497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing 9/18/26	Date Stamp	CALIFORNIA FORM 497
Sandoval for Pinole City Council 2026				
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER (if applicable) 1488433	Report No.	RECEIVED SEP 18 2026 Office of the City Clerk	For Official Use Only
STREET ADDRESS [redacted]		☐ Amendment to Report No. (explain below)		
CITY Pinole	STATE CA / ZIP CODE 94564	No. of Pages 1		

1. Contribution(s) Received

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
9/17/26	Plumbers and Steamfitters Local 342 Politcal Action Committee Fund 935 Detriot Ave, Concord, CA 94518 FPPC: 890268	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$1000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____

497 Contribution Report

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NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
LAM-JULIAN FOR PINOLE CITY COUNCIL 2026			RECEIVED AUG 20 2026 Office of the City Clerk	For Official Use Only
AREA CODE/PHONE NUMBER: [redacted]	I.D. NUMBER (if applicable): 1480201	Report No.		
STREET ADDRESS: [redacted]		☐ Amendment to Report No. (explain below)		
CITY: PINOLE	STATE: CA / ZIP CODE: 94564	No. of Pages		

1. Contribution(s) Received

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08/19/2026	U.A. LOCAL 342 P.A.C. FUND 935 DETROIT AVENUE CONCORD, CA 94518	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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NAME OF FILER		Date of This Filing 9/18/2026	Date Stamp	CALIFORNIA FORM 497
Truc "Christy" Lam-Julian			RECEIVED SEP 18 2026 Office of the City Clerk	For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER (if applicable) 1480201	Report No. 2		
STREET ADDRESS [redacted]		☐ Amendment to Report No. (explain below)		
CITY Pinole	STATE CA / ZIP CODE 94564	No. of Pages		

1. Contribution(s) Received

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
9/17/2026	International Brotherhood if Electrical Workers Local 302 Julian Vinatieri, Business Agent 1875 Arnold Drive Martinez, CA 94553-4239	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

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Reason for Amendment: _____

497 Contribution Report

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NAME OF FILER: Matthew Avery For City Council 2026	Date of This Filing: 9/15/2026	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER: [redacted]	I.D. NUMBER (if applicable): FPPC # 1494612	Report No.	RECEIVED SEP 15 2026 Office of the City Clerk	For Official Use Only
STREET ADDRESS: [redacted]		☐ Amendment to Report No. (explain below)	
CITY: Pinole	STATE: CA	ZIP CODE: 94564	No. of Pages: 1	

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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
9/13/2026	Peace Officers Research Association of California	☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC		$1000.00 ☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ____% Provide interest rate

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Reason for Amendment: _____

497 Co. ibution Report

Amounts may ounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Matthew Avery for City Council 2026		9/16/2026	RECEIVED SEP 16 2026 Office of the City Clerk	For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER (if applicable) 1494612	Report No.		
STREET ADDRESS [redacted]		☐ Amendment to Report No. (explain below)		
CITY Pinole	STATE CA / ZIP CODE 94564	No. of Pages		

1. Contribution(s) Received

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9/16/2026	Union City Police Officer's Association PAC ID# 1417324	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$1000.00 ☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ____% Provide interest rate

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