

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/2026
through 9/19/2026

Date of election if applicable:
(Month, Day, Year)

11/3/2026

Date Stamp
RECEIVED
SEP 24 2026
Office of the City Clerk

CALIFORNIA FORM **460**
Page 1 of 9
For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☒ 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)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1468478

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

LAM-JULIAN 4 PINOLE CITY COUNCIL 2024 2026

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

PINOLE CA 94564 ea

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

KARIN HOSELTON

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/24/2026
Date

Executed on 9/24/2026
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

TRUC (CHRISTY) LAM-JULIAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] 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
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from July 1 2026
through Sept. 19 2026

CALIFORNIA
FORM **460**

Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lam- Julian for Pinole City Council 2026

I.D. NUMBER

1480201

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions.....	Schedule A, Line 3	\$ <u>8195.00</u>	\$ <u>8195.00</u>
2. Loans Received.....	Schedule B, Line 3		<u>3000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ <u>8195.00</u>	\$ <u>11,195.00</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ <u>8195.00</u>	\$ <u>11,195.00</u>

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

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

6. Payments Made.....	Schedule E, Line 4	\$ <u>2380.51</u>	\$ <u>2380.51</u>
7. Loans Made.....	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <u>2380.51</u>	\$ <u>2380.51</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3		
10. Nonmonetary Adjustment.....	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <u>2380.51</u>	\$ <u>2380.51</u>

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
<u> / / </u>	\$ _____
<u> / / </u>	\$ _____

Current Cash Statement

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ <u>3000.00</u>
13. Cash Receipts.....	Column A, Line 3 above	<u>8195.00</u>
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	<u>0</u>
15. Cash Payments.....	Column A, Line 8 above	<u>2380.51</u>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>8814.49</u>

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.

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 \$ _____

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from July 1 2026
through Sept 19 2026

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lam. Julian for Pinole City Council 2026

I.D. NUMBER

1480201

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/14/26	Melinda Liu [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer Self-employed	\$ 100	\$ 100	
7/15/26	Phoebe Shin Venkat [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Associate Director ALAS	\$ 200	\$ 200	
7/23/26	Cameron Sasai [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Policy Coordinator CA Immigrant Policy Center	\$ 100	\$ 100	
7/26/26	Carol Dunn [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	none	\$ 100	\$ 100	
8/12/26	Molly Boyatt [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retire	\$ 100	\$ 100	
SUBTOTAL \$				600		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 7540
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 655
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... TOTAL \$ 8195

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>July 1 2026</u> through <u>Sept. 19 2026</u>		CALIFORNIA FORM 460 Page <u>5</u> of <u>9</u> I.D. NUMBER <u>1480201</u>

NAME OF FILER

Lam-Julian for Pinole City Council 2026

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/6/26	Rafael Herrera [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Fingerprint Tech San Francisco Sheriff's Office	\$ 100	\$ 100	
8/1/26	George Pursley [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Instructor Berkeley City College	\$ 150	\$ 150	
8/1/26	Kristen Pursley [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher WCCAE	\$ 150	\$ 150	
7/28/26	Adrienne Borgia [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	none	\$ 188	\$ 188	
8/12/26	Andy Evans [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Firefighter SCCFD	\$ 188	\$ 188	
SUBTOTAL \$ <u>776</u>						

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>July 1 2026</u> through <u>Sept 19 2026</u>	CALIFORNIA FORM 460
Page <u>6</u> of <u>9</u>	I.D. NUMBER <u>1480201</u>

NAME OF FILER

Lam- Julian for Pinole City Council 2026

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/26	Trung Lam [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive State of Hawaii	\$188	\$188	
8/14/26	Carletta Evans Steele [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$200	\$200	
8/22/26	Joshua Steele [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager AmCor Packaging	\$250	\$250	
8/11/26	Anna Smith [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Educator Self-employed	\$288	\$288	
8/12/26	Brandon Lam [REDACTED]	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Firefighter SCCFD	\$288	\$288	
SUBTOTAL \$				<u>1214</u>		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>July 1 2026</u> through <u>Sept. 19 2026</u>		CALIFORNIA FORM 460
Page <u>7</u> of <u>9</u>		
NAME OF FILER <u>Lam-Julian for Pinole City Council 2026</u>		I.D. NUMBER <u>1480201</u>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/22/26	Stephen Tilton [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$500	\$500	
7/24/26	James Julian [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	District Mgr. Compass Group	\$500	\$500	
8/3/26	Julie Schiro [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Customer Service Fedex	\$500	\$500	
8/24/26	David G Smith [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance Broker Trans Bay Insurance Agency	\$500	\$500	
9/3/26	Jennifer Julian-Chambers [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ELPAC Tester SCOE	\$500	\$500	
SUBTOTAL \$ 2500						

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>July 1 2026</u> through <u>Sept. 19 2026</u>		CALIFORNIA FORM 460 Page <u>8</u> of <u>9</u> I.D. NUMBER <u>1480201</u>

NAME OF FILER

Lam-Julian for Pinole City Council 2026

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/20/26	UA Local 342 P.A.C. Fund 935 Detroit Ave Concord CA 94518 FPR #890268	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		\$ 1000	\$ 1000	
9/2/26	Verda Boyd [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$ 100	\$ 100	
9/9/26	Bricklayers & Allied Craftworkers Local #3 8201 Capwell Dr Oakland CA 94621 ID # 1244975	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		\$ 250	\$ 250	
9/11/26	IBEW 302 Comm Candidates PAC 1875 Arnold Dr Martinez CA 94553 ID # 1300752	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		\$ 1000	\$ 1000	
8/26/26	Gayland Forsberg [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect Stone Bridge Homes NW	\$ 100	\$ 100	
SUBTOTAL \$ 2450						

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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period
from July 1 2026
through Sept 19 2026

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lam-Julian for Pinole City Council 2026

I.D. NUMBER

1480201

CODES: If one of the following codes accurately describes the payment, you may 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
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
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/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Pinole 2131 Pear St. Pinole CA 94564	FIL	Candidate Statement	\$416. ⁰⁰
AABCO Printing 1300 Galaxy Way Ste 20 Concord CA 94520	CMP		\$1838.63

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$ 2254.63
 2. Unitemized payments made this period of under \$100..... \$ 125.88
 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 0
 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** 2380.51

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)

11/03/2026

☐ Amendment (Explain Below)

Date Stamp

RECEIVED

SEP 21 2026

Office of the City Clerk

CALIFORNIA
FORM

470

For Official Use Only

1. Statement Covers Calendar Year 20 ²⁶ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Libby Duarte

STREET ADDRESS

CITY

Pinole

STATE

CA

ZIP CODE

94564

AREA CODE/DAYTIME PHONE NUMBER

415-359-3678

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

For Pinole City Council 2026

JURISDICTION (LOCATION)

Pinole, CA - Contra Costa

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

Libby Duarte for Pinole City Council 2026

Libby Duarte

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

09/21/26

Executed on

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Statement covers period from <u>7/1/2026</u> through <u>9/19/2026</u>	Date of election if applicable: (Month, Day, Year) <u>Nov. 3, 2026</u>	Date Stamp RECEIVED SEP 24 2026 Office of the City Clerk	CALIFORNIA FORM 460 Page <u>1</u> of <u>11</u> For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☒ 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)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1494612

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Matthew Avery for City Council

STREET ADDRESS (NO P.O. BOX)

Pinoles

CITY

CA

STATE

94564

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

Beyn Avery

NAME OF TREASURER

MAILING ADDRESS

Pinoles

CITY

CA

STATE

94564

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

9/22/2026

Date

Executed on

Date

Executed on

Date

Executed on

Date

By

Signature of Treasurer or Assistant Treasurer

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Matthew Avery

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP

Pinole CA 94564

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Statement covers period from <u>7/1/26</u> through <u>9/19/26</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>11</u>	I.D. NUMBER <u>1494612</u>

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>5098.79</u>	\$ <u>5098.79</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>1751.00</u>	\$ <u>1751.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>6849.79</u>	\$ <u>6849.79</u>
4. Nonmonetary Contributions..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>6849.79</u>	\$ <u>6849.79</u>

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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>4951.32</u>	\$ <u>4951.32</u>
7. Loans Made..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>4951.32</u>	\$ <u>4951.32</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3		
10. Nonmonetary Adjustment..... Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ _____	\$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u> </u> / <u> </u> / <u> </u>	\$ _____
<u> </u> / <u> </u> / <u> </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>6849.79</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	
15. Cash Payments..... Column A, Line 8 above	\$ <u>4951.32</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1898.47</u>

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.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 1/1/26
through 9/19/26

CALIFORNIA FORM **460**

Page 4 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Matthew Avery For City Council

I.D. NUMBER

1494612

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/23/2026	Debbie Long Pinole City Council 2022	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		\$ 200.00	\$ 200.00	
8/23/2026	Robin Mac Donald [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Sa Shay's Hair and Nail Salon	\$ 100.00	\$ 100.00	
8/23/2026	Sheila Grist [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Admin. Assistant Self Help for Elderly	\$ 20.00	\$ 20.00	
8/23/2026	Will Horton [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$ 20.00	\$ 20.00	
9/4/2026	Peter Keown [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Broker Peter Keown Real Estate Brokerage	\$ 150.00	\$ 150.00	

SUBTOTAL \$ \$490.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5098.79
- Amount received this period – unitemized monetary contributions of less than \$100 \$
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... TOTAL \$ 5098.79

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

FPPC Form 460 (Jan/2016))

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Matthew Avery For City Council
NAME OF FILER

Statement covers period from <u>7/1/26</u> through <u>9/19/26</u>		CALIFORNIA FORM 460
Page <u>5</u> of <u>11</u>		
		I.D. NUMBER <u>1494612</u>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/12/2026	Noreen Buller [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Security Pacific Real Estate Brokerage	\$100.00	\$100.00	
9/12/2026	Raul Andrade [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100.00	\$100.00	
9/12/2026	Amod Pokhrel [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lecturer U.C. Berkeley	\$53.04	\$53.04	
9/12/2026	Bill Avery [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$105.75	\$105.75	
9/13/2026	Peace Officers Research Association of California #810830	☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC		\$1000.00	\$1000.00	
SUBTOTAL \$ 1358.79						

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Matthew Avery for City Council
NAME OF FILER

Statement covers period
from 7/1/26
through 9/19/26

CALIFORNIA
FORM **460**

Page 6 of 11

I.D. NUMBER
1494612

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/2026	Richard Cossel [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Voc Platform Administrator Project Management Institute	\$ 200.00	\$ 200.00	
9/11/2026	Mike Hernandez [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100.00	\$100.00	
9/12/2026	Patrick Schoch [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sheriff Deputy San Francisco	\$ 250.00	\$ 250.00	
9/12/2026	Stephen Tilton [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$ 500.00	\$ 500.00	
9/12/2026	Joseph Toms [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$ 200.00	\$ 200.00	
SUBTOTAL \$ 1250.00						

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/26</u> through <u>9/19/26</u>		CALIFORNIA FORM 460
		Page <u>7</u> of <u>11</u>
		I.D. NUMBER <u>1494612</u>

Matthew Avery for City Council
NAME OF FILER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/16/2026	Union City Police Officers Association PAC # 1417321	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$1000.00	\$1000.00	
9/15/2026	Arnold Lum [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$500.00	\$500.00	
9/19/2026	Val Lum [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$500.00	\$500.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ <u>\$2000.00</u>						

*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.

SCHEDULE B - PART 1

Statement covers period from <u>7/1/26</u> through <u>9/19/26</u>		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>Matthew Avery for City Council</u>		I.D. NUMBER <u>1494612</u>						
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<u>Matt Avery</u> [REDACTED]	<u>Retired</u>	\$ <u>0</u>	\$ <u>1751</u>	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ <u>1751</u> <u>7/28/26</u> DATE INCURRED	CALENDAR YEAR \$ <u>1751</u> PER ELECTION** \$ <u>1751</u>
† ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$ _____ \$ _____ \$ _____ \$ _____								

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

Schedule B Summary

- Loans received this period \$ 1751
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 1751
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

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

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

** If required.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>7/1/26</u> through <u>9/19/26</u>		CALIFORNIA FORM 460
		Page <u>9</u> of <u>11</u>
NAME OF FILER <u>Matthew Avery for City Council</u>		I.D. NUMBER <u>1494612</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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
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
City of Pinole	FIL		check	\$ 416.00
Go Daddy	WEB		credit card	\$46.59
Google	WEB		credit card	\$30.67

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

SUBTOTAL \$ 493.26

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>4951.32</u>
2. Unitemized payments made this period of under \$100	\$ <u> </u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u> </u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 4951.32

FPPC Form 460 (Jan/2016))

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Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Matthew Avery for City Council

Statement covers period
from 7/1/26
through 9/19/26

CALIFORNIA FORM 460

Page 10 of 11

I.D. NUMBER
1494612

CODES: If one of the following codes accurately describes the payment, you may 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
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
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/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amazon	LIT		credit card	\$175.20
VistaPrint	CMP		Credit card	\$1388.00
Amazon	LIT		credit card	\$26.45
Go Daddy	WEB		Credit Card	\$83.88
Next Day Flyers 8000 Haskell Ave Van Nuys CA 91406	LIT		Debit Card	\$1332.53

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

SUBTOTAL \$ 3006.06

FPPC Form 460 (Jan/2016))

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Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Matthew Avery for City Council

Statement covers period
from 7/1/26
through 9/19/26

CALIFORNIA FORM 460

Page 11 of 11

I.D. NUMBER

1494612

CODES: If one of the following codes accurately describes the payment, you may 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
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
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/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cal Voter 22410 Hawthorne Blvd Ste. 5 Torrance CA 90505	LIT		check	\$250.00
Election Digest 22410 Hawthorne Blvd Ste. 5 Torrance CA 90505	LIT		check	\$574.00
Senior Advocate 22410 Hawthorne Blvd Ste. 5 Torrance CA 90505	LIT		check	\$628.00

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

SUBTOTAL \$ 1452.00

FPPC Form 460 (Jan/2016))

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Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 8

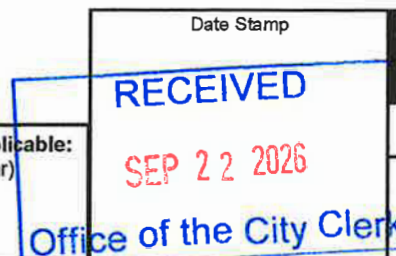
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/2026
through 9/20/2026

Date of election if applicable:
(Month, Day, Year)

11/3/2026



1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☒ 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)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1488433

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Sandoval for Pinole City Council 2026

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Pinole CA 94564

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

Pinole CA 94564

OPTIONAL: FAX / E-MAIL ADDRESS

info@gabeforpinole.com

Treasurer(s)

NAME OF TREASURER

Gabriel Sandoval

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Pinole CA 94564

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/21/26
Date

Executed on 9/21/26
Date

Executed on
Date

Executed on
Date

By
Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By
Signature of Controlling Officer, Candidate, State Measure Proponent

By
Signature of Controlling Officer, Candidate, State Measure Proponent

By
Signature of Controlling Officer, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Gabriel Sandoval

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Pinole City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Pinole CA 94564

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 7/1/2026
through 9/20/2026

CALIFORNIA
FORM **460**

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sandoval for Pinole City Council 2026

I.D. NUMBER

1488433

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 2549.00	\$ 5654.00
2. Loans Received..... Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 2549.00	\$ 5654.00
4. Nonmonetary Contributions..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 2549.00	\$ 5654.00

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..... Schedule E, Line 4	\$ 3515.15	\$ 3792.98
7. Loans Made..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 3515.15	\$ 3792.98
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3		
10. Nonmonetary Adjustment..... Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 3515.15	\$ 3792.98

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 2827.17
13. Cash Receipts..... Column A, Line 3 above	2549.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	
15. Cash Payments..... Column A, Line 8 above	3515.15
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1861.02

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.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>7/1/2026</u>	CALIFORNIA FORM 460
through <u>9/20/2026</u>	
Page <u>4</u> of <u>8</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sandoval for Pinole City Council 2026

I.D. NUMBER

1488433

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/26	Heriberto Gutierrez [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer, Pacific Gas & Electric	\$100	\$100	
8/7/26	Pedro E. Sandoval [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Food service, Bloomin' Brands	\$250	\$250	
8/9/26	Jamin Pursell [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner, Strongsuit LLC	\$100	\$100	
8/30/26	Pedro A Sandoval [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$200	\$500	
8/30/26	Ana M Sandoval [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100	\$200	
SUBTOTAL \$ 750						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2100
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 449
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 2549

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

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2026</u> through <u>9/20/2026</u>		CALIFORNIA FORM 460
Page <u>5</u> of <u>8</u>		
NAME OF FILER Sandoval for Pinole City Council 2026		I.D. NUMBER 1488433

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/2/26	Franke Martinez [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$250	\$250	
9/13/26	Irma Ruport [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100	\$100	
9/17/26	Plumbers and Steamfitters UA Local 342 FPPC: 890268 935 Detriot Ave, Concord, CA 94518	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		\$1000	\$1000	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ 1350						

*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.

SCHEDULE B - PART 1

Statement covers period
from 7/1/2026
through 9/20/26

CALIFORNIA
FORM **460**

Page 6 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sandoval for Pinole City Council 2026

I.D. NUMBER

1488433

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Gabriel Sandoval [REDACTED]	District Representative, California State Senate	\$ 0	\$ 600	☐ PAID \$ _____ ☒ FORGIVEN \$ 600	\$ 0 N/A DATE DUE	0 % RATE \$ 0	\$ 600 9/1/26 DATE INCURRED	CALENDAR YEAR 806.5 PER ELECTION** \$ _____
☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR _____ PER ELECTION** \$ _____
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR _____ PER ELECTION** \$ _____
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR _____ PER ELECTION** \$ _____
SUBTOTALS \$ _____ \$ _____ \$ _____ \$ _____								

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

Schedule B Summary

- Loans received this period \$ 600
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 600
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$ 0**
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
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PTY – Political Party
SCC – Small Contributor Committee

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

** If required.

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2026
through 9/20/2026

SCHEDULE E
CALIFORNIA FORM **460**

Page 7 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Sandoval for Pinole City Council 2026

I.D. NUMBER

1488433

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
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
City of Pinole 2131 Pear Street, Pinole, CA 94564	FIL		\$416.00
Autumn Press 945 Camelia Street, Berkeley, CA 94710	LIT		\$1010.51
Political Data Inc. 12501 Imperial Hwy, Suite 115, Norwalk, CA 90650	POL		\$600.00

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

SUBTOTAL \$ 2026.51

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3452.64
2. Unitemized payments made this period of under \$100	\$ 62.51
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 3515.15

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 7/1/26 through 9/20/26	CALIFORNIA FORM 460 Page 8 of 8 I.D. NUMBER 1488433
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sandoval for Pinole City Council 2026

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
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
Autumn Press 945 Camelia Street, Berkeley, CA 94710	CMP		\$1426.13

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

SUBTOTAL \$ 1426.13

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)

11-03-2026

☐ Amendment (Explain Below)

RECEIVED

SEP 28 2026

Office of the City Clerk

CALIFORNIA
FORM

470

For Official Use Only

1. Statement Covers Calendar Year 20 26.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Tina Brown

STREET

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

Tina@Tina4Anole.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Council Member

JURISDICTION (LOCATION)

Anole

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

Tina Brown 1495828

COMMITTEE ADDRESS

[REDACTED]

NAME OF TREASURER

Tina Brown

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

09-28-2026

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE