Darahaland Orananditta a				COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 460
(COVERNMENT COME COMMONS C+200-0+210.5)	Statement covers period	Date of election if applicable:	RECEIVED	Page1 of5
	from07/01/2024	(Month, Day, Year)	OED 9 @ 2024	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through09/21/2024	11/08/2022	SEP 2 6 2024	Clerk
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
 ✓ Officeholder, Candidate Controlled Committee ✓ State Candidate Election Committee ✓ Recall (Also Complete Part 5) ☐ General Purpose Committee ✓ Sponsored ✓ Small Contributor Committee ✓ Political Party/Central Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	 ☒ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To ☐ Amendment (Explain b 	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	I.D. NUMBER 1408891	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE		NAME OF TREASURER		
TAVE FOR CITY COUNCIL 2022		Cine D. Ivery		
		MAILING ADDRESS		
		1 W. Manchester Blvd.		
STREET ADDRESS (NO P.O. BOX) 1 W. Manchester Blvd., Suite 700		CITY Inglewood	STATE CA	ZIP CODE AREA CODE/PHONE 90301 (310) 817-6679
	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU		(310,017,007)
	0301 (310)817-6679	Michelle Moore Sander	•	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.		MAILING ADDRESS 1 W. Manchester Blvd.		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
		Inglewood	CA	90301 (310)817-6679
OPTIONAL: FAX / E-MAIL ADDRESS (310)672-6679 / cine@politicalreportingple	us.com	OPTIONAL: FAX / E-MAIL ADDR	RESS	
4. Verification				
I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califo SEP 2 5 2024 Executed on SEP 2 5 2024	wing this statement and to the best of my known and common at the foregoing is true and common By	nowledge the information contained he	orein and in the attached s	chedules is true and complete. I certify
Executed on	BySignature of C	onfolling Officeholder, Candidate, State Measure Pro	oponent or Responsible Officer of S	ponsor
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	EDBC Form 460 / Jan/201

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

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER P	AGI	E-PART2
	ORNIA RM	4	60
Page _	2	of	5

NAME OF OFFICEHOLDER OR CANDIDATE			NA	ME OF BALLOT MEASURE	× .		
·········							
Anthony Lee Tave OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS'	TRICT NUMBER IS APPLIC	ARI F)	BA	ALLOT NO. OR LETTER	JURISDICTION	NC	☐ SUPPORT
	INICI NUMBER II AFFEIO	(ADEL)					☐ OPPOSE
City Council Member Pinole City Council			. =				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STAT		ld	lentify the controlling of	ficeholder, ca	ndidate, or state meası	ire proponent, if any
282 Zoe Court	Pinole CA	94564	N.	AME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT	
not included in this statement that are controlled by y contributions or make expenditures on behalf of your	candidacy.		_				
COMMITTEE NAME	I.D. NUMBER	<u> </u>	-				
	1						
			7. P	rimarily Formed Car	didate/Offic	ceholder Committee	List names of
NAME OF TREASURER	CONTROLLED COM		7. P	rimarily Formed Car	ididate/Offic s) for which th	ceholder Committee is committee is primarily	List names of formed.
NAME OF TREASURER		MITTEE?	0	fficeholder(s) or candidate(s) for which th	ceholder Committee is committee is primarily OFFICE SOUGHT OR HE	formed.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.	☐ YES ☐		0	Primarily Formed Car fficeholder(s) or candidate(AME OF OFFICEHOLDER OR	s) for which th	is committee is primarily	formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)		0 N	fficeholder(s) or candidate(s) for which th	is committee is primarily	LD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)	NO	N N	fficeholder(s) or candidate(s) for which th	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE SLD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX) ZIP CODE AREA I.D. NUMBER CONTROLLED COM	CODE/PHONE	0 N	fficeholder(s) or candidate(AME OF OFFICEHOLDER OR AME OF OFFICEHOLDER OR	candidate Candidate Candidate Candidate	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE LD SUPPORT OPPOSE LD SUPPORT OPPOSE LD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P. CITY STATE Z COMMITTEE NAME NAME OF TREASURER	O. BOX) ZIP CODE AREA I.D. NUMBER CONTROLLED COM	CODE/PHONE	0 N	fficeholder(s) or candidate(AME OF OFFICEHOLDER OR AME OF OFFICEHOLDER OR	candidate Candidate Candidate Candidate	OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE LD SUPPORT OPPOSE LD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P. CITY STATE Z COMMITTEE NAME	O. BOX) ZIP CODE AREA I.D. NUMBER CONTROLLED COM	CODE/PHONE	0 N	fficeholder(s) or candidate(AME OF OFFICEHOLDER OR AME OF OFFICEHOLDER OR	candidate Candidate Candidate Candidate	OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE LD SUPPORT OPPOSE LD SUPPORT OPPOSE LD SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statem	ent covers period	CALIFORNIA 160				
from	07/01/2024	FORM +OO				
through _	09/21/2024	Page3 of5				
		I.D. NUMBER				
		1408891				

TAVE FOR CITY COUNCIL 2022 Calendar Year Summary for Candidates Column A Column B 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 \$ 0.00 1/1 through 6/30 7/1 to Date 2,155.01 0.00 20. Contributions 2,155.01 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ 0.00 Received 0.00 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 0.00 2,155.01 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** Candidates 8.11 0.00 \$ 0.00 0.00 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 0.00 8.11 (If Subject to Voluntary Expenditure Limit) 125.00 0.00 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 0.00 133.11 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____ 192.84 To calculate Column B, add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above 0.00 Column A may be negative 192.84 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 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). 0.00 18. Cash Equivalents See instructions on reverse \$ _____ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____ FPPC Form 460 (Jan/2016)

							SCHE	DULE B-PART 1
Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement cov	rers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through09/2	1/2024	Page4	of5
NAME OF FILER							I.D. NUMBER	
TAVE FOR CITY COUNCIL 2022							1408891	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOI	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Anthony Tave 282 Zoe Ct Pinole, CA 94564 Received through intermediary: eFundraising Connections, 2831 G Street #120, Sacramento, CA 95816	Executive Director of Facilities St. Mary's College			PAID \$ 0.0 FORGIVEN		0.00% RATE	\$ <u>2,155.01</u>	\$ 0.00 PER ELECTION**
†☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$_2,155.01	\$0.00	\$0.0	DATE DUE	\$0.00	11/28/2021 DATE INCURRED	\$ =
				PAID \$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION ***
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEAR
				\$FORGIVEN	_	% RATE	\$	\$ PER ELECTION**
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
Schedule B Summary		SUBTOTALS \$	0.00	0.0	2,155.01	(Enter (e) on Schedule E, Line 3)	Samuel Elect) prompth in
1. Loans received this period				\$	0.00			

†Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

*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.

(Include loans paid by a third party that are also itemized on Schedule A.)

(Total Column (b) plus unitemized loans of less than \$100.)

(Total Column (c) plus loans under \$100 paid or forgiven.)

2. Loans paid or forgiven this period\$

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

						SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)		Amounts may be rounded to whole dollars.	fro	Statement covers period m 07/01/2024	CALIFORNIA FORM	460
SEE INSTRUCTIONS ON REVERSE			thr	ough ^{09/21/2024}	Page5	of5
NAME OF FILER					I.D. NUMBER	
TAVE FOR CITY COUNCIL 2022					1408891	
CODES: If one of the following codes accurately describ	es the	e payment, you may enter the code. Oth	erwis	e, describe the payment.		
CMP campaign paraphernalia/misc.	MBR	member communications	RAD	·	osts	
CNS campaign consultants	MTG	9 , 1	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 produ		
FIL candidate filing/ballot fees	PHO	•	TRC	candidate travel, lodging, and		
FND fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, at		l=4=/=======
IND independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees	or the same candic	iate/sponsor
LEG legal defense	PRO	professional services (legal, accounting)	VOT	voter registration	(i_4a))\	
LIT campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)	

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	125.00	0.00	0.00	125.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	125.00	0.00	0.00	125.00

Schedule F Summary

Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	0.00
 Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) PAID TOTALS \$	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.)	0.00 be a negative number

6.5)			RECEPTEDP SEP 2 6 2024	С	ALIFORNIA 460 FORM	
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE				of the City C	lerk Pa	ge1 of24
						For Official Use Only
Committee [nittee			on Statement nual Statement on Statement a Form 410 T	ermination)	Special Od Suppleme	Statement dd-Year Report ntal Preelection - Attach Form 495
	·					
CITY COUNCIL 2	.024 	MAILING ADDRE	ss		710 0005	AREA CODE/PHONE
700		Inglewood		CA	90301	(310) 817-6679
STATE ZI	P CODE AREA CODE/PHONE	NAME OF ASSIS	TANT TREASU	RER, IF ANY		
CA :	90301 (310)817-6679	Cine D. Ive	ery			
AND STREET OR F	2.O. BOX			, Suite 700		
STATE ZI	P CODE AREA CODE/PHONE	CITY Inglewood		STATE CA	ZIP CODE 90301	AREA CODE/PHONE (310)817-6679
liticalreporti	ngplus.com	OPTIONAL: FAX	/ E-MAIL ADDI	RESS		
	e: All Committees d Committee diction in the committee AME IF NO COMMITCITY COUNCIL 2 700 STATE ZI CA AND STREET OR F	Statement covers period from07/01/2024 through09/21/2024 e: All Committees - Complete Parts 1, 2, 3, and 4. d Committee	Statement covers period from	Statement covers period from	Statement covers period from 07/01/2024 through 09/21/2024 11/05/2024 2. Type of Statement: Committee	Statement covers period from 07/01/2024 through 09/21/2024 11/05/2024 11/05/2024 11/05/2024 11/05/2024

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Recipient Committee Campaign Statement Cover Page — Part 2

	COVER PAGE - PART 2				
	ORNIA ORM	4	160		
Page _	2	of_	24		

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee			
NAME OF OFFICEHOLDER OR CANDIDATE	ME OF OFFICEHOLDER OR CANDIDATE					
Devin T. Murphy						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
City Council Member Pinole					*	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	ITY STATE ZIP					
1 W. Manchester Blvd., Suite 700 Ir	glewood CA 90301		Identify the controlling offi	iceholder, ca	ndidate, or state meas	ure proponent, if any
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT	
Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your cal	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
Devin T. Murphy for Contra Costa Clerk- Recorder 2026	1444648					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	lidate/Offic	eholder Committee	List names of
Cine D. Ivery	YES NO		officeholder(s) or candidate(s)	tor which thi	s committee is primarily	formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
1 W. Manchester Blvd, Suite 700						OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	I.D.
Inglewood CA 903	1 (310)817-6679			, MOID/ (I E	OFFICE SOUGHT ON HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		-			11.55
			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HE	I.D.
	YES NO		TO THE OF ON THE PROPERTY OF OR	ANDIDATE	OFFICE SOUGHT OR HE	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)					☐ OPPOSE
CITY STATE ZIP C	DDE AREA CODE/PHONE			4.	1 2 4 4	
SIAIE ZIP C	DDE AREA CODE/PHONE		Attaci	h continuatio	on sheets if necessary	

Campaign Disclosure Statement Summary Page

4. Nonmonetary Contributions Schedule C, Line 3

TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____

Amounts may be rounded

		SUMIMARTPAC
Statem	ent covers period	CALIFORNIA AGO
from	07/01/2024	FORM TOO
through _	09/21/2024	Page3 of24
		I.D. NUMBER

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1426590 DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024 Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTALTHIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTO DATE General Elections 1. Monetary Contributions Schedule A, Line 3 \$ _____ 16,981.28 1/1 through 6/30 7/1 to Date 1,000.00 2. Loans Received Schedule B, Line 3 20. Contributions 17,981.28 9,820.37 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received

500.00

0.00

10,320.37

Expenditures Made 6. Payments Made ______ Schedule E, Line 4 \$ _____ 10,389.17 7. Loans Made Schedule H, Line 3 \$ 14,988.14 945.78 945.78 500.00 594.88 10. Nonmonetary Adjustment Schedule C, Line 3 16,528.80

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)

9,820.37 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 10,389.17 15. Cash Payments Column A, Line 8 above 6,136,28 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ ______ If this is a termination statement, Line 16 must be zero. 0.00 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ ____

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).

To calculate Column B. add

594.88

18,576.16

21. Expenditures Made

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

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

Current Cash Statement

Cash Equivalents and Outstanding Debts

Schedule A

SCHEDULE A

Contributions Received			from07/01/20	024	CALIFOR FORM	NIA 460
ONS ON REVERSE			through	024	Page4	of24
_					I.D. NUMBER	
RPHY FOR PINOLE CITY COUNCIL 2024		4			1426590	
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	CALENDAR Y	ÆAR	PER ELECTION TO DATE IF REQUIRED)
Ivette Ricco	IND COM OTH PTY SCC	Retired None	150.00 Received through inter eFundraising Connectio 2831 G St Ste 200 Sacramento, CA 95816		250.00	
Steve Early	⊠IND □COM □OTH □PTY □SCC	D			129.84	
Jesse Shalev	IND ☐COM ☐OTH ☐PTY ☐SCC	Chief Executive Officer J. Wolf Investments	259.38 Received through inter oFundraising Connoctio 2831 G St Ste 200 Sacramento, CA 95816	mediary:	259.38	
Valerie Ventre-Hutton	⊠IND □COM □OTH □PTY □SCC	Retired None	259.38 Received through inter eFundraising Connection 2831 G St Ste 200 Sacramento, CA 95816		259.38	
Kendra Fox-Davis	☑IND □COM □OTH □PTY □SCC	Chief Program Officer Rosenberg Foundation	500.00 Received through inter eFundraising Connectio 2831 G St Ste 200 Sacramento, CA 95816		500.00	
		SUBTOTAL	1,298.60		PURCE LAND	andprinted as
· · · · · · · · · · · · · · · · · · ·			8,147.50 1,672.87	IND- COM OTH PTY	- Individual 1 – Recipient Co (other than F – Other (e.g., – Political Party	PTY or SCC) business entity)
	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER LD. NUMBER) Ivette Ricco Steve Early Valerie Ventre-Hutton Kendra Fox-Davis A Summary ceived this period — itemized monetary contributions. I Schedule A subtotals.)	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTERLD. NUMBER) LIVETTE RICCO STRIPPY SCC Steve Early Steve E	CONTRIBUTIONS RECEIVED EXAMPLE FOR PINOLE CITY COUNCIL 2024 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR ((FCOMMITTEE ALSOENTER LD. NUMBER)) TVEETE RICCO Steve Early Steve Early Steve Early Steve Early Jesse Shalev WIND OTH PITY SCC Jesse Shalev Wind OTH PITY SCC Wind OTH PITY SCC Wind OTH PITY SCC Com OTH PITY SCC Wind OTH PITY SCC Chief Executive Officer J. Wolf Investments Wind OTH PITY SCC Walerie Ventre-Hutton Wind OTH PITY SCC Xendra Fox-Dayis Wind OTH PITY SCC Xendra Fox-Dayis SUBTOTAL S SUBTOTAL S A Summary Ceived this period – itemized monetary contributions. I Schedule A subtotals.)	Through	to whole dollars. The contributions received Though 10 10 10 10 10 10 10 1	PULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE of CODE of CONTRIBUTOR CODE of CONTRIBUTOR CODE of CODE of CONTRIBUTOR CODE of CODE

Amounts may be rounded

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

	to whole dollars.				2024	FORM 400	
				through09/21/	/2024 Pa	ge <u>5</u> of 24	
NAME OF FILER					I.D	. NUMBER	
DEVIN T. MUR	PHY FOR PINOLE CITY COUNCIL 2024				14	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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)	
07/25/2024	Jill Alderfer	⊠IND □COM □OTH □PTY □SCC	Dentist Ray Castro DDS	259.38 Received through integration connection 2831 G St Ste 200 Sacramento, CA 95816	259.	38	
07/25/2024	Sandra Spellman	☑IND □COM □OTH □PTY □SCC	Travel Technologies & Operations Specialist Chevron	Received through inte eFundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	129.	34	
07/26/2024	David Ruport	⊠IND □COM □OTH □PTY □SCC	Retired None	Received through integrundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	129.	59	
07/26/2024	Irma Ruport	⊠IND □COM □OTH □PTY □SCC	Retired None	129.69 Received through integrundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816		59	
07/28/2024	Diana Becton	⊠IND □COM □OTH □PTY □SCC	District Attorney Contra Costa County District Attorney	Received through inte eFundraising Connecti 2831 G St Ste 200 Sacramento, CA 95816		94	
			SUBTOTAL	\$ 752.54			

*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

				from07/01/	/2024	FOR	RM 40	U
				through 09/21/	/2024	Page	6 of 24	_
NAME OF FILER						I.D. NUME	BER	
DEVIN T. MURI	PHY FOR PINOLE CITY COUNCIL 2024		THE STATE OF THE S			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	PER ELECTION TO DATE (IF REQUIRED)	
07/28/2024	Anna Eaton	⊠IND □COM □OTH □PTY □SCC	Chief Executive Officer The Vacaville Neighborhood Boys and Girls Club	125.00 Received through intereFundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816		5.00		
07/30/2024	Yanad Burrell	☑IND □COM □OTH □PTY □SCC	Public Relations Representative Glass House PR	125.00 Received through interefrundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816		5.00		
08/09/2024	Donald Murphy	⊠IND □COM □OTH □PTY □SCC	Junk Hauler Junktitans	129.84 Received through interefrundraising Connectic 2831 G 5t Ste 200 Sacramento, CA 95816		9.84		
08/10/2024	Margaret Wood		Education Consultant Self-Employed, No Separate Business Name	259.38 Received through interefrundraising Connectie 2831 G St Ste 200 Sacramento, CA 95816		9.38		
08/14/2024	Cabriel Sandoval	⊠IND □COM □OTH □PTY □SCC	District Representative CA State Senate	54.32 Received through interefrudraising Connectia 2831 G St Ste 200 Sacramento, CA 95816	0000	6.44		
			SUBTOTAL\$	693.54				

*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

				from07/01/ through09/21/	10004	FORM -100 age7 of24
NAME OF FILER						D. NUMBER
DEVIN T. MURP	HY FOR PINOLE CITY COUNCIL 2024				1	426590
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31	R TO DATE
08/15/2024	Courtney Wolah	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Program Coordinator Homeownership San Francisco	125.00 Received through interefundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	600 mediary:	.00
08/15/2024	Katherine Welch	☑IND □COM □OTH □PTY □SCC	Unemployed None	259.38 Received through interefundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	259. mediary: ons	.38
08/17/2024	Anamarie Avila Fariss		Executive Director JHA Safety	250.00 Received through interefundralsing Connectic 2831 G 5t Ste 200 Sacramento, CA 95816	250 mediary:	.00
08/17/2024	Elizabeth Echols	⊠IND □COM □OTH □PTY □SCC	Board Member East Bay Regional Park	250.00 Received through interefundraising Connectic 2831 G 5t Ste 200 Sacramento, CA 95816	250 . mediary: ns	.00
08/17/2024	Christian Green	☑IND □COM □OTH □PTY □SCC	Professor West Los Angeles College	Received through interesting Connectic 2831 G St Ste 200 Sacramento, CA 95816	600. mediary: ns	.00
			SUBTOTALS	1,134.38		

*Contributor Codes

IND - Individual

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(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 ACO

Statement covers period

		to whole i	onars.	from07/01/	/2024	FO	_{RM} 400
				through 09/21/	/2024	Page	8 of 24
IAME OF FILER			11-			I.D. NUMI	BER
DEVIN T. MURI	PHY FOR PINOLE CITY COUNCIL 2024		·			142659	0
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/17/2024	Christian Green	⊠IND □COM □OTH □PTY □SCC	Professor West Los Angeles College	250.00 Received through interefrundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816		00.00	
08/17/2024	Helen Hendricks	⊠IND □COM □OTH □PTY □SCC	Transit Operator San Francisco Municipal Transportation Agency	129.84 Received through intel eFundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816		29.84	
08/17/2024	Harry Pursell	⊠IND □COM □OTH □PTY □SCC	Business Owner Strongsuit LLC	250.00 Received through integration connection 2831 G st Ste 200 Sacramento, CA 95816		50.00	
08/17/2024	Terry Rhodes	IND COM OTH PTY SCC	Direct Care Person Milestones of Development, Inc	100.00 Received through interesting Connectic 2831 G St Ste 200 Sacramento, CA 95816	mediary: ons	00.00	
08/17/2024	Lawrence Turner Jr	☑IND □COM □OTH □PTY □SCC	Purchasing Manager University of California, Berkeley	Received through interefundraising Connection 2831 G St Ste 200 Sacramento, CA 95816		03.94	
			SUBTOTAL	833.78			

*Contributor Codes

IND - Individual

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(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

07/01/2024

				through 09/21/	2024 Pa	ge9 of24
NAME OF FILER					1,0	. NUMBER
DEVIN T. MURPHY	FOR PINOLE CITY COUNCIL 2024				14	26590
DATE FU	ULL 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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
08/17/2024 <u>Co</u>	ourtney Welch	□COM □OTH □PTY □SCC	Program Coordinator Homeownership San Francisco	375.00 Received through intererundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	mediary:	00
08/17/2024 D	oxin Williams		Program Coordinator Lift Up Contra Costa	Received through inte eFundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	100. mediary: ns	00
08/17/2024 Do	olores Williams	☑IND □COM □OTH □PTY □SCC	Retired None	108.02 Received through intererundraising Connection 2831 G St Ste 200 Sacramento, CA 95816	158. mediary: ns	02
08/17/2024 St	uzanne Wilson	⊠IND □COM □OTH □PTY □SCC	Consultant Self-Employed - No Separate Business Name	103.94 Received through intererundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816	mediary:	94
08/20/2024 SI	tephen Tilton	☑IND □COM □OTH □PTY □SCC	Deputy Sheriff City of San Francisco	-250.00	0.	00
			SUBTOTAL	\$ 436.96		

*Contributor Codes

IND - Individual

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(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 ACO

Statement covers period

	to whole t	uviiais.	from07/01/	/2024	FORM 460
			through 09/21/	/2024 P	age10 of24
AME OF FILER				1.	D. NUMBER
EVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024				1	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	R TO DATE
08/22/2024 Katie Ricklefs	⊠IND □COM □OTH □PTY □SCC	Retired None	Received through intererundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816		.00
09/04/2024 Lance Smith	⊠IND □COM □OTH □PTY □SCC	Attorney MidPen Housing	Received through intelefundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816		.00
09/07/2024 Nicholas Cook	IND COM OTH PTY	Project Coordinator Virginia Mason	207.41 Received through intererundraising Connection 2831 G St Ste 200 Sacramento, CA 95816	207	41
09/07/2024 Jessica Trumble	⊠IND □COM □OTH □PTY □SCC	Director of Scholarship, Grants and Programs Bellevue College	207.41 Received through interefundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816		
09/10/2024 Soheila Bana	IND COM OTH PTY	Retired None	50.00	100	.00
		SUBTOTAL	\$ 864.82		

*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

				from07/01/	['] 2024	ORM TOU
				through 09/21/	^{'2024} Page	11 of24
NAME OF FILER					I.D. N	JMBER
DEVIN T. MURP	HY FOR PINOLE CITY COUNCIL 2024				1426	590
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)
09/10/2024	IBEW 302 Community Candidates PAC (ID# 1300752)	□IND □COM □OTH □PTY ☑SCC		1,000.00	1,000.00	
09/10/2024	Masella-O'Brien for Martinez School Board 2020 (TD# 1421815)	□IND ☑ COM □ OTH □ PTY □ SCC		125.00	125.00	
09/10/2024	Cameron Sasai	IND COM OTH PTY SCC	Councilmember City of Pinole	100.00	100.00	
09/10/2024	Jamela Smith		School Board Trustee West Contra Costa Unified School District	200.00	250.00	
09/10/2024	Dolores Williams	☑IND □COM □OTH □PTY □SCC	Retired None	50.00 Received through inte Political Reporting P 1 W. Manchester Blvd. Inglewood, CA 90301		
			SUBTOTAL	1,475.00		

*Contributor Codes

IND - Individual

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(other than PTY or SCC)

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

PTY - Political Party

SCHEDULE A (CONT.)

wionetary	Contributions Received	to whole o		from07/01/	2024	FO	RM 460
				through 09/21/	2024	Page	of
NAME OF FILER						I.D. NUMI	BER
DEVIN T. MURE	PHY FOR PINOLE CITY COUNCIL 2024					142659	0
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR Y	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/21/2024	Annette Elliott	⊠IND □COM □OTH □PTY □SCC	Retired None	103.94 Received through interefrundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816		03.94	
09/21/2024	Cinthia Flores	⊠IND □COM □OTH □PTY □SCC	Latina Lead California Board Member State of California	103.94 Received through interefundraising Connective 2831 G St Ste 200 Sacramento, CA 95816		07.88	
09/21/2024	Kelly Kick	⊠IND □COM □OTH □PTY □SCC	Union Representative United Food and Commercial Workers Local 5	100.00 Received through interefundraising Connectie 2831 G St Ste 200 Sacramento, CA 95816		00.00	
09/21/2024	Vanessa Tyson	⊠IND □COM □OTH □PTY □SCC	Associate Professor Scripps College	250.00 Received through inte ePundraising Connection 2831 G St Ste 200 Sacramento, CA 95816		50.00	
09/21/2024	Michael Young	⊠IND □COM □OTH □PTY □SCC	Political Director California Environmental Voters	Received through interefrundraising Connectic 2831 G St Ste 200 Sacramento, CA 95816		52.12	
			SUBTOTAL\$	657.88		1426590 IULATIVE TO DATE ALENDAR YEAR AN. 1 - DEC. 31) 103.94 Ey: 207.88 Ey: 100.00 Ey: 152.12	

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule B - Part 1 **Loans Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Stateme	ent covers period	CALIFORN	A AGO
from	07/01/2024	FORM	400
through _	09/21/2024	Page13	of24
		I D NIIMBED	

1426590

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

(a) OUTSTANDING (d) OUTSTANDING IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT INTEREST ORIGINAL CUMULATIVE AMOUNT PAID OCCUPATION AND EMPLOYER BALANCEAT BALANCE CONTRIBUTIONS OF LENDER RECEIVED THIS OR EORGIVEN PAID THIS AMOUNT OF

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			THIS PERIOD* PERIOD		PERIOD LOAN		TO DATE			
Devin	Murphy		Chief Executive Officer DTM Strategies			☐ PAID				CALENDAR YEAR
						\$0.00	\$ <u>1,000.00</u>	0.00% RATE	\$ 1,000.00	\$ 94.88
[†] ☑ IND	O COM OTH PTY	scc		\$_1,000.00	\$0.00	\$0.00	04/08/2021 DATE DUE	\$0.00	02/08/2021 DATE INCURRED	\$
						☐ PAID				CALENDAR YEAR
						\$ FORGIVEN	\$	% RATE	\$	PER ELECTION
†□ IND	O COM OTH PTY	scc		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
						☐ PAID				CALENDAR YEAR
						\$FORGIVEN	\$	% RATE	\$	\$ PER ELECTION *
†□ IND	O COM COTH PTY	scc		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$

SUBTOTALS \$ 0.00\$ 0.00\$ 1,000.00\$ 0.00 (Enter (e) on

Schedule B Summary

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

- 0.00 2. Loans paid or forgiven this period (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.

COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee 0.00

Schedule E, Line 3)

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

†Contributor Codes IND - Individual

Schedul Nonmon	etary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers p	CALIF	ORNIA 460
SEE INSTRUCT	TONS ON REVERSE				through09/21/202	24 Page	14 of 24
NAME OF FILER						I.D. NUME	BER
DEVIN T. M	URPHY 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 OF GOODS OR SERVIC		CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/05/2024	David Smith	IND □COM □OTH □PTY □SCC	Insurance Broker Trans Bay Insurance Agency	T-Shirt Printing Expense	500.00	1,000.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
Attach add	ditional information on appropriately lab	eled continuat	ion sheets.	SUBTOT	AL\$ 500.00	Causes	e a signado
1. Amount	e C Summary received this period – itemized nonmoneta all Schedule C subtotals.)				\$500.0		nt Committee
2. Amount i 3. Total non	received this period – unitemized nonmone imonetary contributions received this period es 1 and 2. Enter here and on the Summar	tary contributio I.	ns of less than \$100		\$	OTH - Other (e PTY - Political F SCC - Small Co	nan PTY or SCC) e.g., business entity) Party entributor Committee

Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

Statom	nent covers period	SCHEDULE E
from	07/01/2024	FORM 460
through	09/21/2024	Page of24
		I.D. NUMBER
		1.105500

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Contra Costa Marketplace	PRT	Full Page Advertising	1,500.00
Political Reporting Plus 1 W. Manchester Blvd., Suite 700 Inglewood, CA 90301	PRO	Political Accounting - June, 2024	250.00
Bankcard Center 550 S Hope St, #100 Los Angeles, CA 90071	CMP	Secured Credit Card Hold	2,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. 4,250.00 SUBTOTAL\$

Schedule E Summary

2. Unitemized payments made this period of under \$100\$ ____ 63.20 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 0.00 10,389.17

Amounts may be rounded to whole dollars.

| CALIFORNIA | 460 | FORM | Through | 09/21/2024 | Page | 16 | of | 24 | | 1.D. NUMBER | 1426590 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2024 | 1.2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Brianna Casanares dha B Casa Mgmt	PRO	Photography Services	300.00
Cheri L. Harper dba Phiesty Foods LLC	FND	Event Catering Expense	2,000.00
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	1.18
City of Pinole 2131 Pear Street Pinole, CA 94564	FIL	Candidate Ballot Statement Fee	393.00
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	1.22
* Payments that are contributions or independent expenditures must also be sur	mmarized on Schedule I). S	UBTOTAL \$ 2,695.40

legal defense

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Amounts may be rounded to whole dollars.

SCHEDULE E	(CONT.)

Statement covers period	CALIFORNIA 460		
from07/01/2024	FORM TOU		
through09/21/2024	Page17 of24		
1	I.D. NUMBER		
	1426590		

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

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

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

postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS ND VOT voter registration **PRO** professional services (legal, accounting)

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	5.55
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	14.22
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	17.80
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	СМР	Credit Card Processing Fee	9.38
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	9.38

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

SUBTOTAL \$

56.33

Amounts may be rounded to whole dollars.

Staten	nent covers period	CALIFORNIA 160
from07/01/2024		FORM 400
through_	09/21/2024	Page18 of24
		I.D. NUMBER
		1426590

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

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

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants returned contributions meetings and appearances RFD 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 travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRC staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TRS ND independent expenditure supporting/opposing others (explain)* 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 information technology costs (internet, e-mail) WEB

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Change Digital Communication	WEB	Digital Communication Services	300.00
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	10.94
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	4.68
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	2.12
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fee	4.84
* Payments that are contributions or independent expenditures must also be summarized	l on Schedule	n Sui	BTOTAL \$ 322.58

Amounts may be rounded to whole dollars.

		SCHEDULE E (CONT.)
Statement covers period		CALIFORNIA 460
from	07/01/2024	FORM TOU
through_	09/21/2024	Page 19 of 24
·		I.D. NUMBER
		1426590

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

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

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
LIT	Business Cards	270.15
PRO	Photography Services	500.00
CMP	Credit Card Processing Fee	24.15
CMP	Credit Card Processing Fees	4.17
PRO	Political Accounting - July, 2024	250.00
	PRO CMP	PRO Photography Services 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 \$

1,048.47

www.fppc.ca.gov

Amounts may be rounded to whole dollars.

	CONTEDUCE E (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2024	FORM TOO
through09/21/2024	Page 20 of 24
	I.D. NUMBER
	1426590

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

LD. NUMBER

1426590

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 radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries СТВ PET t.v. or cable airtime and production costs CVC civic donations petition circulating TEL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals polling and survey research staff/spouse travel, lodging, and meals FND fundraising events POL TRS TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services professional services (legal, accounting) VOT voter registration LEG legal defense PRO LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) eFundraising Connections CMP Credit Card Processing Fees 11.50 2831 G St Ste 200 Sacramento, CA 95816 eFundraising Connections CMP Credit Card Processing Fees 2.20 2831 G St Ste 200 Sacramento, CA 95816 eFundraising Connections CMP Credit Card Processing Fees 16.11 2831 G St Ste 200 Sacramento, CA 95816 CMP Credit Card Processing Fees 4.24 eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816 eFundraising Connections CMP Credit Card Processing Fees 96.70 2831 G St Ste 200 Sacramento, CA 95816

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 130.75

Amounts may be rounded to whole dollars.

	SCHEDOLL L (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2024	FORM TOO
through09/21/2024	Page21 of24
	I.D. NUMBER
	1426500

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LD. NUMBER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024 1426590 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions CNS campaign consultants meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries PET petition circulating t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL polling and survey research staff/spouse travel, lodging, and meals FND fundraising events POL POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* ND professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) ШΤ campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 7.14 eFundraising Connections CMP Credit Card Processing Fees 2831 G St Ste 200 Sacramento, CA 95816 600.00 Change Digital Communication WEB Digital Communication Services CMP Credit Card Processing Fees 2.12 eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816 CMP Credit Card Processing Fees 2.44 eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816 10.80 CMP Credit Card Processing Fees eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816

> FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SUBTOTAL \$

622.50

www.fppc.ca.gov

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

Amounts may be rounded to whole dollars.

		OUTEDOLL L (OUTIL)
Statement o	overs period	CALIFORNIA 460
from07/	01/2024	FORM TOO
through09/	21/2024	Page 22 of 24
		I.D. NUMBER
		1426590

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

ЦΤ

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

campaign literature and mailings

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 contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CTB t.v. or cable airtime and production costs CVC civic donations PET petition circulating TEL candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRC FIL staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TRS transfer between committees of the same candidate/sponsor

IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between PRO professional services (legal, accounting) VOT voter registration

PRT print ads

WEB information technology costs (internet, e-mail)

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
CMP	Credit Card Processing Fees	2.09
PRO	Political Accounting - August, 2024	250.00
CMP	Campaign Expenses	897.2
CMP	Credit Card Processing Fees	14.8:
CMP	Credit Card Processing Fee	35.80
	PRO CMP	CMP Credit Card Processing Fees PRO Political Accounting - August, 2024 CMP Campaign Expenses CMP Credit Card Processing Fees

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

SUBTOTAL \$

1,199.94

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

Amounts may be rounded to whole dollars.

Stat	ement covers period	CALIFORNIA AGO	į.
from_	07/01/2024	FORM 400	
througl	09/21/2024	Page of24	
		I.D. NUMBER	Ī

1426590

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

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

CU	DES: If one of the following codes accurately describe	:5 IIIC	payment, you may enter the code.	Office Mis	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
ЦТ	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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
Bankcard Center 550 S Hope St, #100 Los Angeles, CA 90071	CMP Campaign Expenses	0.00	945.78	0.00	945.78
* Payments that are contributions or independent expenditures must also be	CURTOTALE	f 0.006	045 70	0.001	045.79

summarized on Schedule D.

SUBTOTALS \$

0.00\$

945.78\$

0.00\$

945.78

Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 945.78
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)PAID TOTALS \$ ____
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

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

Amounts may be rounded to whole dollars.

		SCHEDULE G
State	ement covers period	CALIFORNIA 160
from	07/01/2024	FORM 400
through	09/21/2024	Page24 of24
		I.D. NUMBER
		1426590

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bankcard Center

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

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries OFC CVC civic donations petition circulating t.v. or cable airtime and production costs PET candidate filing/ballot fees phone banks candidate travel, lodging, and meals staff/spouse travel, lodging, and meals fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF ND legal defense professional services (legal, accounting) VOT voter registration LEG campaign literature and mailings WEB information technology costs (internet, e-mail) ШΤ PRT print ads

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

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
WEB	Online Advertising Expense	250.00
WEB	Software Subscription	600.00
PRO	Graphic Design Services	328.51
CMP	Digital Advertising Expense	600.00
	WEB	WEB Online Advertising Expense WEB Software Subscription PRO Graphic Design Services

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

1,778.51

^{*} 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.

Recipient Committee Campaign Statement Cover Page Statement covers period from 7/1/24
Statement covers period from 7/1/24 SEE INSTRUCTIONS ON REVERSE Statement covers period from 7/1/24 SEE INSTRUCTIONS ON REVERSE Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. SEE INSTRUCTIONS ON REVERSE Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. SEE INSTRUCTIONS ON REVERSE Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Semi-annual Statement Semi-annual Statement Semi-annual Statement Semi-annual Statement (Also Complete Part 8) Semi-annual Statement Semi-annual Statement (Also Complete Part 8) Semi-annual Statement Semi-annual Statement Semi-annual Statement (Also file a Form 410 Termination) Amendment (Explain below) Semi-annual Statement Semi-annual Sta
Statement covers period from 7/1/24 SEE INSTRUCTIONS ON REVERSE through 9/21/24 11/5/24 Office of the City Clerk 2. Type of Statement
1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure State Candidate Election Committee Committee Committee Semi-annual Statement Semi-annual Statement
✓ Officeholder, Candidate Controlled Committee □ Primarily Formed Ballot Measure ○ State Candidate Election Committee □ Controlled ○ Recall □ Controlled ○ Also Complete Part 5) □ Controlled □ Sponsored □ Amendment (Explain below) □ Sponsored □ Primarily Formed Candidate/ ○ Sponsored □ Primarily Formed Candidate/ ○ Small Contributor Committee □ Primarily Formed Candidate/ ○ Political Party/Central Committee □ Also Complete Part 7)
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Sponsored Sponsored Sponsored Sponsored Officeholder Committee
LD MIMPED
3 Committee Information 1 Treasurerist
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER
Committee to Elect Maureen Toms to Pinole City Council - 2024 Maureen Toms
MAILING ADDRESS
STREET ADDRESS (NO PO ROX) CITY STATE ZIP CODE AREA CODE/PHONE
Pinole CA 94564 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY
Pinole CA 94564
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS
OF HOMAE. FAXY E-MINIE ADDITED
4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I
certify under penalty of perjury under the laws of the State of California that the foregoing is true and second
Executed on 9-26-24
9-26-24
Executed on
Signature of Controlling Ciniceriologi, Carloindate, Carl
Executed on Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFOR FORM	NIA 460
Page 2	of _8

LAME OF OFFICE HOLDER OR OANDISATE		NAME OF BALLOT MEASURE	ot Measure C		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Maureen Toms					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
City Council -Pinole, CA]	OPPOSE
ADDRESS (NO. AND ST	REET) CITY STATE ZIP	Identify the controlling offi		-44-4	
	Pinole CA 94564	Identify the controlling offic	cenoider, candid	ate, or state measure pro	ponent, it any.
		NAME OF OFFICEHOLDER, C	ANDIDATE, OR PE	ROPONENT	
Dalata d Camanitta on Not Implicated in t	this Ctatements are				
Related Committees Not Included in the included in the included in this statement that are controlled		OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
contributions or make expenditures on behalf of	your candidacy.				
	LD WINDER				- X
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Car	didate/Office	holder Committee L	ist names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Car officeholder(s) or candidate(ndidate/Office s) for which this o	holder Committee Lommittee Lommittee is primarily form	ist names of ed.
	☐ YES ☐ NO	7. Primarily Formed Car officeholder(s) or candidate(s) for which this o	cholder Committee Lommittee is primarily form	ed.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS	☐ YES ☐ NO	officeholder(s) or candidate(s) for which this o	committee is primarily form	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)	officeholder(s) or candidate(s) for which this o	committee is primarily form	ed.
	☐ YES ☐ NO	officeholder(s) or candidate(s) for which this o	committee is primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)	officeholder(s) or candidate(s) for which this o	OFFICE SOUGHT OR HELE	SUPPORT OPPOSE Support
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)	NAME OF OFFICEHOLDER OF	s) for which this o	OFFICE SOUGHT OR HELE OFFICE SOUGHT OR HELE	SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE	(NO P.O. BOX) ZIP CODE AREA CODE/PHONE	officeholder(s) or candidate(s) for which this o	OFFICE SOUGHT OR HELE	SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE	(NO P.O. BOX) ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OF	s) for which this o	OFFICE SOUGHT OR HELE OFFICE SOUGHT OR HELE	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS CITY STATE	(NO P.O. BOX) ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELE OFFICE SOUGHT OR HELE OFFICE SOUGHT OR HELE	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME	(NO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER	NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELE OFFICE SOUGHT OR HELE	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME NAME OF TREASURER	YES NO	NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELE OFFICE SOUGHT OR HELE OFFICE SOUGHT OR HELE	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME	YES NO	NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELE OFFICE SOUGHT OR HELE OFFICE SOUGHT OR HELE	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME NAME OF TREASURER	YES NO	NAME OF OFFICEHOLDER OF OF	R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELE OFFICE SOUGHT OR HELE OFFICE SOUGHT OR HELE	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period	CALIFORNIA AGO
from $\frac{7/1/24}{}$	FORM 400
through	Page _3 of _8
	I.D. NUMBER
	1400074

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Maureen Toms to Pinole City Council - 2024 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** 2743.00 2643.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 20. Contributions 2643.00 2743.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 2743.00 2643.00 TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 3965.24 **Candidates** 6. Payments Made Schedule E, Line 4 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 3932.45 3965.24 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 3965.24 3932.45 **Current Cash Statement** 1497.57 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 2643.00 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 3965.24 amounts in Column A may 175.33 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 0.00 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

1409274

Statement covers period from 7/1/24	california 460			
through _6/21/24	Page _4 of _8			
	I.D. NUMBER			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Maureen Toms to Pinole City Council - 2024

AMOUNT CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME CODE * RECEIVED PERIOD (IF REQUIRED) OF BUSINESS) (JAN. 1 - DEC. 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **▼** IND Council member-Pinole 100 100 7/17/24 Norma Martinez Ruben Псом □отн □ PTY □scc **▼** IND Council member-Hercules 7/17/24 Chris Kelly 100 100 □сом Потн □ PTY □scc VIND Real Estate Agent 200 200 7/17/24 Noreen Buller □сом □отн □ PTY □ scc **▼** IND 100 100 Retired 7/17/24 James Parrott □сом Потн □ PTY □scc **▼** IND 300 300 7/17/24 James Kennedy Retired □ COM □отн □ PTY □scc

SUBTOTAL \$ 800

S	che	dule	AS	umi	mary
v	UI IU	uule	\sim	ulli	HIGH

- 1. Amount received this period itemized monetary contributions. 2350.00 (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized monetary contributions of less than \$100\$
- 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ $\frac{2643.00}{1}$

*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

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

NAME OF FILER

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from $\frac{7/1/24}{}$	CALIFORNIA 460		
		through 9/21/24	Page _5 of _8		
AME OF FILER		···	I.D. NUMBER		
Committee to Elect Maureen Toms to Pinole City Council - 2024	4				

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
8/14/24	Sheila Moore	☑IND □COM □OTH □PTY □SCC	retired	200	200		
9/13/24	Gail Murray	☑IND □COM □OTH □PTY □SCC	retired	100	100		
9/13/24	United Association Local No. 159 1308 Roman Way Martinez, CA 94553	☐IND ☑COM ☐OTH ☐PTY ☐SCC		500	500		
7/2/24	Sara Butler	☑IND □COM □OTH □PTY □SCC	Board of Education	100	100		
7/10/24	Ahmad Anderson	☑IND □COM □OTH □PTY □SCC	Managing Director, Designing Effective Orgnanizations	100	100		
,	SUBTOTAL \$ 1000						

*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.)

Monetary Contributions Received		to whole dollars.		Statement covers period from $\frac{7/1/24}{}$		CALIFORNIA 460	
				through		Page .	6 of 8
NAME OF FILER Committee	to Elect Maureen Toms to Pinole City Council - 2024					1.D. NU 14092	JMBER 274
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \(\) (JAN. 1 - DE(YEAR	PER ELECTION TO DATE (IF REQUIRED)
7/14/24	Gabriel Quinto	☑ IND □ COM □ OTH □ PTY □ SCC	Council member-El Cerrito	100	100		
7/14/24	Colin Coffey	☑IND □COM □OTH □PTY □SCC	Boad Member - EBRPD	100	100		
7/15/24	Paul Fadelli	☑IND □COM □OTH □PTY □SCC	Council Member - El Cerrito	100	100		
7/18/24	Ivette Ricco	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	150	150		×
8/21/24	Jody London	☑IND □ COM □ OTH	Sustainability Coordinator	100	100		

SUBTOTAL \$ 550

☐ PTY □ scc

*Cor	itrib	uto	ρr	C	odes	,
	-					

IND - Individual

COM - Recipient Committee

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

PTY – Political Party SCC – Small Contributor Committee

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from 7-1/24	FORM 400
through_9/21/24	Page of8
	I.D. NUMBER
	1409274

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Maureen Toms to 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
	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	TRC	candidate travel, lodging, and meals
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	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
RCA Superprint 635 Main Street Martines CA 04552	LIT	Flyers	532.29
City of Pinole 2131 Pear Street Pinole CA 04564	FIL	Filing Fees	393.00
Market Place Magazine susie@ccmarketplacemag.com	PRT	Magazine Ad	1800.00

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

SUBTOTAL \$ 2725.29

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	3745.97
Unitemized payments made this period of under \$100	219.27
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.)	

	CONT

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

PRT print ads

Statement covers period	CALIFORNIA 460				
from	FORM 400				
through <u>9-21-24</u>	Page of8				
	I.D. NUMBER				
	1409274				

WEB information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

Committee to Elect Maureen Toms to Pinole City Council - 2024

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
RCA Superprint 635 Main Street Martines CA 94564	LIT	flyers	1020.68
9 2 9			.56s

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

Paginiant Committee						COVER PAGE
Recipient Committee Campaign Statement		1		Date Stamp		LIFORNIA 460
Cover Page				RECEIVED		1 7
	Statement covers period from 07/01/2024	Date of election if app (Month, Day, Yea		SEP 2 6 2024		ge 1 of 7 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>09/21/2024</u>	November, 5, 2024	Offic	e of the City	Clerk	
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of State	ment:			
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Viso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Viso Complete Part 7)	Preelection S Semi-annual Termination S (Also file a Fo	Statement Statement orm 410 Te	ermination)	Quarterly S Special Od	Statement d-Year Report
a. Comminee information	NUMBER 467612	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	20.012	NAME OF TREASURE	R			
Menis for Treasurer 2024		Rafael Menis				
		MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)		CITY		STATE	ZIP CODE	AREA CODE/PHONE
70		Pinole		CA	94564	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT	TREASUR			
Pinole CA 9456						
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O., BOX		MAILING ADDRESS				
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY		STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	-	OPTIONAL: FAX / E-N	AIL ADDRE	SS		
4. Verification	## ### ### ### ### ### ### ### ########	1		b i 1 i - 4 4 -	alead a de dala	to tour and accordate. I
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of	•	_	contained	nerein and in the atta	chea scheaules	s is true and complete. I
Executed on 9/26/2024						
Date	Ву	Signature of Treasure	er or Assistant	Treasurer		
Executed on 9/26/2024 Date	By Signature of Cont	trolling Officeholder, Candidate, State	e Measure Pro	ponent or Responsible Office	ar of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder	, Candidate, S	tate Measure Proponent	erecentages de 200	
Executed on	By					
Date	-1	Signature of Controlling Officeholder	, Candidate, S	State Measure Proponent		

FPPC Form 460 (Jan/2016))

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

Recipient Committee Campaign Statement Cover Page — Part 2

	GE - PART 2
CALIFORNIA FORM	460
Page 2 o	f_7

Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballot	t Measure Committe	ee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Rafael Menis						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Pinole City Treasurer						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	Pinole CA 945		Identify the controlling office			nent, if any.
		_	NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PROPONENT		
Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your can	r are primarily formed to receiv	es re	OFFICE SOUGHT OR HELD		DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this committee	is primarily formed	t names of I.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.			NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE S	SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PH	ONE	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE S	SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE S	SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	_	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE S	SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP	CODE AREA CODE/PH	ONE	Atta	ch continuation sheets i	if necessary	•

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1467612 Rafael Menis Calendar Year Summary for Candidates Column A Column B **Contributions Received** CALENDAR YEAR TOTAL TO DATE TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 4368 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 2. Loans Received. Schedule B, Line 3 20. Contributions 1165 4368 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 200.25 200.25 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 4,568.25 Made 1365.25 **Expenditures Made Expenditure Limit Summary for State** 2,480.81 3510.01 Candidates 6. Payments Made Schedule E, Line 4 22. Cumulative Expenditures Made* 3510.01 2,480.81 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0 -500 Date of Election Total to Date 200.25 (mm/dd/yy) 200.25 10. Nonmonetary Adjustment Schedule C, Line 3 3,710.26 2,181.06 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 2173.8 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 1165 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 amounts from Column B reported in Column B. of your last report. Some 2,480.81 amounts in Column A may 857.99 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any).

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

Schedule:	Α	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement covers period from 7/1/2024		california 460	
SEE INSTRUCTION	ONS ON REVERSE			through 9/21/202	4	Page	e 4 of
NAME OF FILER Rafael Menis						1.D. N	UMBER 12
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR ' (JAN, 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
8/9/2024	Rafael Menis	☑IND □COM □OTH □PTY □SCC	Home Healthcare Aide, Allpro Staffnet	450	950		950
8/16/24	Sharon R Ingersoll	☑IND □COM □OTH □PTY □SCC	None	100	200		200
9/7/24	Carlos Taboada	IND COM OTH PTY SCC	None	250	250		250
9/7/2024	Stephen Tilton	☑IND □COM □OTH □PTY □SCC	None	250	350		350
7/1/2024, 8/1/2024, 9/1/2024	Kristen Pursley	☑IND □COM □OTH □PTY □SCC	Teacher, West Contra Costa Unified School District	75	225		225
			SUBTOTAL S	1125			
1. Amount re (Include a 2. Amount re	A Summary eceived this period – itemized monetary contributions Il Schedule A subtotals.) eceived this period – unitemized monetary contributions				IND COI OTH PTY	othe) I – Other Y – Politic	ual bient Committee r than PTY or SCC) (e.g., business entity)
3. Total mon (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.) TOTAL \$ 11	65	DDC Adules		PC Form 460 (Jan/2016))

Schedu Nonmoi	le C netary Contributions Received		Amounts may be rounded to whole dollars.	į		Statement covers p	period	CALIF(scheduli ORNIA 46 (RM
SEE INSTRUC NAME OF FILE Rafael Men					thro	ough		Page 5	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALENDA	TE	PER ELECTION TO DATE (IF REQUIRED)
8/17/24	Franke Martinez	☑IND □COM □OTH □PTY □SCC	None	Professional Photography		200	600		600
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTO	DTAL	\$ 200			
1. Amount (Include	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)received this period – unitemized nonmone				\$_	200	- IND COM	(other th I – Other (e ′ – Political	l nt Committee nan PTY or SCC) .g., business entity)

3. Total nonmonetary contributions received this period.

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

SCC - Small Contributor Committee

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from $\frac{7/1/2024}{}$	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through 9/21/2024	Page 6 of 7
Rafael Menis			1467612
CODES: If one of the following codes accu	rately describes the payment, you may enter the cod	le. Otherwise, describe the payment. RAD radio airtime and production	

campaign paraphemalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* petition circulating TEL t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* IND PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Pinole 2131 Pear St, Pinole CA 94564	FIL	Candidate Statement Fee	393.00
Jasmine Macaraeg	WEB, CMP	Website Design, Campaign Sign Design	551.54
Autumn Press 945 Camelia Street, Berkeley CA 94710	СМР	Yard Signs	1,342.88

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

SUBTOTAL \$ 2,287.42

2 287 42

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$
1. Itemized payments made the penda. (molade an esticade 2 debetale.)	193.39
2. Unitemized payments made this period of under \$100	\$_ <u></u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$_2,480.81

FPPC Form 460 (Jan/2016))

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement cover from 7/1/2024 through 9/21/202		FORM 460		
SEE INSTRUCTIONS ON REVERSE				3	Page of	
NAME OF FILER				1	.D. NUMBER	
Rafael Menis					1467612	
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND LEG legal defense LIT campaign literature and mailings	enter the code. Others notes n	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production costs butions kers' salaries time and productio el, lodging, and me avel, lodging, and r en committees of the	n costs als neals ne 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 PAI THIS PERIOD (ALSO REPORT OF	BALANCE AT CLOSE	
Tasmine Macaraeg ■	WEB	500	0	500	0	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 500	\$ 0	\$ 500	\$ 0	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)						
accrued expenses of \$100 or more, plus total uniternized p	payments on accrued exp	enses under \$100.).		PAID TOTAL	.S \$	
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)						

Shadalant Campultta					COVER PAGE
িecipient Committee Campaign Statement Cover Page	-		RECEIVED	FORM	
	Statement covers period from 07/01/2024	Date of election if applicabl (Month, Day, Year)	SEP 2 4 2024 Office of the City	rage	ficial Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>09/21/2024</u>	11/05/2024	_		
1. Type of Recipient Committee: All Committees - Col	mplete Parts 1, 2, 3, and 4.	2. Type of Statement	t:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Consored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statem Semi-annual Stater Termination Statem (Also file a Form 41 Amendment (Expla	ment nent 10 Termination)	Quarterly Statemen Special Odd-Year R	t leport
	D. NUMBER 468478	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) LAM-JULIAN 4 PINOLE CITY COUNCIL 2024	100170	NAME OF TREASURER KARIN HOSELTON MAILING ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE
			CA	1, 5552	
CITY STATE ZIP CO		NAME OF ASSISTANT TREA	SURER, IF ANY		
PINOLE CA 9456 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	СІТУ	STATE	ZIP CODE	AREA CODE/PHONE
ORTIONAL SAVIE MAIL ARRESTOR	8				
4. Verification					1
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on9/22/2024			ined herein and in the attac	hed schedules is true	and complete. I
Executed on 9/2z/2024	By S	Size at the Surer or Assilling Officeholder, Candidate, State Measu	sistant Treasurer	of Spanear	
Executed on	Bv	~		or Sportson	
Date	Si	gnature of Controlling Officeholder, Candid	date, State Measure Proponent		
Executed on	By	gnature of Controlling Officeholder, Candid	date, State Measure Proponent		

FPPC Form 460 (Jan/2016))

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

5.

NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE	Officeholder or Candidate Controlled Comm	nittee			6.	Primarily Formed Ball	ot Measure	Committee		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) CITY COUNCIL RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP PINOLE CA 94564 Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidate. NAME OF TREASURER COMMITTEE NAME I.D. NUMBER COMMITTEE NAME I.D. NUMBER COMMITTEE NAME I.D. NUMBER COMMITTEE NAME I.D. NUMBER I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR	NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
CITY COUNCIL RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP PINOLE CA 94564 Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. COMMITTEE NAME I.D. NUMBER	TRUC (CHRISTY) LAM-JULIAN									
Related Committees Not Included in this Statement: List any committees not included in this Statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. COMMITTEE NAME I.D. NUMBER CONTROLLED COMMITTEE? COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY OFFICE SOUGHT OR HELD OFFI	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER	R IF APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	П	SUPPORT
Related Committees Not Included in this Statement: List any committees not included in this statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. COMMITTEE NAME I.D. NUMBER	CITY COUNCIL									OPPOSE
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. NAME OF TREASURER	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZiP						
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. COMMITTEE NAME		PINOLE	CA	94564		identify the controlling offic	eholder, candi	date, or state i	measure propo	nent, if any.
To tincluded in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. I.D. NUMBER	0					NAME OF OFFICEHOLDER, C.	ANDIDATE, OR F	ROPONENT		
To tincluded in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. I.D. NUMBER	Related Committees Not Included in this Sta	atement: L	ist anv com	mittees						
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Campaign Disclosure Statement Summary Page

Type or print in link.

Amounts may be rounded to whole dollars.

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Statem	ent covers period 7/1/2024	CALIFORNIA FORM	460
through _	9/21/2024	Page 3 of	8
		I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lam-Julian 4 Pinole City Council 2024 1468478 Column A **Calendar Year Summary for Candidates** Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE **General Elections** 12,241,17 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0 4027.00 12,241,17 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 4027.00 12,241.17 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ _____ 4615.50 6892.23 **Candidates** 0 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 4615.50 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 6892.23 (If Subject to Voluntary Expenditure Limit) 0 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 0 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 4615,50 6892.23 **Current Cash Statement** 5937.44 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add 4027.00 13. Cash Receipts Column A, Line 3 above 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 from Column B of your last reported in Column B. report. Some amounts in 4615.50 15. Cash Payments Column A. Line 8 above Column A may be negative 5348.94 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 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 Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded

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Statement covers period to whole dollars. CALIFORNIA 7/1/2024 **FORM** 9/21/2024 Page 4 of 8 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Lam-Julian 4 Pinole City Council 2024 1468478 IF AN INDIVIDUAL, ENTER AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED CODE * (IF SELF-EMPLOYED, ENTERNAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) **IND** Brandon D T Lam CEO Ba-Le Inc ПСОМ 7/12/24 500.00 500.00 □ OTH □ PTY □scc **IND Andrew Evans** Firefighter **□СОМ** 7/12/24 300.00 300.00 Santa Clara County □ OTH PTY SCC **IND** Melissa Evans Teacher СОМ 7/12/24 300.00 300.00 San Jose Unified **□**OTH □ PTY □ SCC **☑** IND Stephen Tilton retired **□**СОМ 7/27/24 500.00 500.00 **□**OTH **□PTY** SCC Binh Nguyen VIND retired ПСОМ 8/16/24 200.00 200.00 ПОТН □ PTY □scc SUBTOTAL \$ 1800.00 Schedule A Summary *Contributor Codes 1. Amount received this period – itemized monetary contributions. IND - Individual 3950.00 (Include all Schedule A subtotals.)\$ COM - Recipient Committee (other than PTY or SCC) 77.00 2. Amount received this period – unitemized monetary contributions of less than \$100\$ OTH - Other (e.g., business entity) PTY-Political Party 3. Total monetary contributions received this period. SCC - Small Contributor Committee 4027,00

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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CALIFORNIA 460

				from			ORIVI
NAME OF THE				through9/2	1/2024	Page _	5 of 8
NAME OF FILER Lam-Julian	4 Pinole City Council 2024			I.D. NUMBER 1468478			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)	
9/5/24	Carletta Evans Steele	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.	.00	
9/5/24	Eddi Marie Julian	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.	.00	
9/5/24	UA Local 342 P.A.C. Fund 935 Detroit Ave., Concord, CA 94518 FPPC #890268	☐IND ☐COM ☐OTH ☐PTY ☐SCC		500.00	500.	.00	
7/25/24	Marjorie Cabrera	☑IND □COM □OTH □PTY □SCC	Therapist Kaiser	100.00	100.	00	

СОМ

☑OTH

□ PTY

SUBTOTAL\$ 2050.00

1000.00

Statement covers period

7/1/2024

*Contributor Codes

IND - Individual

9/5/24

COM - Recipient Committee (other than PTY or SCC)

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

Epicurean Group

Los Altos, CA 94022

111 Main St. #3

PTY - Political Party

SCC - Small Contributor Committee

1000.00

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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CALIFORNIA ACO

Statement covers period

				from	2024	FO	RM 400
				through 9/2	1/2024	Page (of_8
NAME OF FILER Lam-Julian 4 Pinole City Council 2024							BER 8
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)
9/19/24	Courtney Goldenberg	☑IND □COM □OTH □PTY □SCC	unemployed	100.00	100	.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC			(41)		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐ PTY ☐SCC					
			SUBTOTAL	\$ 100.00			

*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from7/1/2024	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lam-Julian 4 Pinole City Council 2024		through9/21/2024	Page		
CODES: If one of the following codes accurately campaign paraphernalla/misc. campaign consultants contribution (explain nonmonetary)*	describes the payment, you may enter the code MBR member communications MTG meetings and appearances OFC office expenses	e. Otherwise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries	costs		

petition circulating

CVC civic donations

independent expenditure supporting/opposing others (explain)* POS postage, de		t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals er services TSF transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT AMOUNT PAID			
Michelle Simone	CNS	1000.00			
City of Pinole 2131 Pear Street Pinole, CA 94564	FIL	393.00			
Working Family Party 77 Sands St. #6 Brooklyn, NY 11201	MTG	120.00			
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$					
Schedule E Summary					
1. Itemized payments made this period. (Include all Schedule E subtotals.)\$					
2. Unitemized payments made this period of under \$100					
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part					
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the					

SAL campaign workers' salaries

Schedule E (Continuation Sheet)

Type or print in ink. Amounts may be rounded

SCHEDULE E	CONT.
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(Continuation Sheet) Payments Made				State	ement covers period 7/1/2024	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lam-Julian 4 Pinole City Council 2024				through	9/21/2024	Page	
CODES: If one of the following codes accurately descri CMP campalgn paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC clvic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member cor MTG meetings ar OFC office exper PET petition circu PHO phone bank POL polling and POS postage, de	nmunications nd appearance nses ulating s survey resear	98	RAD rav RFD rev SAL ca TEL t.v TRC ca TRS sta TSF tra VOT vo	escribe the payment dio airtime and production turned contributions impaign workers' salaries or cable airtime and prondidate travel, lodging, ar aff/spouse travel, lodging, insfer between committee ter registration ormation technology cost	n costs duction cost d meals , and meals es of the sai	ne candidate/sponse
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR D	ESCRIPTION O	FPAYMENT		AMOUNT PAID
AABCO Printing 1300 Galaxy Way Ste. 20 Concord, CA 94520		СМР					1073.4
West County Democratic Club		MTG					150.00
Golden Gate Fortune Cookie Co. 56 Ross Alley San Francisco, CA 94108		СМР				is.	1830.00
* Payments that are contributions or independent expenditures must a	iso be summarized on	Schedule D.			SU	BTOTAL S	3053.43

3053,43

SUBTOTAL \$