Decinions Officerittes				COVER PAGE
Recipient Committee Campaign Statement		45	Date Stamp	CALIFORNIA 460
Cover Page			RECEIVED	
	Statement covers period from 10/20/24	Date of election if applicable: (Month, Day, Year)	JAN 28 2025	Page1 of3 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through1/31/25	November 5, 2022 ffic	e of the City (	Clerk
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5)  ✓ General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored tso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee tso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt t ermination)	Quarterly Statement Special Odd-Year Report
	NUMBER 404981	Treasurer(s)		*
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	404361	NAME OF TREASURER	419	
Pinole 4 Fair Government		Ivette Ricco		
STREET ADDRESS (NO P.O. BOX)		CITY Pinole	STATE Ca	ZIP CODE 94564
CITY STATE ZIP COD Pinole Ca 94564		NAME OF ASSISTANT TREASURE	ER, IF ANY	
MANUNC APPRESS (IS DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	-9ij	* *
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
Pinole Ca 94564	5		_	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	
4. Verification				÷
I have used all reasonable diligence in preparing and reviewin	g this statement and to the best of my k	nowledge the information contained	d herein and in the attach	ned schedules is true and complete. I
certify under penalty of perjury under the laws of the State of C	California that the foregoid			
Executed on 128125	Ву	Signature of Treasurer or Assistan	nt Treasurer	
Executed onDate	By Signature of Control	lling Officeholder, Candidate, State Measure P	roponent or Responsible Officer	of Sponsor
Executed onDate	BySignature	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed on	By	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	

FPPC Form 460 (Jan/2016)

#### Campaign Disclosure Statement **Summary Page**

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ \_\_\_\_

19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ \_\_\_\_\_

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 10/20/24 FORM from 1/31/25 through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pinole 4 Fair Government

1404981 Column A Column B **Calendar Year Summary for Candidates** Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 00.00 00.00 1/1 through 6/30 7/1 to Date 00.00 00.00 Loans Received Schedule B, Line 3 00.00 20. Contributions 00.00 Received \$\_\_\_\_\_\$\_\_\_ 00.00 00.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 00.00 00.00 Made **Expenditures Made Expenditure Limit Summary for State** 200.00 6. Payments Made...... Schedule E, Line 4 \$ 200.00 Candidates 00.00 00.00 7. Loans Made..... Schedule H. Line 3 22. Cumulative Expenditures Made\* 00.00 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ \_\_\_\_\_ 00.00 (If Subject to Voluntary Expenditure Limit) 00.00 00.00 Date of Election Total to Date 00.00 00.00 (mm/dd/yy) 200.00 200.00 **Current Cash Statement** 1872.62 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ \_\_\_\_\_ To calculate Column B, 00.00 add amounts in Column A to the corresponding 00.00 \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 200.00 of your last report. Some 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 1672.62 be negative figures that should be subtracted from

0.00

0.00

0.00

anv).

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

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

Schedule	
(Continuat	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)		
Statement covers period	CALIFORNIA 460		
from 10/20/24	FORM 460		
through 1/31/25	Page 3 of 3		
	I.D. NUMBER		

1404981

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pinole 4 Fair Government

CTB contribution (explain nonmonetary)\*

candidate filing/ballot fees

CMP campaign paraphernalia/misc.

CNS campaign consultants

fundraising events

CVC civic donations

LEG legal defense

FIL

IND

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 RFD returned contributions MTG meetings and appearances

OFC office expenses SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals PHO phone banks POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\*

TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings	PRT print ads		WEB information technology costs (internet,	e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
California Secretary of State 1500 11th Street Sacramento, Ca. 95814		OFC	Annual Fee	200.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

200.00

CALIFORNIA 160	Date Stamp	Г			Recipient Committee
FORM 460		_			Campaign Statement
	RECEIVED			6.5)	Cover Page Government Code Sections 84200-84216
Page 1 of 6	IANIAA	Date of election if applicable:	Statement covers period	0.0)	Covernment Code Sections 04200-04210
	JAN 23 2025	(Month, Day, Year)	from10/20/2024		
For Official Use Only	e of the City Cle	Off			
егк	e of the City Cie	11/08/2022	through <u>12/31/2024</u>		SEE INSTRUCTIONS ON REVERSE
		2. Type of Statement:	plete Parts 1, 2, 3, and 4.	e: All Committees – Co	. Type of Recipient Committee
arterly Statement ecial Odd-Year Report oplemental Preelection tement - Attach Form 495	Specia Supple Staten	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Ter ☐ Amendment (Explain be	marily Formed Ballot Measure mmittee Controlled Sponsored o Complete Part 6) marily Formed Candidate/ iceholder Committee o Complete Part 7)	nittee C	<ul> <li>☑ Officeholder, Candidate Controlled of State Candidate Election Comm</li> <li>☐ Recall (Also Complete Part 5)</li> <li>☐ General Purpose Committee</li> <li>☐ Sponsored</li> <li>☐ Small Contributor Committee</li> <li>☐ Political Party/Central Committee</li> </ul>
		Treasurer(s)	NUMBER 08891		3. Committee Information
		NAME OF TREASURER	00071		COMMITTEE NAME (OR CANDIDATE'S NAM
		Cine D. Ivery			TAVE FOR CITY COUNCIL 2022
		MAILING ADDRESS			
	Suite 700	1 W. Manchester Blvd.,			
	STATE ZIP COI	CITY Inglewood		e 700	STREET ADDRESS (NO P.O. BOX)  1 W. Manchester Blvd., Suite
301 (310)817-6679		NAME OF ASSISTANT TREASURE	E AREA CODE/PHONE	STATE ZIP CO	CITY
	,	Samahndi Cunnin	(310) 817-6679	CA 9030	Inglewood
		MAILING ADDRESS  1 W. Manchester Blvd.,	<	AND STREET OR P.O. B	MAILING ADDRESS (IF DIFFERENT) NO. A
CODE AREA CODE/PHONE	STATE ZIP COI	CITY	E AREA CODE/PHONE	STATE ZIP CO	CITY
301 (310)817-6679	CA 9030	Inglewood			
	S	OPTIONAL: FAX / E-MAIL ADDRE	om	calreportingplus.	OPTIONAL: FAX / E-MAIL ADDRESS (310) 672-6679 / cine@politic
		1			. Verification
ules is true and complete. I certify	and in the attached schedule	wledge the information contained here			I have used all reasonable diligence in pr
	1		hat the foregoing is true :	of the State of California	under penalty of perjury under the laws o
	2006	Signature of Transcript or Assistant To	Ву	2025	Executed on
	ent of Responsible Officer of Sponsor	trolling Officeholder, Candidate, State Measure Propo	BySignature of Co	2025	Executed on
	Measure Proponent	Signature of Controlling Officeholder, Candidate, Stat	Ву		Executed onDate
	Measure Proponent	Signature of Controlling Officeholder, Candidate, Stat	Ву		Executed onDate

FPPC Form 460 (Jan/2016)

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 160
from	10/20/2024	FORM TOO
through _	12/31/2024	Page3 of6
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 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 (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 0.00 1. Monetary Contributions ...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0.00 2,155.01 2. Loans Received ...... Schedule B. Line 3 20. Contributions 0.00 2,155.01 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 Received 0.00 0.00 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures Made 2,155.01 TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ \_\_\_\_\_ 0.00 **Expenditures Made Expenditure Limit Summary for State Candidates** 6. Payments Made ...... Schedule E, Line 4 \$ 64.28 72.39 0.00 0.00 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made\* 72.39 64.28 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 125.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 11. TOTAL EXPENDITURES MADE ......Add Lines 8 + 9 + 10 197.39 64.28 Current Cash Statement 192.84 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ \_\_ To calculate Column B. add 0.00 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 64.28 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 128.56 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

0.00

2,280.01

for this calendar year, only

carry over the amounts from Lines 2, 7, and 9 (if

any).

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

www.fppc.ca.gov

17. LOAN GUARANTEES RECEIVED ...... Schedule B. Part 2 \$ \_\_\_

18. Cash Equivalents ...... See instructions on reverse \$ \_\_\_

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ \_\_\_\_\_

**Cash Equivalents and Outstanding Debts** 

Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.					vers period	CALIFORN FORM	<sup>IA</sup> 460
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2024	Page4	of <u>6</u>
NAME OF FILER				-			I.D. NUMBER	
TANTE TOP GITTY GOINGIT 2022							1408891	
TAVE FOR CITY COUNCIL 2022	T	(a)	(b)	(6)	(4)	(e)	(f)	(g)
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOR	N CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Anthony Tave	Executive Director of Facilities			PAID				CALENDAR YEAR
Received through intermediary: eFundraising Connections, 2831 G Street #120, Sacramento, CA 95816	St. Mary's College			\$0.0	\$ 2,155.01	0.00% RATE	\$ <u>2,155.01</u>	\$0.00 PER ELECTION**
†☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ <u>2,155.01</u>	\$0.00	\$0.0	DATE DUE	\$0.00	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$		%	\$	\$
				FORGIVEN		RATE		PER ELECTION **
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				\$	_   \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION **
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS S	0.00	\$ 0.0	2,155.01	<u> </u>	Company Services	printight At
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$	0.00			
(Total Column (b) plus unitemized loan				TERRO-DIVATION . S.		(†C	Contributor Codes	3
Loans paid or forgiven this period (Total Column (c) plus loans under \$10)				\$ _	0.00		ID – Individual OM – Recipient Co	ommittee PTY or SCC)
(Include loans paid by a third party tha		dule A.)				P-	TH – Other (e.g., TY – Political Part	business entity)
3. Net change this period. (Subtract Line Enter the net here and on the Summar				NET \$	0.00 (May be a negative number)	S	CC – Small Contri	butor Committee

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

\*\* If required.

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

#### Schedule E Payments Made

### Amounts may be rounded to whole dollars.

		SCHEDULE E
Statement cover	s period	CALIFORNIA 160
from10/20/	2024	FORM TOU
through	2024	Page5 of6
		I.D. NUMBER
		1408891

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAVE FOR CITY COUNCIL 2022

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
СТВ	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
ШT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
	·				

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
		≅ ≥	

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

SUBTOTAL\$

0.00

#### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	0.00
2. Unitemized payments made this period of under \$100\$	64.28
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0.00
4 Total navments made this period (Add Lines 1, 2, and 3. Enter here and on the Summary Page Column A. Line 6.)	64.28

FPPC Form 460 (Jan/2016)

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Schedule	F		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 10/20/2024 CALIFORNIA 460 FORM Page 6 of 6

1408891

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAVE FOR CITY COUNCIL 2022

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

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.)	0.00
Net change this period. ( <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	0.00 May be a negative number

Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from 7/1/24	Date of election if applicable (Month, Day, Year)	ECEIVED	Page 1 of 5
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/24</u>	N/A J	AN 31 2025	
State Candidate Election Committee Recall (Aso Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee	2. Type of Statement Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain ba	Spermination)	terly Statement cial Odd-Year Report
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  SASAI FOR PINOLE CITY COUNCIL 2022	NUMBER	Treasurer(s)  NAME OF TREASURER  CAMERON SASAI  MAILINGADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY PINOLE	STATE ZIP C	
PINOLE CA 94564 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	4	NAME OF ASSISTANT TREASUR	ER, IF ANY	
P.O. BOX 821  CITY STATE ZIP COL  PINOLE CA 94564		CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAILADDRESS		OPTIONAL: FAX / E-MAIL ADORE	SS	
4. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Content of Content of the State of Content of Conten	California that the foregoing is true and of By  By  Signature of Control By  Signature Signatur		Treasurer sponent or Responsible Officer of Spons State Measure Proponent	_

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## Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460	0
Page 2 of <b>5</b>	

Officeholder or Candidate Controlled Comm	ittee		6.	Primarily Formed Ballot	Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE  Cameron Sasai				NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APP	PLICABLE)		BALLOT NO, OR LETTER	JURISDICTI	ON	Пп	SUPPORT
City Council, City of Pinole							_	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO, AND STREET) C	Pinole C.	ATE ZIP A 94564		Identify the controlling office	nolder, candi	date, or state measu	ге ргороі	nent, if any.
Related Committees Not Included in this Sta	itement: Listany	committees		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR F			
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	lidacy.	d to receive		OFFICE SOUGHT OR HELD		DISTRI	ICT NO. IF	FANY
NAME OF TREASURER	I,D, NUMBER	MMITTEE?	7.	Primarily Formed Cand	idate/Offic	eholder Committ	tee List	names of
	YES [	NO						
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
CITY STATE ZIPC		CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O.		MMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
CITY STATE ZIP C	1000000	CODE/PHONE		Attac	h continuatio	on sheets if necessal	ry	•

### Campaign Disclosure Statement Summary Page

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 2/1/24

through 12/31/74

CALIFORNIA 460

FORM

Page 3 of 5

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Calendar Year Summary for Candidates Column A Column B TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE **Contributions Received** Running in Both the State Primary and **General Elections** 0.00 1. Monetary Contributions...... Schedule A, Line 3 7/1 to Date 1/1 through 6/30 0.00 0.00 2. Loans Received ....... Schedule B, Line 3 20. Contributions 0.00 0.00 3. SUBTOTAL CASH CONTRIBUTIONS....... Add Lines 1 + 2 \$ Received 0.00 21. Expenditures 4. Nonmonetary Contributions...... Schedule C, Line 3 0.00 00.0 5. TOTAL CONTRIBUTIONS RECEIVED \_\_\_\_\_Add Lines 3 + 4 \$ Expenditure Limit Summary for State Expenditures Made Candidates 6. Payments Made...... Schedule E, Line 4 \$ 60.00 0.00 7. Loans Made ..... Schedule H, Line 3 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ 60.00 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 60.00 **Current Cash Statement** To calculate Column B. 0.00 add amounts in Column 13. Cash Receipts ...... Column A. Line 3 above A to the corresponding \*Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 60.00 amounts in Column A may 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 \$ 0.00 only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any).

0.00

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

Schedule A Monetary C	dule A Amounts may be rounded to whole dollars.  tary Contributions Received			Statement covers period from 7/11/24		CALIFORNIA 460		
SEE INSTRUCTION	S ON REVERSE			through 12/31/24		Page 4		
NAME OF FILER	PINOLE CITY COUNCIL 2022					I.D. NUMB	ER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF  CONTRIBUTOR  (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 0.00				
(Include all	Summary eived this period – itemized monetary contributio Schedule A subtotals.)		\$ 0 n \$100\$ 0	00	IND - COM OTH- PTY-	other that Other (e.s. Political F	nt Committee an PTY or SCC) g., business entity)	

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be rounded to whole dollars.  Statement covers period from 1/1/24 through 12/31/24				CALIF FO Page _		
CODES: If one of the following codes accurately describe compaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member commeetings an OFC office expen petition circuphone banks POL plotting and spostage, del PRO professional print ads	nmunications d appearance ses stating s survey researd ivery and mes	s h senger services	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment.  radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro- candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration information technology cost	duction costs nd meals and meals as of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE	OR .	DESCRIPTION	OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also be	summarized on Sch	edule D.	L		SI	JBTOTAL	\$ 0.00
Schedule E Summary						0	1.00
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$	
2. Unitemized payments made this period of under \$100						\$ .6	0.00
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Pa	rt 1, Colum	n (e).)			\$ 🛎	
4. Total payments made this period. (Add Lines 1, 2, and 3. I	Enter here and or	the Summ	ary Page, Colu	ımn A, Line	6.) <b>T</b> 0	DTAL \$ £	0.00

					COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	F	FORNIA 460
Cover rage			RECEIVE	D Page	1 of 4
	Statement covers period from 07/01/2024	Date of election if applicable: (Month, Day, Year)	JAN 2 4 202		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2024	11/08/2022 Of	ice of the Cit	y Clerk	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt : ermination)	Quarterly Stat	
3 LOMMITTED INTOFMATION	D. NUMBER 452992	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Campaign to Elect Debbie Long for Pinole City Coun	cil 2022	Debbie Long			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY		
Pinole CA 9456					
NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OF HONAL, TRAY E-WAIL APPINESS		OPTIONAL: FAX / E-MAIL ADDR	Eee		
OF HOMAL. TAX / EMAIL ADDICES		OF HONAL. PAX / E-MAIL ADDR	.200		
4. Verification					
I have used all reasonable diligence in preparing and reviewi		knowledge the information contained	d herein and in the attac	ched schedules is	true and complete. I
certify under penalty of perjury under the laws of the State of	California that the fol				
Executed on	Ву	Treasurer or Assistan	nt Treasurer		
Executed on 1/2/25	By Significant Con	strolling Officeholder, Candidate, State Measure P	renegat of Responsible Office	r of Connece	
Date Frequency	_	State Measure P	repending Neoponsine Office	of opolisor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		
Executed onDate	Ву	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

CALIFORNI FORM	<sup>A</sup> 460
_ 2	- 1

Officeholder or Candidate Controlled Co	mmittee	- 6	. Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Debbie Long						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND E	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	AND THE PARTY OF T	SUPPORT
Pinole City Council in the County of Contra Co	osta					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET	CA 94564		Identify the controlling office			ponent, if any.
9			NAME OF OFFICEHOLDER, C	ANDIDATE, OR I	PROPONENT	
Related Committees Not Included in this not included in this statement that are controlled by you contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY
COMMITTEE NAME	I.D. NUMBER		2-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7	7. Primarily Formed Car officeholder(s) or candidate(	ndidate/Offic s) for which this	eholder Committee Is committee is primarily form	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO	YES NO		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HEL	
COMMITTEE ADDRESS TREET ADDRESS (NO	F.O. BOX)		Debbie Long	8		SUPPORT OPPOSE
	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER O	R CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER O	R CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO	PO BOX)					OPPOSE
OSMINITIEE ADDITEO	1.0.00//				<del></del>	
CITY STATE :	ZIP CODE AREA CODE/PHONE		At	tach continuati	on sheets if necessary	

## **Campaign Disclosure Statement Summary Page**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2024	CALIFORNIA 460
through <u>12/31/2024</u>	Page 3 of 4
-	I.D. NUMBER
	1452992

**Debbie Long for Pinole City Council** Column A Column B **Calendar Year Summary for Candidates Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions ....... Schedule A, Line 3 1/1 through 6/30 7/1 to Date .00 .00 2. Loans Received...... Schedule B. Line 3 20. Contributions .00 .00 Received .00 .00 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures \$ .00 .00 .00 .00 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 1400.00 400.00 **Candidates** 6. Payments Made...... Schedule E, Line 4 00.22. Cumulative Expenditures Made\* 1400.00 400.00 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) .00 .00 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Date of Election Total to Date .00 .00 (mm/dd/yy) 10. Nonmonetary Adjustment......Schedule C, Line 3 1400.00 400.00 **Current Cash Statement** 2026.63 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 To calculate Column B. .00 add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding \*Amounts in this section may be different from amounts .00 amounts from Column B reported in Column B. of your last report. Some 400.00 amounts in Column A may 1626.63 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). 18. Cash Equivalents...... See instructions on reverse 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period from 07/01/2024	CALIFORNIA 460
through <u>12/31/2024</u>	Page 4 of
<del></del>	I.D. NUMBER

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. campaign consultants MTG meetings and appearances RFD returned contributions 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 TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals fundraising events polling and survey research independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND professional services (legal, accounting) VOT voter registration **LEG** legal defense WEB information technology costs (internet, e-mail) LIT campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE (	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Cat Garden Rescue	CVC	Donation	100.00
NorCal Sheltie Rescue	CVC	Donation	200.00
Pinole Community Playhouse	CVC	Donation	100.00

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

**SUBTOTAL \$ 400.00** 

400.00

#### Schedule E Summary

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

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp	coverpage california 460 form
	Statement covers period from 10/20/2024	Date of election if applicable: (Month, Day, Year	JAN 23 2025	Page 1 of 14 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2024	11/05/2 <mark>03</mark> fi	ce of the City	
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 T Amendment (Explain b	Termination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	1.0 NIMBER 1426590	Treasurer(s)	4	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT	TFE)	NAME OF TREASURER		
DEVIEW OF WINDSHIP DATA DEVICE		Cine D. Ivery		
DEVIN T. MURPHY FOR PINOLI	E CITY COUNCIL 2024	MAILING ADDRESS	- 1	
STREET ADDRESS (NO P.O. BOX)		1 W. Manchester Blvd		
1 W. Manchester Blvd., Suite 700		CITY Inglewood	STATE :	ZIP CODE AREA CODE/PHONE 90301 (310) 817-6679
	P CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU		(310)617-6679
	90301 (310)817-6679	Samahndi Cunningham	747	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P	The state of the s	MAILING ADDRESS  1 W. Manchester Blvd	., Suite 700	
CITY STATE ZI	P 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@politicalreportingpl	us.com	OPTIONAL: FAX / E-MAIL ADD	RESS	
4. Verification				
I have used all reasonable diligence in preparing and revieunder penalty of perjury under the laws of the State of California 15 2025  Executed on			n the attached so	chedules is true and complete. I certify
Executed on	BySignature Co	ntrolling Officeholder, Candidate, State Measure Pri	oponent or Responsible Officer of Sp	ponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	Stale Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	EDDC Form 460 ( lan/2016)

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

Officeholder or Candidate Controlled Commi	ttee	6.	. Primarily Formed Ball	lot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Devin T. Murphy						-14-7
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP					
1 W. Manchester Blvd., Suite 700 Inc	glewood CA 90301		NAME OF OFFICEHOLDER, CA			sure proponent, if any.
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 receive		OFFICE SOUGHT OR HELD			NO. IF ANY
COMMITTEENAME Devin T. Murphy for Contra Costa Clerk-Recorder 2026	I.D. NUMBER 1444648	-	Drimarily Formed Co.	- d: doto/065	achaldar Cammitta	
NAME OF TREASURER Cine D. Ivery	CONTROLLED COMMITTEE?  YES NO	•	. Primarily Formed Car officeholder(s) or candidate			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD ☐ SUPPORT ☐ OPPOSE
CITY STATE ZIP C Inglewood CA 903			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?			CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)				JAN 15 2025	
CITY STATE ZIP C	ODE AREA CODE/PHONE	- 1	Att	ach continuat	ion sheets if necessar	y

#### **Campaign Disclosure Statement Summary Page**

Amounts may be rounded

		SOMMART FASE
Statem	ent covers period	CALIFORNIA 460
from	10/20/2024	FORM TOU
through _	12/31/2024	Page3 of14
		I.D. NUMBER
		1405500

CLIMANADY DACE

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 B Column A **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 24,434.90 1. Monetary Contributions ...... Schedule A, Line 3 \$ 7/1 to Date 1/1 through 6/30 1,000.00 0.00 20. Contributions 25,434.90 2,079.24 SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 1,589.95 995.07 Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures Made 27,024.85 TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ 3,074.31 **Expenditure Limit Summary for State Candidates** 

Expenditures Made				
6. Payments Made Schedule E, Line 4	\$	4,884.34	\$	26,015.15
7. Loans Made Schedule H, Line 3	-	0.00	_	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	4,884.34	\$	26,015.15
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00	-	0.00
10. Nonmonetary Adjustment Schedule C, Line 3		995.07	<u></u>	1,589.95
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	5,879.41	\$	27,605.10

#### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Total to Date Date of Election (mm/dd/yy)

5,367.99 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 2,079.24 13. Cash Receipts ...... Column A, Line 3 above 2,893.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 4,884.34 15. Cash Payments ...... Column A, Line 8 above 5,455.89 16. ENDING CASH BALANCE ........ Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.

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).

0.00

To calculate Column B. add

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

**Cash Equivalents and Outstanding Debts** 18. Cash Equivalents ...... See instructions on reverse \$ \_\_ 1,000.00 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$

17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_

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

**Current Cash Statement** 

Monetary Contributions Received		s Received  Amounts may be rounded to whole dollars.			ers period	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through <u>12/31/2</u>	024	Page _	_4 of14_	
NAME OF FILER	9					I.D. NUM	BER	
DEVIN T. MU	RPHY FOR PINOLE CITY COUNCIL 2024					142659	0	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
10/24/2024	Rafael Menis	⊠IND □COM □OTH □PTY □SCC	Home Healthcare Aide Allpro Staffnet	100.00	3:	25.00		
10/24/2024	Irma Punort	☑IND □COM □OTH □PTY □SCC	Retired None	200.00	5:	29.69	ing i	
10/24/2024	Sheet Metal Workers Local Union 104 Political Committee (ID# 850381) 3232 Constitution Dr Livermore, CA 94551	□IND ☑COM □OTH □PTY □SCC		500.00	5	00.00		
10/24/2024	U.A. Local 342 PAC (ID# 890268) 935 Detroit Ave Concord, CA 94518	□IND ☑COM □OTH □PTY □SCC		500.00	5(	00.00		
12/12/2024	Contra Costa Young Democrats (ID# 1361702) 1990 N California Blvd, Suite 1010 Walnut Creek, CA 94596	□IND INCOM □OTH □PTY □SCC	= -	300.00	30	00.00		
			SUBTOTAL\$	1,600.00		20024	N VII AGOINTAIN	
1. Amount re	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	1,900.00	IND-I		des t Committee an PTY or SCC)	
3. Total mone	eceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colur			179.24 2,079.24	PTY-	Other (e. Political P	.g., business entity)	

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

### Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

		to whole a	onais.	from10/20/	2024	FOI	RM 400
			_	through12/31,	/2024	Page	5 of14
NAME OF FILER DEVIN T. MUR	PHY FOR PINOLE CITY COUNCIL 2024					I.D. NUMI 142659	
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 I CALENDAR YE (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
12/12/2024	Pinole for Fair Government (ID# 1404981)	□IND ☑COM □OTH □PTY □SCC		300.00	30	0.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC			FLE. 3.		
		□IND □COM □OTH □PTY □SCC					194.6
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 300.00			

\*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 B – Part 1  Loans Received  Amounts may be rounded to whole dollars.				Amounto may be realized					
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2024	Page6	of <u>14</u>	
NAME OF FILER							I.D. NUMBER		
DEVIN T. MURPHY FOR PINOLE CITY COUNCIL	L 2024						1426590		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Devin Murnhy	Chief Executive Officer DTM Strategies	12.402		☐ PAID				CALENDAR YEAR	
				\$0.0	_   1	0.00% RATE	\$ 1,000.00	\$ 94.88 PER ELECTION**	
<sup>†</sup> ☑ IND □ COM □ OTH □ PTY □ SCC	_	\$ 1,000.00	\$0.00	\$0.0	04/08/2021 DATE DUE	\$0.00	02/08/2021 DATE INCURRED	\$	
				\$FORGIVEN	s	% RATE	\$ <u>.</u>	\$PER ELECTION **	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID  \$ FORGIVEN		% RATE	\$	\$PER ELECTION**	
†   IND		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
	,	SUBTOTALS	0.00	\$ 0.	.00\$ 1,000.0	0.00			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)	1		
1. Loans received this period				\$_	0.0	2			
<ol> <li>(Total Column (b) plus unitemized loans</li> <li>Loans paid or forgiven this period</li></ol>	) paid or forgiven.) are also itemized on Sched	dule A.)					Contributor Codes ID – Individual OM – Recipient Co (other than TH – Other (e.g., TY – Political Part CC – Small Contril	ommittee PTY or SCC) business entity)	

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

(May be a negative number)

\*\* If required.

Enter the net here and on the Summary Page, Column A, Line 2. \*Amounts forgiven or paid by another party also must be reported on Schedule A.

Schedu	le C netary Contributions Received		Amounts may be rounded			tatement covers pe	eriod	SCHEDULE			
Nonlinonetary Contributions Received			to whole dollars.			10/20/202	4	california 460			
					thro	uah 12/31/202	:4	Page	7 of14		
SEE INSTRUC NAME OF FILE	TIONS ON REVERSE					-9-1		I.D. NUMBE			
DEVIN T.	MURPHY FOR PINOLE CITY COUNCIL 2024			-				1426590			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION ( GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALE	MULATIVE TO DATE ENDAR YEAR N 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)		
10/22/2024	International Association of Firefighters Local 1230 PAC (ID# 744488) 112 Blue Ridge Dr Martinez, CA 94553	☐IND ☆☐COM ☐OTH ☐PTY ☐SCC		Signs		995.07		995.07			
		□IND □CÓM □OTH □PTY □SCC									
		□IND □COM □OTH □PTY □SCC			×.						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC									
Attach ac	dditional information on appropriately label	ed continuat	ion sheets.	SUBTO	TAL \$	995.07	T to I	milydensa z	y feft et day f		
1. Amount	le C Summary t received this period – itemized nonmonetary all Schedule C subtotals.)				\$_	995.0		*Contributor Cod IND – Individual COM – Recipient			
2 Amount	traceived this period — unitemized permanets	any contributio	ons of less than \$100		\$	0.0	00		g., business entity)		

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

SCC - Small Contributor Committee

PTY - Political Party

995.07

3. Total nonmonetary contributions received this period.

Schedule E	
Payments Made	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

#### Amounts may be rounded to whole dollars.

		SCHEDULE E
Statem	ent covers period	CALIFORNIA 160
from	10/20/2024	FORM 400
through	12/31/2024	Page8 of14
•		I.D. NUMBER
		1426500

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

CODES: If one of the following codes accurately describe	es the payment, you may enter the code. O	therwise, 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 —	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	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
General Logistics Systems US, Inc 4000 Executive Parkway, Suite 295 San Ramon, CA 94583	POS	Messenger Service	24.72
General Logistics Systems US, Inc 4000 Executive Parkway, Suite 295 San Ramon, CA 94583	POS	Messenger Service	17.09
General Logistics Systems US, Inc 4000 Executive Parkway, Suite 295 San Ramon, CA 94583	POS	Messenger Service	11.67

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 53.48

#### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	4,884.34
2. Unitemized payments made this period of under \$100\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	4,884.34

FPPC Form 460 (Jan/2016)

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

# Schedule E

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

Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA	160
Payments Made	to whole dollars.	from10/20/2024	FORM	400
SEE INSTRUCTIONS ON REVERSE		through12/31/2024	Page 9 of	14
IAME OF FILER			I.D. NUMBER	
DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024			1426590	
CODES. If any of the following and a conventally de		avias describe the accuracy		

DEVIEW 1. MORE TO THE TENEDS OF THE COUNTY DOES						1120370
CODES: If one of the following codes accurately describe	s the pay	ment, you ma	y enter the code.	Otherwise,	describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MTG mee OFC office PET peti PHO pho POL polli POS pos PRO prof		rances	RFD SAL TEL TRC TRS TSF VOT	returned contributions campaign workers' salaries t.v. or cable airtime and produ candidate travel, lodging, and staff/spouse travel, lodging, a	uction costs meals and meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		сорі	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Change Digital Communication 542 Ribolla Dr Fairfield, CA 94534	WEB	Digital Advertising	600.00
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	СМР	Credit Card Processing Fees	2.12
Bankcard Center 550 S Hope St, #100 Los Angeles, CA 90071	СМР	Campaign Expenses	558.13
eFundraising Connections 2831 G St Ste 200 Sacramento, CA 95816	CMP	Credit Card Processing Fees	4.17
Autumn Press 945 Camelia St Berkeley, CA 94710	LIT	Walk Piece	916.83

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

SUBTOTAL \$

2,081.25

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA 460
from10/20/2024	FORM TOO
through 12/31/2024	Page 10 of 14
-	I.D. NUMBER
	1426590

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

through 12/31/2024 Page 10 of 14

I.D. NUMBER

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 campaign paraphernalia/misc. MBR member communications returned contributions campaign consultants meetings and appearances 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 staff/spouse travel, lodging, and meals polling and survey research TRS fundraising events POL independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor VOT voter registration professional services (legal, accounting) LEG legal defense information technology costs (internet, e-mail) Ш campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 250.00 Political Reporting Plus PRO Political Accounting - October, 2024 1 W. Manchester Blvd., Suite 700 Inglewood, CA 90301 50.00 FIL 2025 Annual Filing Fee Secretary of State 1500 11th Street, Room 495 Sacramento, CA 95814 CMP Campaign Expenses 1,181.39 Bankcard Center 550 S Hope St, #100 Los Angeles, CA 90071 Political Reporting Plus PRO Political Accounting - November, 2024 250.00 1 W. Manchester Blvd., Suite 700 Inglewood, CA 90301 Photography & Video Services 400.00 Brianna Casanares dba B Casa Mgmt PRO

2,131.39

**SUBTOTAL \$** 

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

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

Amounts may be rounded to whole dollars.

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

		SCHEDULE E (CONT.)
State	ment covers period	CALIFORNIA 460
from	10/20/2024	FORM 400
through	12/31/2024	Page11 of14
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

through 12/31/2024 Page 11 of 14

I.D. NUMBER

1426590

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	d appearantses lating s survey rese ivery and r	returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and pr TRC candidate travel, lodging, a sarch TRS staff/spouse travel, lodging	es roduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Change Digital Communication 542 Ribolla Dr Fairfield, CA 94534	WEB	Digital Advertising	600.00
Bankcard Center 550 S Hope St, #100 Los Angeles, CA 90071	WEB	Zoom Expense	18.22
)—————————————————————————————————————			

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

SUBTOTAL \$

618.22

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

Amounts may be rounded to whole dollars.

		SCHEDULE G
Stat	ement covers period	CALIFORNIA 160
from	10/20/2024	FORM 400
through	n12/31/2024	Page 12 of 14
		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.

RAD radio airtime and production costs MBR member communications campaign paraphernalia/misc. returned contributions campaign consultants MTG meetings and appearances contribution (explain nonmonetary)\* OFC office expenses campaign workers' salaries PET petition circulating t.v. or cable airtime and production costs civic donations candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks polling and survey research staff/spouse travel, lodging, and meals fundraising events POL postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* ND

professional services (legal, accounting) legal defense PRO

campaign literature and mailings PRT print ads ЦΤ

transfer between committees of the same candidate/sponsor

VOT voter registration

information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
League of California Cities 1400 K St Sacramento, CA 95814	CVC	Donation	100.00
Roscoe's House of Chicken and Waffles 730 East Broadway Long Beach, CA 90802	CMP	Campaign Lunch	230.66
Delta 1030 Delta Blvd Atlanta, GA 30354	TRC		567.95
San Francisco Airport Parking Garage 790 N Mcdonnell Rd San Francisco, CA 94128	TRC	Travel Expense	150.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

1,048.61

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G (Continuation Sheet)	
Payments Made by an Agent or Independ	lent
Contractor (on Behalf of This Committee	e)

Amounts may be rounded to whole dollars.

	A TOTAL CONTROL OF THE PARTY OF				
Statement covers period	CALIFORNIA AGO				
from10/20/2024	FORM 400				
through12/31/2024	Page 13 of 14.				
0	I.D. NUMBER				

1426590

SCHEDULE G (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DEVIN T. MURPHY FOR PINOLE CITY COUNCIL 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

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 MTG meetings and appearances RFD returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET candidate filing/ballot fees РНО phone banks candidate travel, lodging, and meals staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research

IND independent expenditure supporting/opposing others (explain)\*

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Leila By the Bay 1991 Railroad Ave Hercules, CA 94547		Volunteer Thank You Breakfast	101.13
United States Postal Service	POS		247.00
2101 Pear St Pinole, CA 94564			

Attach additional information on appropriately labeled continuation sheets.

348.13

TOTAL\* \$

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule					SCHEDULE
discellaneous Increases to Cash		ounts may be rounded to whole dollars.	Statement covers		FORM 460
EE WATELIATIO	ON DEVEROE		through	024	Page14 of14
AME OF FILER	ONS ON REVERSE		H.		.D. NUMBER
DEVIN T. MUF	RPHY FOR PINOLE CITY COUNCIL 2024				1426590
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	ESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
12/01/2024	California Bank & Trust 550 S Hope St, #100 Los Angeles, CA 90071	Credit Card Sec	curity Hold Release		2,500.00
12/03/2024	Mechanics Bank 3190 Klose Way San Pablo, CA 94806	Transfer Amount	Correction		393.00
Attach add	ditional information on appropriately labeled continuation sheets.	'		SUBTOTAL \$	2,893.00
Schedule	I Summary				
	increases to cash this period		\$	2,893.00	
	ed increases to cash of under \$100 this period			0.00	
	Il interest received this period on loans made to others. (Schedule H,			0.00	
4. Total mise	cellaneous increases to cash this period. (Add Lines 1, 2, and 3. En	ter here and on the		2,893.00	
	,				FPPC Form 460 (Jan/2016

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

Recipient Commit Campaign Statem Cover Page				Date Stamp	CALIFORNIA 460
		Statement covers period from 10/20/24	Date of election if applicable: (Month, Day, Year)	JAN 3 1 202	or Official Use Only
SEE INSTRUCTIONS ON REVER	RSE	through <u>12-31-24</u>	_ 11-5-24	Office of the Cit	y Clerk
1. Type of Recipient Co	ommittee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate State Candidate Ele Recall (Also Complete Part 5)  General Purpose Common Sponsored Small Contributor C Political Party/Centre	nittee	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 1 Amendment (Explain t	nt	Quarterly Statement Special Odd-Year Report
3. Committee Informati	ion	I.D. NUMBER 1409274	Treasurer(s)		
	DIDATE'S NAME IF NO COMMITTE	E)	NAME OF TREASURER		
Committee to Elect M	aureen Toms to Pinole C	aty Council-2024	Maureen Toms MAILING ADDRESS		
	210				
). B	OX)		CITY		P CODE AREA CODE/PHONE
CITY	STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
Pinole  MAILING ADDRESS (IF DIFFER	CA 945 RENT) NO. AND STREET OR P.O. I		MAILING ADDRESS		
					4
CITY	STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZI	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADD	RESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
		wing this statement and to the best of most of California that the foregoing is true at By  By  Signature of California that By  By	•	Proponent or Responsible Officer of S State Measure Proponent	5 U
				EDDC Adidos	advice@fnnc ca gov (866/275-3772)

www.fppc.ca.gov

### Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page 2 of

Officeholder or Candidate Controlled Committee  NAME OF OFFICEHOLDER OR CANDIDATE  Maureen Toms		6.	6. Primarily Formed Ballot Measure Committee  NAME OF BALLOT MEASURE					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  City Council - Pinole, CA			BALLOT NO. OR LETTER JURISDICTION				] SUPPORT ] OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling office	eholder, candid	date, or state	measure prop	onent, if any.	
Related Committees Not Included in this Sta	toment. List any committees		NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT			
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	IF ANY	
COMMITTEE NAME	I.D. NUMBER	7.	Primarily Formed Cand	hidate/Offic	abolder Co	mmittee	at names of	
NAME OF TREASURER	CONTROLLED COMMITTEE?	,	officeholder(s) or candidate(s)					
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary								

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

from 10/20	nent covers period 0/24	CALIFORNIA 460
through 1	2/31/24	Page 3 of 5
		1.D. NUMBER 1409274

Committee to Elect Maureen Toms to Pinole City Council-2024					1409274
Contributions Received	(	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	gri	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions Schedule A, Line 3     Loans Received Schedule B, Line 3	\$	1850.00	\$	7842.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	1850.00	\$	7842.00	20. Contributions Received \$\$
4. Nonmonetary Contributions	\$	1850.00	\$	7842.00	21. Expenditures Made \$\$
Expenditures Made  6. Payments Made	\$	2627.36	\$	8882.82	Expenditure Limit Summary for State Candidates
8. SUBTOTAL CASH PAYMENTS	\$	2627.36	\$	8882.82	22. Curnulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date
10. Nonmonetary Adjustment		2627.36	\$	8882.82	(mm/dd/yy) \$
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.	\$	1101.32 1850.00 2627.36 323.96	and of an be sh	calculate Column B, d amounts in Column to the corresponding nounts from Column B your last report. Some nounts in Column A may negative figures that ould be subtracted from evious period amounts. If s is the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		file on	ed for this calendar year, ly carry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See Instructions on reverse	\$	<u> </u>		• •	1
19. Outstanding Debts	\$				FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

Schedule A Monetary Contributions Received			its may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460		
SEE INSTRUCTI	ONS ON REVERSE	e <sup>s</sup>		through <u>12/31/24</u>		Page		
NAME OF FILER Committee	to Elect Maureen Toms to Pinole City Council -2024		***				109274	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/24/24	Operating Engineers Local 3 District 20 Political Action Committee ID 891396 3000 Clayton Road Concord, CA. 94519	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		750.00	750.00			
10/24/24	CA Real Estate PAC #890106 c/o Reed & Davidson, LLP 515 S. Figueroa St. 1110 Los Angeles, CA. 90071	☐IND ☐COM ØOTH ☐PTY ☐SCC	14	1000.00	1000.00			
* 1		□IND □COM □OTH □PTY □SCC	-	n w				
re.	N.	□IND □COM □OTH □PTY □SCC	r					
1.	3	☐IND ☐COM ☐OTH ☐PTY ☐SCC		, ,			- - -	
			SUBTOTAL	\$				
1. Amount re (Include a	A Summary ceived this period – itemized monetary contributions Il Schedule A subtotals.)			50.00	IND - COM OTH PTY	(other – Other – Politic	ual ient Committee than PTY or SCC) (e.g., business entity)	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1	.) <b>TOTAL</b> \$ <sup>17</sup>	50.00		FPI	PC Form 460 (Jan/2016	

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

www.fppc.ca.gov

Schedule	E
<b>Payments</b>	Made

Zoom

**Schedule E Summary** 

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA 160
from	FORM TOO
through <u>12/31/24</u>	Page 5 of 5
	I.D. NUMBER
	1/0027/

	1rom	
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/24</u>	Page 5 of 5
NAME OF FILER		I.D. NUMBER
Committee to Elect Maureen Toms to Pinole City Council -2024		1409274

CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member cor MTG meetings an OFC office expen PET petition circum POL polling and sepond sepon	nmunications Id appearances ses Idating s survey research	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production co TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meal transfer between committees of the s	s ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
RCA Superprint 635 Main Street Martinez, CA. 94553		LIT	flyers	1998.61
Staples 1200 Fitzgerald Way Pinole, CA. 94564		OFC LIT	supplies - Photo Copes	211.38

	2382.68
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$ 2302.00

**WEB** 

**ZOOM Subscription** 

1. Itemized payments made this period. (Include all Schedule E subtotals.)	2382.68
	244.67
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.)	

FPPC Form 460 (Jan/2016))

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

172.69

COVER PAGE

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#### Recipient Committee Campaign Statement Cover Page — Part 2

COVE	R PAGE - PART Z
CALIFORM FORM	NIA 460
Page 2	of_4

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    CONTROLLED COMMITTEE?	Officeholder or Candidate Controlled Commi	ttee		6.		Primarily Formed Ballot	Measure C	ommittee		
DEFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  N/A  ESTIMATIVE DISTRICTS ON 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  CONTROLLED COMMITTEE?  OFFICE HOLDER, CANDIDATE, OR PROPONENT  OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY  OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  I.D. NUMBER  OFFICE HOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HEL	NAME OF OFFICEHOLDER OR CANDIDATE				3	NAME OF BALLOT MEASURE				
SUPPOR   N/A   STATE   ZIP   Pinole   CA   94564	Peter Murray -#1452419									
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   I.D. NUMBER	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF A	PPLICABLE)			BALLOT NO. OR LETTER	JURISDICTIO	N		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	N/A									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  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  COMMITTEE NAME  LD. NUMBER  COMMITTEE NAME  LD. NUMBER  LD. NUMBER  LD. NUMBER  COMMITTEE NAME  COMMITTEE NAME  LD. NUMBER  LD. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SICH COMMITTEE?	PESIDENTIAL PUSINESS ADDRESS (NO AND STREET) C	TY S	STATE Z	IP .						
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?    YES   NO		Pinole	CA 945	564		the second secon			measure pro	ponent, it any.
To contributions or make expenditures on behalf of your candidacy.    I.D. NUMBER   I.						NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PI	ROPONENT		
To contributions or make expenditures on behalf of your candidacy.    I.D. NUMBER   I.	Polated Committees Not Included in this Sta	tomont: Lietor	ny committe	MC .						
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Officeholder(s) or candidate(s) for which this committee is primarily formed.    YES	COMMITTEE NAME	I.D. NUMBER								
Officeholder(s) or candidate(s) for which this committee is primarily formed.    YES										
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			TA CODE (S)	IONE						
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary	CITY STATE ZIP C	ODE ARE	EA CODE/PF	IONE		Attac	ch continuatio	n sheets if n	ecessary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from OCTOBER 21,2024 CALIFORNIA FORM FORM 460 through DECEMBER 31,2024 Page 3 of 4

SEE INSTRUCTIONS ON REVERSE			throughDECEMBER 31,2024	Page of			
NAME OF FILER				I.D. NUMBER			
PETER MURRAY				1452419			
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN E CALENDAR YEA TOTAL TO DAT		Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
<ol> <li>Monetary Contributions</li> <li>Loans Received</li> <li>Schedule A, Line 3</li> <li>SUBTOTAL CASH CONTRIBUTIONS</li> <li>Add Lines 1 + 2</li> <li>Nonmonetary Contributions</li> <li>Schedule C, Line 3</li> <li>TOTAL CONTRIBUTIONS RECEIVED</li> <li>Add Lines 3 + 4</li> </ol>	\$	\$	20. Contributions	\$\frac{0}{2}\$			
Expenditures Made  6. Payments Made	\$ 70.	\$	Candidates	Summary for State  ive Expenditures Made* b Voluntary Expenditure Limit)  Total to Date  \$ _0			
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts	70. \$ 1589.58 \$ 0	To calculate Column add amounts in Col A to the correspond amounts from Colum of your last report. amounts in Column be negative figures should be subtracte previous period amounts is the first repor filed for this calendary carry over the afrom Lines 2, 7, and any).	umn ing mn B Some A may that ed from ounts. If t being ar year, amounts	\$_0may be different from amounts			
18. Cash Equivalents See instructions on reverse  19. Outstanding Debts	\$ <u>0</u>		FPPC Advice: ad	FPPC Form 460 (Jan/2016) vice@fppc.ca.gov (866/275-3772 www.fppc.ca.go			

						SCHEDULE E
Schedule E	Amounts may b to whole do			Statement covers period		ORNIA 460
Payments Made				from October 21,2025	FO	RM TOO
				throughDecember31,2024	Page _	4 of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					I.D. NUM	IBER
PETER MURRAY					14524	119
CODES: If one of the following codes accurately describe  CMP campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and su POS postage, deliv	munications I appearance es ating urvey resear very and me	es ch	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production candidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees VOT voter registration WEB information technology costs	uction costs i meals and meals of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Mechanics Bank 2690 Pinole Valley Road		PRO	Bank fees and s	ervices		70.
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.		su	BTOTAL	70.
Schedule E Summary						
Itemized payments made this period. (Include all Schedule)	e E subtotals.)				\$_	
2. Unitemized payments made this period of under \$100				***************************************	\$	70.
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Par	t 1, Colun	nn (e).)		\$_	
4. Total payments made this period. (Add Lines 1, 2, and 3. E						
						Form 460 (Jan/2016))

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

Recipient Committee			1	Data Otama		COVER PAGE
Campaign Statement				Date Stamp	C	ALIFORNIA 460
Cover Page				RECEIVED		FORM
	Statement covers period	Date of election if appli		JAN 2 <b>8</b> 2025	P	age of
	from 10/20/24					
SEE INSTRUCTIONS ON REVERSE	through1/31/25	November 5, 202	<u>Qffid</u>	of the City	Clerk	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statem	ent:			
O State Candidate Election Committee O Recall (Also Complete Part 5)  ✓ General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Sta ☐ Semi-annual St ☐ Termination Sta (Also file a Fort ☐ Amendment (E	tatement atement m 410 Tei	·		Statement Odd-Year Report
	). NUMBER 1404981	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1404961	NAME OF TREASURER		in		
Pinole 4 Fair Government		Ivette Ricco				
		MAILING ADDRESS				
CTREET ADDRESS (NO DO DOV)		CITY		STATE	ZIP CODE	AREA CODE/PHONE
		Pinole		Ca	94564	AREA CODEPENDIVE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TR	REASURER			
Pinole Ca 9456	4	9				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS				
CITY STATE ZIP CO	DEABEA CODE/BHONE	CITY		STATE	ZIP CODE	AREA CODE/PHONE
Pinole Ca 9456	4					
OPTIONAL: FAX / E-MAIL ADDRESS	<del></del>	OPTIONAL: FAX / E-MAIL	L ADDRES	S	N	
4. Verification		-		-		
I have used all reasonable diligence in preparing and reviewin	ng this statement and to the best of my	nowledge the information co	ontained l	herein and in the atta	ched schedu	es is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and	correct				
Executed on 1/28/25	Ву	Signature of Treasurer of	or Assistant	Treasurer		
Executed onDate	BySignature of Contro	lling Officeholder, Candidate, State N	Measure Pro	ponent or Responsible Offic	er of Sponsor	
Executed on	Bys	gnature of Controlling Officeholder, C	Candidate, Si	tate Measure Proponent		<del>-</del> :
Executed on	Ву					<b>-</b> 1;
Date	S	gnature of Controlling Officeholder, C	Jandidate, St	rate measure Proponent		

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

#### Campaign Disclosure Statement **Summary Page**

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ \_\_\_\_

19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ \_\_\_\_\_

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 10/20/24 FORM from 1/31/25 through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pinole 4 Fair Government

1404981 Column A Column B **Calendar Year Summary for Candidates** Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 00.00 00.00 1/1 through 6/30 7/1 to Date 00.00 00.00 Loans Received Schedule B, Line 3 00.00 20. Contributions 00.00 Received \$\_\_\_\_\_\$\_\_\_ 00.00 00.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 00.00 00.00 Made **Expenditures Made Expenditure Limit Summary for State** 200.00 6. Payments Made...... Schedule E, Line 4 \$ 200.00 Candidates 00.00 00.00 7. Loans Made..... Schedule H. Line 3 22. Cumulative Expenditures Made\* 00.00 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ \_\_\_\_\_ 00.00 (If Subject to Voluntary Expenditure Limit) 00.00 00.00 Date of Election Total to Date 00.00 00.00 (mm/dd/yy) 200.00 200.00 **Current Cash Statement** 1872.62 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ \_\_\_\_\_ To calculate Column B, 00.00 add amounts in Column A to the corresponding 00.00 \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 200.00 of your last report. Some 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 1672.62 be negative figures that should be subtracted from

0.00

0.00

0.00

anv).

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

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

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE	E (CONT.)
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Statement covers period	CALIFORNIA ACC
from 10/20/24	FORM 460
through 1/31/25	Page 3 of 3
1	I.D. NUMBER
	1404981

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pinole 4 Fair Government

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

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

PRT print ads

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
California Secretary of State 1500 11th Street Sacramento, Ca. 95814	OFC	Annual Fee	200.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

200.00

Recipient Committee				COVER PAGE
Campaign Statement Cover Page			Date Stamp	california 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from $\frac{7/1/2024}{}$ through $\frac{12/31/2024}{}$	Date of election if applicable: (Month, Day, Year)	JAN 3 1 2025	For Official Use Only
Type of Recipient Committee: All Committees - Col		2. Type of Statement:	ffice of the City	Cleik
✓ 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 Scomplete Part 6) Primarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	t 🔲 Sp ermination)	uarterly Statement pecial Odd-Year Report
3 Committee Information 18	. NUMBER 446701	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Menis for Pinole City Council 2026	110/01	NAME OF TREASURER Rafael Menis MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY		CODE AREA CODE/PHONE
CITY STATE ZIP CO Pinole CA 9456		Pinole NAME OF ASSISTANT TREASUR		1564
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 rafael.menis@gmail.com		OPTIONAL: FAX / E-MAIL ADDRE	ESS	
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on     1/31/2025   Date	California that the fore	knowledge the information contained  e of Treasurer or Assistant trolling Officeholder, Candidate, State Measure Pro	Treasurer	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	
Executed on	Ву	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

COVER PAGE - PART 2						
CALIFORI FORM	VIA 460					
Page 2	of 4					

i. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure Comm	ttee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Rafael Menis						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	E	SUPPORT
Pinole City Councilmember						OPPOSE
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP Pinole CA 94564		Identify the controlling office	nolder, candidate, or	state measure prop	oonent, if any.
Rolated Committees Net In alread in this Stee			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROPONE	NT	
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	IF ANY
NAME OF TREASURER	I.D. NUMBER  CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	idate/Officeholde	r Committee Li	st names of
	YES NO					
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	iox)		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICI	E SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C			NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICI	E SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE	E SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFIC	SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C			Attac	ch continuation sheet	s if necessary	

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{7/1/2024}{}$	CALIFORNIA 460
through	Page_3 of4
= -112	LD. NUMBER
	1446701

Rafael Menis			1446701
Loans Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  \$ \frac{0}{0} \$ \frac{0}{0} \$ \$ \frac{0}{0} \$ \$ \frac{0}{0}	Column B	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$\$  21. Expenditures Made \$\$ \$
7. Loans Made	\$ \frac{60}{0} \\ \$ \frac{60}{0} \\ \$ \frac{0}{0} \\ \$ \frac{0}{60} \\ \$ \$ \frac{60}{0} \\ \$ \$ \$ \frac{60}{0} \\ \$ \$ \$ \frac{60}{0} \\ \$ \$ \$ \$ \frac{60}{0} \\ \$ \$ \$ \$ \$ \frac{60}{0} \\ \$ \$ \$ \$ \$ \$ \$ \$ \$ \frac{60}{0} \\ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$\frac{235}{0}\$ \$\frac{235}{0}\$ \[ \begin{picture}(60,0) \\ \cdot \cdot \\ \cdot \\ \cdot \\ \cdot \\ \cdot \cdot \\ \cdot \\ \cdot \cdot \cdot \\ \cdot \cdot \cdot \\ \cdot \cdot \cdot \\ \cdot \cd	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)
13. Cash Receipts	\$ \( \frac{201.97}{0} \) \( \frac{0}{60} \) \( \frac{141.97}{0} \)	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
	\$ 0		FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

						SCHEDULE
Schedule E	Amounts may b to whole de			Statement covers perio	CALIF	ORNIA 460
Payments Made				from	FC	RM <b>TO</b>
SEE INSTRUCTIONS ON REVERSE				through_12/31/2024	Page_	4 of _4
NAME OF FILER					I.D. NUI	
Rafael Menis					14467	01 
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu. PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	imunications d appearances ses lating urvey research very and mess	s h senger services	RAD radio airtime and production of the payments of the paymen	action costs aries I production cost Ig, and meals ging, and meals nittees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DI	ESCRIPTION OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.			SUBTOTAL	\$
Schedule E Summary						
<ol> <li>Itemized payments made this period. (Include all Schedul</li> <li>Unitemized payments made this period of under \$100</li> </ol>						50
3. Total interest paid this period on loans. (Enter amount from						
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summa	ary Page, Colum	n A, Line 6.)	TOTAL \$_	50

FPPC Form 460 (Jan/2016))

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

Paginiant Committee				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	california 460 form
SEE INSTRUCTIONS ON REVERSE	Statement covers period from $\frac{10/22/2024}{\text{through}}$	Date of election if applicable: (Month, Day, Year)  November, 5, 2024	JAN 3 1 2025	Page 1 of 6 For Official Use Only
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	or the only t	ALTIK.
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	rmination)	euarterly Statement pecial Odd-Year Report
3 COMMITTEE INFORMATION	D. NUMBER 467612	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	10/012	NAME OF TREASURER	-	
Menis for Treasurer 2024		Rafael Menis		
		WAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIF	P CODE AREA CODE/PHONE
		Pinole		4564
STATE ZIP CO		NAME OF ASSISTANT TREASURI	ER, IF ANY	
Pinole CA 9456 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO.		MAILING ADDRESS		
AND THE CONTROL OF THE PROPERTY OF THE PROPERT				
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIF	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ree	
me@menisfortreasurer.org		OF HONAL, FAXY E-MIAIL ADDING		
4. Verification				
I have used all reasonable diligence in preparing and reviewi			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	correct		
Executed on 1/31/2025	Ву	ature of Treasurer or Assistant	Treasurer	
Executed on 1/31/2025	Ву			
Date	Signature of Con	trolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Sp	oonsor
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	state Measure Proponent	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	
Date		orginature or controlling concentrate, candidate, c	rate medaule Flubuliant	

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

# Recipient Committee Campaign Statement Cover Page — Part 2

	NIA 460
FORM	460
Page 2	of 6

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure (	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Rafael Menis							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTIO	N		SUPPORT
Pinole City Treasurer							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP Pinole CA 94564		Identify the controlling officel		•	measure prop	onent, if any.
Related Committees Not Included in this Star not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER	ç.	·				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	committee is p	orimarily forme	st names of d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B		2	NAME OF OFFICEHOLDER OR C	CANDIDATÉ	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIPC			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	ī.	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMITTEE?	ē Ē	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIPC	NO .		Atta	ch continuatio	on sheets if n	ecessary	

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rafael Menis

Amounts may be rounded to whole dollars.

SUMMARY PAGE

mars.	Statement covers period from 10/22/2024	CALIFORNIA 460
	through <u>12/31/2024</u>	Page _3 of _6
		I.D. NUMBER
		1467612

Contributions Received  1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  \$ \frac{400}{0} \$ \frac{400}{0} \$	\$ 5738 \$ 5738 \$ 200.25 \$ 5938.25	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$ 882.50 \$ 882.50 0 882.50	\$ 5728.46 \$ 5728.46 0 200.25 \$ 5928.71	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.  FPPC Form 460 (Jan/2016)  FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule	Α	
Monetary	<b>Contributions</b>	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received			from 10/22/2024	-	CALII	ornia 460
SEE INSTRUCTIO	DNS ON REVERSE			through	024	Page	4of_6
NAME OF FILER Rafael Menis						1.D. NU	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN, 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
11/2/2024	Contra Costa Young Democrats 1990 N California Blvd Suite 1010 Walnut Creek, CA 94596 FPPC ID# 1361702	☐ IND  ☐ COM ☐ OTH ☐ PTY ☐ SCC		300	300		300
12/31/2024	Rafael Menis	☑IND □COM □OTH □PTY □SCC	Allpro Staffnet, Home Care Aide	100	1050		1050
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL S	\$ 400			
Amount re (Include al     Amount re	A Summary ceived this period – itemized monetary contributions Il Schedule A subtotals.)			0	IND COM	(other   – Other   – Politica	ial ient Committee than PTY or SCC) (e.g., business entity)
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1	.) <b>TOTAL</b> \$ 40	00	EDDC Advice: advi		C Form 460 (Jan/2016))

### Schedule D Summary of Expenditures Supporting/Opposing Other

Amounts may be rounded to whole dollars.

SCHEDULE D Statement covers period CALIFORNIA 460 from \_\_\_\_\_10/22/2024

Candidates, Measures and Committees								
SEE INSTRUCT	ONS ON REVERSE				through 12/31/202	4	Page5	of
NAME OF FILER							I.D. NUM	
Rafael Menis							146761	2
DATE	MEASURE NUMBER OR	OFFICE, AND DISTRICT, OR LETTER AND JURISDICTION, OMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDA (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
12/31/2024		Pinole City Council 2024 uite 700, Inglewood CA	Monetary Contribution Nonmonetary Contribution	Payment for joint literature	428	428		428
1	90301 FFF C 1D# 1420.	Oppose	Independent Expenditure					
			Monetary Contribution					
			Nonmonetary Contribution					
	☐ Support	☐ Oppose	Independent Expenditure					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Monetary Contribution					
			Nonmonetary Contribution					
	☐ Support	☐ Oppose	Independent Expenditure					
				SUBTOTAL	<b>\$</b> 428			
Schedule	D Summary		,					400
				de all Schedule D subtotals			\$ _	428
2. Unitemize	ed contributions and ind	ependent expenditures m	ade this period of u	nder \$100			\$_	100
				s 1 and 2. Do not enter on				428

	A					SCHEDULE
Schedule E	Amounts may be rounded to whole dollars.			Statement covers period	CALIF	FORNIA 460
Payments Made				from 10/22/2024	FORM	
				through 12/31/2024	Page_	6 of6
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					I.D. NU	
Rafael Menis					14676	512
CODES: If one of the following codes accurately described in the contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating urvey reseal very and me	es	wise, describe the payment.  RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production recommendate travel, lodging, and staff/spouse travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration WEB information technology costs	uction cost d meals and meals s of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Contra Costa County Department of Elections 555 Escobar St. Martinez CA 94553		POL	Vote By Mail Data	Subscription		100
Stephen Tilton		RFD	Forced refund by c	ard carrier- unclear if intended.		300
Devin T. Murphy for Pinole City Council 2024  1 W. Manchester St, Suite 700, Inglewood CA 90301 FPPC ID	)# 1426590	CTB,	Payment for share	of campaign letter/literature		428
* Payments that are contributions or independent expenditures must a	lso be summarized on Sche	dule D.		su	BTOTAL	<b>\$</b> 828
Schedule E Summary				,		
1. Itemized payments made this period. (Include all Scho	edule E subtotals.)				\$_	828
2. Unitemized payments made this period of under \$100						54.5
3. Total interest paid this period on loans. (Enter amount						

FPPC Form 460 (Jan/2016))

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

Decinions Officerittes				COVER PAGE
Recipient Committee Campaign Statement		45	Date Stamp	CALIFORNIA 460
Cover Page			RECEIVED	
	Statement covers period from 10/20/24	Date of election if applicable: (Month, Day, Year)	JAN 28 2025	Page1 of3 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through1/31/25	November 5, 2022 ffic	e of the City (	Clerk
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5)  ✓ General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored tso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee tso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt t ermination)	Quarterly Statement Special Odd-Year Report
	NUMBER 404981	Treasurer(s)		*
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	404361	NAME OF TREASURER	419	
Pinole 4 Fair Government		Ivette Ricco		
STREET ADDRESS (NO P.O. BOX)		CITY Pinole	STATE Ca	ZIP CODE 94564
CITY STATE ZIP COD Pinole Ca 94564		NAME OF ASSISTANT TREASURE	ER, IF ANY	
MANUNC APPRESS (IS DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	-99	* *
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
Pinole Ca 94564	5		_	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	
4. Verification				÷
I have used all reasonable diligence in preparing and reviewin	g this statement and to the best of my k	nowledge the information contained	d herein and in the attach	ned schedules is true and complete. I
certify under penalty of perjury under the laws of the State of C	California that the foregoid			
Executed on 128125	Ву	Signature of Treasurer or Assistan	nt Treasurer	
Executed onDate	By Signature of Control	lling Officeholder, Candidate, State Measure P	roponent or Responsible Officer	of Sponsor
Executed onDate	BySignature	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed on	By	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	

FPPC Form 460 (Jan/2016)

#### Campaign Disclosure Statement **Summary Page**

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ \_\_\_\_

19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ \_\_\_\_\_

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 10/20/24 FORM from 1/31/25 through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pinole 4 Fair Government

1404981 Column A Column B **Calendar Year Summary for Candidates** Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 00.00 00.00 1/1 through 6/30 7/1 to Date 00.00 00.00 Loans Received Schedule B, Line 3 00.00 20. Contributions 00.00 Received \$\_\_\_\_\_\$\_\_\_ 00.00 00.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 00.00 00.00 Made **Expenditures Made Expenditure Limit Summary for State** 200.00 6. Payments Made...... Schedule E, Line 4 \$ 200.00 Candidates 00.00 00.00 7. Loans Made..... Schedule H. Line 3 22. Cumulative Expenditures Made\* 00.00 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ \_\_\_\_\_ 00.00 (If Subject to Voluntary Expenditure Limit) 00.00 00.00 Date of Election Total to Date 00.00 00.00 (mm/dd/yy) 200.00 200.00 **Current Cash Statement** 1872.62 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ \_\_\_\_\_ To calculate Column B, 00.00 add amounts in Column A to the corresponding 00.00 \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 200.00 of your last report. Some 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 1672.62 be negative figures that should be subtracted from

0.00

0.00

0.00

anv).

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

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

Schedule.		
(Continuat	tion S	heet)
<b>Payments</b>	Made	9

Amounts may be rounded to whole dollars.

MBR member communications

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

	SCHEDULE E (CONT.					
Statement covers period	CALIFORNIA AGO					
from 10/20/24	FORM 460					
through 1/31/25	Page 3 of 3					
	I.D. NUMBER					

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

NAME OF FILER

Pinole 4 Fair Government

1404981

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	office expenses PET petition circulating PHO phone banks POL polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/s VOT voter registration WEB information technology costs (internet, e-mail)					
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)			CODE	0	R	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
California Secretary of State 1500 11th Street Sacramento, Ca. 95814			OFC		Annual Fee			200.00
* Payments that are contributions or independent expenditures must also be	e summ	arized on Sche	dule D.				SUBTOTAL	\$ 200.00