James Chambers	IND COM OTH PTY SCC	Truck Driver- XPO	\$500	\$500				
5/22/2024	Leonard Lam	☑IND □COM □OTH □PTY □SCC	Communications Facebook-Meta Platforms	\$300 \$300					
5/28/2024	Jason Seitz	☑IND □COM □OTH □PTY □SCC	IT Cruise LLC	\$500	\$500				
5/28/2024	Alda Lam	IND COM OTH PTY SCC	Physician Hawaii Pacific Health	\$100 \$100					
5/28/2024	Gayland Forsberg	IND COM OTH PTY	Stone Bridge Homes NW - Architect	\$250 \$250					
SUBTOTAL \$ 1650									

*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

www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received		to whole d	ioliars.	Statement cover from 05/01/2024	05/01/2024		FORM 460		
				through 06/30/202	24	6 of 11			
NAME OF FILER Lam-Julian 4	Pinole City Council 2024					1.D. NU 14684	JMBER 78		
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)	ATION AND EMPLOYER RECEIVED THIS CALENDA		CUMULATIVE TO DATE F CALENDAR YEAR (JAN. 1 - DEC. 31) (
5/30/2024	James Julian	☑IND □COM □OTH □PTY □SCC	Manager Epicurean Group	\$500	\$500				
5/31/2024	Trung Lam	☑IND □COM □OTH □PTY □SCC	CEO Moosebear Innovations	\$500	\$500				
6/3/2024	Dan Lyon	☑IND □COM □OTH □PTY □SCC	Retired	\$100	\$100				
6/03/2024	Verda Boyd	☑IND □COM □OTH □PTY □SCC	Retired	\$100	\$100				
6/04/2024	Joshua Steele	☑IND □COM □OTH □PTY □SCC	Manager Berry Plastics	\$250 \$250					

*Contributor Codes

IND - Individual

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA /

Statement covers period

_	from				05/01/2024		FORM 46U		
				through <u>06/30/20</u>	24	Page .	7_ of		
NAME OF FILER Lam-Julian 4	Pinole City Council 2024					1.D. NU 14684	JMBER 78		
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 CUMULATIVE TO RECEIVED THIS CALENDAR YE PERIOD (JAN. 1 - DEC.		'EAR	PER ELECTION TO DATE (IF REQUIRED)		
6/04/2024	Marco Segovia	☑IND □COM □OTH □PTY □SCC	System Administrator II Summit Funding	\$400 \$400					
6/07/2024	Carina Phillips	☑IND □COM □OTH □PTY □SCC	Social Worker Licensed Mental Health Therapist	\$100	\$100				
6/14/2024	Julie Schiro	☑IND □COM □OTH □PTY □SCC	Customer Service FedEx	\$500	\$500				
6/19/2024	Jeannette Weeks	IND COM OTH PTY	Mother	\$100	\$100				
6/21/2024	Curtis Feng	IND COM OTH PTY	Retired	\$104.17					
		\$ 1204.17							

*Contributor Codes IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received		to whole (ooliars.	Statement coverage	ers period	CALIFORNIA 460		
				through <u>06/30/20</u>	24	Page_	8 of 11	
Lam-Julian 4	Pinole City Council 2024					1.D. NU 14684		
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)	EMPLOYER RECEIVED THIS CALENDAR YE		IULATIVE TO DATE PER ELECT ALENDAR YEAR TO DATE IAN. 1 - DEC. 31) (IF REQUIR		
6/22/2024	Jennifer Julian-Chambers	IND COM OTH PTY SCC	ELPAC Tester Stanislaus County Office of Education	\$500 \$500				
6/22/2024	George Pursley	☑IND □COM □OTH □PTY □SCC	Instructor Berkley CIty College	\$100 \$100				
6/22/2024	Kristen Pursley	IND COM OTH PTY SCC	Teacher WCCAE	\$100 \$100				
6/22/2024	Richard Cox	IND COM OTH PTY SCC	Finance Director San Francisco In Home Supportive Services PA	\$250	\$250			
6/25/2024	McKenna Fiske	☑IND □COM □OTH □PTY □SCC	Nurse \$250 El Camino Health		\$250			
			SUBTOTAL	1200				

*Contributor Codes IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received		to whole (uoliars.	Statement coverage	ers period	CALIFORNIA 460			
through <u>06/30/2024</u>							Page of		
Lam-Julian 4	Pinole City Council 2024					1.D. NU 14684	JMBER 78		
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 CUMULATIVE TO RECEIVED THIS CALENDAR YE PERIOD (JAN. 1 - DEC. 3			PER ELECTION TO DATE (IF REQUIRED)		
6/25/2024	Brandon Lam 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☑IND □COM □OTH □PTY □SCC	Firefighter Santa Clara City	\$500 \$500					
6/25/2024	Danhne Guruwaya	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	\$100	\$100				
6/27/2024	Thanh Lam	☑IND □COM □OTH □PTY □SCC	Restrauteur La our Bakehouse	\$200	\$200				
5/01/2024	Christy Lam-Julian	IND COM OTH PTY SCC	Self-Caregiver	\$100	\$100				
		□IND □COM □OTH □PTY □SCC							
			SUBTOTAL \$	900					

*Contributor Codes IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from $\frac{5/01/2024}{}$	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through <u>6/30/2024</u>	Page 10 of 1		
Lam-Julian 4 Pinole City Council 2024			1468478		
CODES: If one of the following codes accurated	y describes the payment, you may enter the code	e. Otherwise, describe the payment.			

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)				OR	DESCRIPTIO	ON OF PAYMENT	AMOUNT PAID
CNS	civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	OFC office expense PET petition circul PHO phone banks POL polling and s POS postage, del	TG meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)			returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the sam voter registration information technology costs (internet, e	ne candidate/sponsor

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	0	R DESCRIPTION O	F PAYMENT	AMOUNT PAID
Contra Costa Building & Constuction Trade Council, AFL-CIO 400 Park Blvd. #128 Oakland, CA 94602	MTG				215.26
415 Head Shots 524 30th Ave. San Francisco, CA 94121	СМР				239.00
Canva 110 Kippax St. Australia	СМР				300

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 754.26

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	2091.74
2. Unitemized payments made this period of under \$100	184.99
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	. 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	2276.73

Schedule E (Continuation Sheet) Amounts may be to whole do Payments Made				St	atement covers period 5/01/2024		CHEDULE E (CON DRNIA 460
SEE INSTRUCTIONS ON REVERSE				throu	gh_6/30/2024	Page	// of //
NAME OF FILER Lam-Julian 4 Pinole City Council 2024						I.D. NUM 1468478	
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FiL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and su POS postage, deliv PRO professional su PRT print ads	munications I appearances es ating urvey research very and mes	n senger services	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment, radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, an staff/spouse travel, lodging, transfer between committees voter registration information technology costs	luction costs d meals and meals s of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	PR DE	SCRIPTIO	ON OF PAYMENT		AMOUNT PAID
AABCO Printing 1300 Galaxy Way Ste. 20 Concord, CA 94520		CMP					337.48
Michelle Simone		CNS					1000.00

SUBTOTAL \$ 1337.48

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