Cover Page	Campaign Statement	Recipient Committee	

Recipient Committee Campaign Statement Cover Page			Date Stamp RECEN	CALIFORNIA 2
	Statement covers period 01/01/2022	Date of election if applicable: (Month, Day, Year)	JUL 3 1 20799	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 06/30/2022	11/06/2018	Office of the City Clerk	City Clerk
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	s – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)		Quarterly Statement Special Odd-Year Report
<ul> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> <li>Political Party/Central Committee</li> </ul>	Primarily Formed Candidate/ Officeholder Committee (Also Complete Parl 7)			
3. Committee Information	1408103	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Norma Martínez-Rubin for Pinole Council 2018	TTEE)	NAME OF TREASURER William B. Horton		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Pinole	STATE ZIP CODE CA 94564	AREA CODE/PHONE
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	ANY	
Pinole CA	94564	Norma Martínez-Rubin		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	O. BOX	MAILING ADDRESS		
CITY STATE	ZIP CODE AREA CODE/PHONE	CITY Pinole	STATE ZIP CODE  CA 94564	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
NORMARTI@HOTMAIL.COM		NORMARTI@HOTMAIL.COM		

### Verification

certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 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 - \*

Executed on07	07/25/2022	By
Executed on	Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
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**CLEAR FORM** 

Page 2	CALIFORNIA FORM
of 4	<sup>IA</sup> 460

ssary	Attach continuation sheets if necessary	ch continuatio	Attav		ODE AREA CODE/PHONE		СІТҮ
T OR HELD   SUPPORT	OFFICE SOUGHT OR HELD	CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME	CONTROLLED COMMITTEE?	R CC  STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER
TOR HELD SUPPORT	OFFICE SOUGHT OR HELD	CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME	D. NOMBEN		
T OR HELD SUPPORT	OFFICE SOUGHT OR HELD	CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME	ODE AREA CODE/PHONE	STATE ZIP CODE	COMMITTEE NAME
TOR HELD SUPPORT	OFFICE SOUGHT OR HELD	CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME		STREET ADDRESS (NO	COMMITTEE ADDRESS
nittee List names of arily formed.	holder Comm	idate/Office for which this	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	7. Prim	CONTROLLED COMMITTEE?	, Z	NAME OF TREASURER
				Ĩ	I.D. NUMBER		COMMITTEE NAME
DISTRICT NO. IF ANY	DIS		OFFICE SOUGHT OR HELD	OFFIC	lement: List any committees are primarily formed to receive dacy.	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.	Related Committ not included in this state contributions or make
	ROPONENT	NDIDATE, OR PF	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	NAME			
sure proponent, if any.	late, or state mea	holder, candid	ldentify the controlling officeholder, candidate, or state measure proponent, if any.	ldenti	ITY STATE ZIP Pinole CA 94564	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 2131 Pear Street Pir	RESIDENTIAL/BUSINES
SUPPORT OPPOSE	N	JURISDICTION	BALLOT NO. OR LETTER	BALLO	ICT NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Council Member, City of Pinole	OFFICE SOUGHT OR HELD (INCLUDE Council Member, City of Pinole
			NAME OF BALLOT MEASURE	NAME		DER OR CANDIDATE Rubin	NAME OF OFFICEHOLDER OR CANDIDATE Norma Martínez-Rubin
	ommittee	t Measure C	Primarily Formed Ballot Measure Committee	6. Prim	ttee	Officeholder or Candidate Controlled Committee	Officeholder or C

PRINT FORM

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

01/01/2022 from	FORM 460
06/30/2022 through	Page of4
	I.D. NUMBER
	1408103

SEE INSTRUCTIONS ON REVERSE		through		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
NAME OF FILER				I.D. NUMBER
Norma Martínez-Rubin for Pinole Council 2018				1408103
Contributions Received	Column A	Column B	Calendar Year Sum	Calendar Year Summary for Candidates
	I CHALLER'S TERRICO	CALENDAR YEAR	Direction in Dath the State Deliners and	Chata Duinean and

FPPC Form 460 (Jan/2016))		\$ 00.00	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).	\$ 00.00	Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse
	filed for this calendar year, only carry over the amounts	\$ 00.00	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	previous period amounts. If		If this is a termination statement, Line 16 must be zero.
	be negative figures that	\$ 1764.77	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15
	of your last report. Some	175.00	15. Cash Payments Column A, Line 8 above
*Amounts in this section may be different from amounts	A to the corresponding amounts from Column B	00.00	Increases to Cash
	add amounts in Column	00.00	
Ψ	To calculate Column R	\$ 1939.77	12. Beginning Cash Balance Previous Summary Page, Line 16
Ð			
\$	\$ 1/5.00	\$ 175.00	11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10
(mm/dd/yy)	00.00	00.00	10. Nonmonetary Adjustment
Date of Election Total to Date	00.00	00.00	9. Accrued Expenses (Unpaid Bills)
(If Subject to Voluntary Expenditure Limit)	\$ 1/5.00	\$ 175.00	8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
	00.00	00.00	7. Loans Made Schedule H, Line 3
Candidates	\$ 1/5.00	\$ 1/5.00	6. Payments Made Schedule E, Line 4
Expenditure Limit Summary for State	117.00		Expenditures Made
Made \$	\$	\$ 00.00	5. TOTAL CONTRIBUTIONS RECEIVED
ditures	00.00	00.00	4. Nonmonetary Contributions Schedule C, Line 3
20. Contributions Received \$ \$	\$ 00.00	\$ 00.00	
THE OBJECT OF TH	00.00	00.00	Loans Received
	\$ 00.00	\$ 00.00	1. Monetary Contributions
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received

#### **Payments Made** Schedule E

Amounts may be rounded to whole dollars.

	<b>ugh</b> 06/30/2022	01/01/2022	
I.D. NUMBER	Page of _4	CALIFORNIA 460	SCHEDULE E

from\_

Stateme

SEE INSTRUCTIONS ON REVERSE	through	Page of
VAME OF FILER		I.D. NUMBER
Norma Martínez-Rubin for Pinole Council 2018		1408103

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

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

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

SUBTOTAL \$

## Schedule E Summary

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

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

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$ 175.00

175.00

00.00

00.00

#### Rec Can Cov

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	through 6/30/2022	SEE INSTRUCTIONS ON REVERSE through 9/30/2022
Office of the City Clerk	Date of election if applicable: (Wonth, Day, Year)  November, 8, 2022	Statement covers period from $\frac{1/1/2022}{1/2022}$	
Date Stamp RECEIV			Recipient Committee Campaign Statement Cover Page

								က	l
OPTIONAL: FAX/E-MAIL ADDRESS	CITY STATE	Pinole CA 94564 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	CITY STATE	STREET ADDRESS (NO P.O. BOX)		Menis for Pinole City Council 2022	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	3. Committee Information	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.  ② Officeholder, Candidate Controlled Committee State Candidate Election Committee Committee Committee Controlled (Also Complete Part 5)  ③ General Purpose Committee Sponsored (Also Complete Part 6)  ③ Sponsored Officeholder Committee Officeholder Committee (Also Complete Part 7)
	ZIP CODE	94564 .o. Box	ZIP CODE				TTEE)	I.D. NUMBER 1446701	is - Complete Pari
	AREA CODE/PHONE		AREA CODE/PHONE					ивек 701	complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)
OPTIONAL: FAX / E-MAIL ADDRESS	פווזץ	MAILING ADDRESS	Pinole  NAME OF ASSISTANT TREASURER, IF ANY	מוזץ	MAILING ADDRESS	Rafael Menis	NAME OF TREASURER	Treasurer(s)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)
	STATE		CA	STATE					
	ZIP CODE		94564	ZIP CODE					Quarterly Statement Special Odd-Year Report
	AREA CODE/PHONE			AREA CODE/PHONE					r Report

#### Verification rafael.menis@gmail.com

certify under penalty of perjury under the laws of the State of California that the foregoing is true, and correct. 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

Executed on -	Executed on -	Executed on _		Executed on _
			8/1/2022	8/1/2022
Date	Date	Date	Date	

Ву	By	9	Ву
Signature of Controlling Officeholder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor.	of Treasurer or Assistant Treasurer

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

www.fppc.ca.gov

					Page 2	of 6
Ċ1	Officeholder or Candidate Controlled Committee	mittee	6. Primarily Formed Ballot Measure Committee	Measure Committ	ве	
	NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
	Rafael Menis					
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	TRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	Us [	SUPPORT
	Pinole City Councilmember				미마	OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP				
		Pinole CA 94564	Identify the controlling officeholder, candidate, or state measure proponent, if any.	older, candidate, or sta	te measure proponei	nt, if any.
	Related Committees Not Included in this Statement: List any committees	tatement. List any committees	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	DIDATE, OR PROPONEN	7	
	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.	or are primarily formed to receive ndidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	NY
	COMMITTEE NAME	I.D. NUMBER				
	NAME OF TREASURER	CONTROLLED COMMITTEE?	<ol> <li>Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.</li> </ol>	or which this committee	is primarily formed.	mes of
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
	04441					OPPOSE
	CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
	COMMITTEE NAME	I.D. NUMBER		L		
	NAME OF TREASURED	DONATE DO LA FILLE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
	NAME OF IREASOREX	☐ YES ☐ NO	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	o. Box)				OFFOSE
	CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	Attac	Attach continuation sheets if necessary	f necessary	
r.						

## Campaign Disclosure Statement

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole collars.	St	Statement covers period 1/1/2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	h 6/30/2022	Page 3 of 6
NAME OF FILER Rafael Menis				1.D. NUMBER 1446701
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary ContributionsSchedule A, Line 3	€9	\$ 2275	General Elections	<b>ns</b> 1/1 through 6/30   7/1 to Date
Loans Received Schedule B, Line 3	¥0.	0	Contributions	
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	<del>69</del>	\$ 2275	Received \$	<b>€9</b>
Nonmonetary Contributions Schedule C, Line 3	20	0	ditures	,
TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	4 \$ 2275	\$ 2275	Made \$	<del>9</del>
	\$ 189.49	\$ 189.49	Expenditure Limit S Candidates	Limit Summary for State
Loans Made Schedule H, Line 3 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	<b>⇔</b>	\$ 189.49	22. Cumulativ	Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0 0	0	Date of Election (mm/dd/yy)	Total to Date
A	0 \$ 189.49	\$ 189.49		<del>φ</del>
Current Cash Statement  12. Beginning Cash Balance	6 \$ 0.00	To calculate Calcon B		<del>(</del>
13. Cash Receipts Column A, Line 3 above		To calculate Column B, add amounts in Column A to the corresponding	*Amounts in this section m	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments	3. 36	amounts from Column B of your last report. Some amounts in Column A may	reported in Column B.	
<b>ENDING CASH BALANCE</b> Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	5 \$ 2085.51	be negative figures that should be subtracted from previous period amounts.	<del></del>	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	2 \$ 0	this is the first report being filed for this calendar year, only carry over the amounts	<u> </u>	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).		
Cash Equivalents See instructions on reverse	€9	:		
Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0		FPPC Advice: advi	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

### Schedule A **Monetary Contributions Received**

NAME OF FIL SEE INSTRUC

3/25/22

06/28/22

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA 460 SCHEDULE A

				from 1/1/2022		FORM TOO
EE INSTRUCTIO	EE INSTRUCTIONS ON REVERSE			through 6/30/2022		Page 4 of 6
AME OF FILER Rafael Menis						I.D. NUMBER 1446701
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)	DATE PER ELECTION AR TO DATE 31) (IF REQUIRED)
3/25/22	Rafael Menis	OTH SCC	Independent Contractor- home healthcare aide Allpro staffnet LLC	500	500	
06/28/22	Subhana Ansari	□ IND □ COM □ OTH □ PTY □ SCC	Hybridizer Self-employed- Flourishing Daylilies	500	500	
06/29/22	Kristen Pursley	□ IND □ COM □ PTY □ SCC	Teacher West Contra Costa Adult Education	150	150	
06/30/22	Franke Martinez	□ IND □ COM □ OTH □ PTY □ SCC	Retired	150	150	
06/30/22	Richard Menis	COM OTH SCC	Retired	100	100	

## Schedule A Summary

SUBTOTAL \$ 1400

2100

COM - Recipient Committee

IND - Individual \*Contributor Codes 06/30/22

06/30/22

06/29/22

\$

2. Amount received this period – unitemized monetary contributions of less than \$100 ...... \$ 175

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......**TOTAL \$** 

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

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

Amounts may be rounded to whole dollars.

from 1/1/2022

Statement covers period

SCHEDULE A (CONT.)

CALIFORNIA 460

			-	through 6/30/2022		Page 5 of 6
NAME OF FILER Rafael Menis						1.D. NUMBER 1446701
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)	ATE PER ELECTION TO DATE (IF REQUIRED)
6/30/22	Ezekiel Floro	OTH SCC	Retired	100	100	
06/30/22	Rolland J Mathers	□ COM □ OTH □ SCC	Park Ranger, East Bay Park District	100	100	
6/30/22	Huzur Coughlin	☐ IND☐ COM☐ PTY☐ SCC	Retired	500	500	
		OTH SCC				
		OTH SCC				
			SUBTOTAL \$ 700	700		

### Schedule E Payments Made

Amounts may be rounded to whole dollars.

1	from	Sta
	1/1/2022	Statement covers period
		CALI

ge 6 of 6	FORM 460	SCHEDULE E
		111

SEE INSTRUCTIONS ON REVERSE th	through 6/30/2022	Page 6
NAME OF FILER		I.D. NUMBER
Rafael Menis		1446701

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code.  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
D.		CODE OR D	
\$ SUBTOTAL		DESCRIPTION OF PAYMENT	Otherwise, describe the payment.  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/sponso VOT voter registration WEB information technology costs (internet, e-mail)
		AMOUNT PAID	: candidate/sponso mail)

## Schedule E Summary

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

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Verification	OPTIONAL: FAX / E-MAIL ADDRESS	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	CITY STATE	Committee Information  1. COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Pinole for Fair Government	Officeholder, Candidate Controlled Committee  Officeholder Committee	SEE INSTRUCTIONS ON REVERSE	Recipient Committee Campaign Statement Cover Page
		O. BOX	ZIP CODE	1.D. NUME 1404981 ITTEE)	es - Complication	=	<b>=</b>
				I.D. NUMBER 1404981	omplete Parts 1, 2, 3, and Primarily Formed Ballot Committee Controlled Sponsored (Also Complete Part 8) Primarily Formed Candi Officeholder Committee (Also Complete Part 7)	hrough Ju	State:
		AREA CODE/PHONE	AREA CODE/PHONE		Complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	through June 30, 2022	Statement covers period from January 1, 2022
	OPTIONAL: FAX/E-MAIL ADDRESS	MAILING ADDRESS	CITY  NAME OF ASSISTANT TREASURER, IF ANY	Treasurer(s)  NAME OF TREASURER  Ivette Ricco  MAILING ADDRESS	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)		Date of election if applicable: (Month, Day, Year)
	Ö		R, IF ANY		mination) ow)		Ffice of
		STATE ZID CODE	STATE ZIP CODE		☐ Quarter Special		RECEIVED JUN 2 8 2022 of the City City
			AREA CODE/PHONE		Quarterly Statement Special Odd-Year Report		COVER PAGE  RECEIVED  CALIFORNIA 460  FORM  FORM  Office of the City Clerk  COVER PAGE  FORM  FORM  For Official Use Only

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	Executed on	Executed on	Executed on	Executed on June 28, 2022  Date
FPPC Form 46	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	By Signature of Treasurer or Assistant Treasurer

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

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

www.fppc.ca.gov	8	<u>!@</u>		
FPPC Advice: advice@fppc.ca.gov (866/275-3772)			\$ 0.00	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
			\$ 0.00	Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse
	filed for this calendar year, only carry over the amounts	filed for th only carry	\$ 0.00	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
		previous p		If this is a termination statement, Line 16 must be zero.
	be negative figures that	be negativ	\$ 759.18	16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15
!	ž Ψ	of your las	0.00	15. Cash Payments Column A, Line 8 above
*Amounts in this section may be different from amounts reported in Column B.	A to the corresponding *Amour amounts from Column B reported	amounts f	0.00	14. Miscellaneous Increases to Cash Schedule I, Line 4
	add amounts in Column	add amou	210.00	13. Cash Receipts Column A, Line 3 above
	To calculate Column B.	To calcula	\$ 549.18	12. Beginning Cash Balance Previous Summary Page, Line 16
\$				Current Cash Statement
\$		\$ 0.00	9	11. TOTAL EXPENDITURES MADEAdd Lines 8+9+10
(IIIII) adayy)		200	2000	10. Nonmonetary Adjustmentschedule C, Line 3
Date of Election Total to Date		1000	110.00	
		\$ 200	0   0	
22. Cumulative Expenditures Made*		0.00		COURT OF A CASE TAKES
	()		000	
Expenditure Limit Summary for State	Exper	\$ 0.00	\$ 0.00	Expenditures Made  6. Payments Made Schedule E. Line 4
Made \$\$_	2	\$ 1115.1	\$ 0.00	5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4
ditures	21.			4. Nonmonetary Contributions Schedule C, Line 3
Received \$\$			110.00	OOD CHALCASH CONTRIBOTIONS
Contributions	20. Co	1005.	210.00	
1/1 through 6/30 7/1 to Date		0.00	0.00	
	12 Gene	\$ 1005.1	\$ 210.00	1. Monetary Contributions Schedule A, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE Runni		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1.D. NUMBER 1404981				NAME OF FILER Pinole for Fair Government
2022 Page 2 of 4	through June 30, 2022			SEE INSTRUCTIONS ON REVERSE
	Trom			
CALIFORNIA 460	Statement covers period January 1, 2022			Summary Page

## Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Monetary Contributions Received			from January 1, 2022	/1, 2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through June 30, 2022	22	Page 3 of 4
NAME OF FILER Pinole for Fai	AME OF FILER Pinole for Fair Government					I.D. NUMBER 1404981
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	DATE PER ELECTION AR TO DATE 31) (IF REQUIRED)
February 1, 2022	Tammy Campbell	IND COM	Lawrence Berkeley Labs IT Group Lead	100.00	100.00	
April 25, 2022	Sheila Grist	COM OTH	Accounting Assistant Pridestaff	45.00	45.00	
April 25, 2022	Joni Shattuck	COM COM OTH PTY	Retired	25.00	25.00	
May 9, 2022	Michael Ricco	COM OTH SCC	Retired	40.00	40.00	
		□ IND □ COM □ OTH □ PTY □ SCC				
			SUBTOTAL	TOTAL \$ 210.00		
Schedule A Summary	Summary				*Contr	*Contributor Codes

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

www.fppc.ca.gov

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

SCC - Small Contributor Committee

COM - Recipient Committee

(other than PTY or SCC)

IND – Individual

2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$ 0.00

(Include all Schedule A subtotals.) \$210.00

Amount received this period – itemized monetary contributions.

Total monetary contributions received this period.

### **Nonmonetary Contributions Received** Schedule C

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA FORM	
1460	SCHEDULE C

	•			<b>*</b>	from January 1, 2022		FORM	460
SEE INSTRUC	SEE INSTRUCTIONS ON REVERSE			#	through June 30, 2022	- T	Page 4	of 4
Pinole for	NAME OF FILER Pinole for Fair Government						I.D. NUMBER 1404981	
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ S FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1-DEC 31)		PER ELECTION TO DATE (IF REQUIRED)
April 8, 2022	Ivette Ricco	OTH SCC	Retired	Facility Rental fee	110.00	110.00		
		□ IND □ IND □ SCC						
		□ IND □ COM □ PTY □ SCC						
		O O O O						
Attach ad	Attach additional information on appropriately labeled continuation sheets	continuation s	sheets.	SUBTOTAL \$	L \$ 110.00			
Schedul  1. Amount (Include	Schedule C Summary  1. Amount received this period – itemized nonmonetary contributions (Include all Schedule C subtotals.).	y contributions	s.	40	\$ 110.00	*Contrib IND - Ir COM -	*Contributor Codes IND – Individual COM – Recipient Committee	ommittee
2. Amount	Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0.00	ary contribution	ons of less than \$100		0.00	- OTH-0	OTH – Other (e.g., bu PTY – Political Party	OTH – Other (e.g., business entity) PTY – Political Party

## Sched

- 2. Amount received this period unitemized nonmonetary contributions of less than \$100 ......\$ 0.00 Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)..... \$ 110.00
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$ 110.00

ω

FPPC Form 460 (Jan/2016))

SCC - Small Contributor Committee

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

CALIFORNIA 460

	Cover Page	Campaign Statement	Recipient Committee	
A SILV		T.E.C.E	Date Stamp	

Statement covers period (Month, Day, Year)  Type of Recipient Committee: All Committees. — Complete Paris 1, 2, 3, and 4.  If Committee (Committee)    Committee (Committee)   Committee)   Committee)   Committee (Committee)   Committee)   Committee)   Committee (Committee)   Committee)   Committee)   Committee)   Committee)   Committee (Committee)   Committee)   Committee)   Committee (Committee)   Committee)   Commit	20 kg. 1 age			The second second
Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.  2) Officeholder, Candidate Controlled Committee		Statement covers period from 1/1/2022	Date of election if applicable: (Month, Day, Year)	Office of the City Clerk
Type of Recipient Committee: All Committees: Complete Parts 1, 2, 3, and 4.  2. Type of Statement:    Officeholder, Candidate Controlled Committee   C	SEE INSTRUCTIONS ON REVERSE	through <u>6/30/22</u>	11/8/2022	
☑ Officeholder, Candidate Controlled Committee         ☐ Primarily Formed Ballot Measure         ☐ Preelection Statement         ☐ Quarterly Statement           ○ State Candidate Election Committee         ☐ Committee         ☐ Committee         ☐ Committee         ☐ Semi-annual Statement         ☐ Semi-annual Statement         ☐ Statement         ☐ Semi-annual Statement         ☐ Statement         ☐ Statement         ☐ Semi-annual Statement         ☐ Statement         ☐ Statement         ☐ Statement         ☐ Also Complete Part 7         ☐ Also Co	. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.		
General Purpose Committee Sponsored Sponsored Sponsored Official Sponsored Official Committee Officeholder Committee  I.D. NUMBER FPPC #1439007  Treasurer(s)  NAME OF TREASURER  CAMERON SASAI  MAILING ADDRESS OTTY  STREET ADDRESS (NO P.O. BOX)  STATE ZIP CODE OTTY  NAME OF TREASURER  CAMERON SASAI  MAILING ADDRESS OTTY  STATE ZIP CODE OTTY  NAME OF ASSISTANT TREASURER, IF ANY  PINOLE OTTY  NAME OF ASSISTANT TREASURER, IF ANY  NAME OF ASSISTANT TREASURER ZIP CODE  NAME OF	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	ation)
Committee Information Committee Commit		Primarily Formed Candidate/		
Committee Information  Committee Information  EDWARD T	Small Contributor Committee     Political Party/Central Committee	Officeholder Committee (Also Complete Pert 7)		
MATTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  CAMBEON SASAI  MAILING ADDRESS  STATE ZIP CODE  STATE ZIP CODE  AREA CODE/PHONE  NAME OF TREASURER  CAMBRON SASAI  MAILING ADDRESS  CITY  STATE ZIP CODE  NAME OF ASSISTANT TREASURER, IF ANY  NAME OF ASSISTANT TREASURER, IF ANY  MAILING ADDRESS  OLD  OLD  STATE ZIP CODE  STATE ZIP CODE  AREA CODE/PHONE  CA 94564  OLT  OLT  OLT  OLT  OLT  OLT  OLT  OL	3. Committee Information	I.D. NUMBER FPPC #1439007	Treasurer(s)	
SAI FOR PINOLE CITY COUNCIL 2022  CAMERON SASAI  MAILING ADDRESS  (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE  OLE  OLE  CA 94564  STATE ZIP CODE  AREA CODE/PHONE  STATE ZIP CODE  AREA CODE/PHONE  STATE ZIP CODE  AREA CODE/PHONE  CA 94564  MAILING ADDRESS  MAILING ADDRESS  TOTAL FAVOR ASSISTANT TREASURER, IF ANY  TOTAL FAVOR ASSISTANT TREASURER  TOTAL FAVOR ASSIST	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE	E)	NAME OF TREASURER	
ET ADDRESS (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE  OLE  CA 94564  NGADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  STATE ZIP CODE AREA CODE/PHONE  OLE  CA 94564  STATE ZIP CODE  AREA CODE/PHONE  OLE  CA 94564  STATE ZIP CODE  AREA CODE/PHONE  STATE ZIP CODE  AREA CODE/PHONE  CITY  MAILING ADDRESS  MAILING ADDRESS  STATE ZIP CODE  MAILING ADDRESS  STATE ZIP CODE  STATE ZIP CODE  CITY  COLE  COLE	SASAI FOR PINOLE CITY COUNCIL 2022		CAMERON SASAI	
IETADDRESS (NO P.O. BOX)  STATE ZIP CODE  STATE ZIP CODE  CA 94564  ING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  STATE ZIP CODE  STATE ZIP CODE  AREA CODE/PHONE  STATE ZIP CODE  AREA CODE/PHONE  CA 94564  STATE ZIP CODE  AREA CODE/PHONE  CA 94564  COLE  CA 94564  COTTO MAIL ADDRESS  CONTINUE ADDRESS  CONTIN			MAILING ADDRESS	
STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY  ING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  STATE ZIP CODE AREA CODE/PHONE  OLE CAN ADDRESS  CA 94564  CA 94564  CA 94564  CA 94564  CA 94564	STREET ADDRESS (NO P.O. BOX)		CITY	ZIP CODE
OLE  CA 94564  ING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  STATE ZIP CODE  AREA CODE/PHONE  CA 94564  CA 94564  CA 94564	STATE		PINOLE	CA
NG ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  STATE ZIP CODE AREA CODE/PHONE CITY  STATE ZIP CODE  OLE CA 94564	OLE CA			
STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	BOX	MAILING ADDRESS	
STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE  OLIC CA 94564				
CA 94564	STATE		CITY	ZIP CODE
	· FAX / F-MAII ADDRESS	4564	ODTIONAL: FAX / F-MAIL ADDRESS	00

### 4. Verification

certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 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

Executed on -Executed on -Executed on \_ Executed on: 22/1/8 8/1/22 Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent signature of Treasurer or Assistant Treasurer re Proponent or Responsible Officer of Sponsor

CALIFORNIA 460	COVER PAGE - PART A
	CALIFORNIA 460

	Attach continuation sheets if necessary	Attach continuatio	TE ZIP CODE AREA CODE/PHONE	STATE	CITY
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?	NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRES	NAME OF
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE		III NA	COMMITTER NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	ZIP CO	STATE	COLLA
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE		COMMITTEE ADDRESS STREET ADDRES	COMMIT
ames of	sholder Committee List nonmittee is primarily formed.	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?	NAME OF TREASURER	NAME OF
			I.D. NUMBER	E NAME	COMMITTEE NAME
ANY	DISTRICT NO. IF ANY	OFFICE SOUGHT OR HELD	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.	Related Committees Not Included in this Stateme not included in this statement that are controlled by you or are purcontributions or make expenditures on behalf of your candidacy.	Related not inclu contribut
ent, if any.	ate, or state measure propone	Identify the controlling officeholder, candidate, or state measure proponent, if any.  NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	STREET) CITY STATE ZIP Pinole CA 94564	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	RESIDEN
SUPPORT		BALLOT NO. OR LETTER JURISDICTION	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  City Council, City of Pinole	FFICE SOUGHT OR HELD (INCLUDE LOCATION City Council, City of Pinole	OFFICE S City C
		NAME OF BALLOT MEASURE		NAME OF OFFICEHOLDER OR CANDIDATE Cameron Sasai	NAME OF Camer
	òmmittee	6. Primarily Formed Ballot Measure Committee	ed Committee	Officeholder or Candidate Controlled Committee	5. Officeh

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period

SUMMARY PAGE

ŏ I ≥ ≷III	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 3674.22	Column ALENDAR Y OTAL TO DA	through 6/30/22  B Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  CALIFORNIA 4  FORM FORM FORM FORM FORM FORM FORM FOR	CALIFORNIA 460 FORM  Page 3 of 10  I.D. NUMBER FPPC #1439007  Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30  7/1 to Date
Monetary Contributions  Loans Received  SUBTOTAL CASH CONTRIBUTIONS  Nonmonetary Contributions  TOTAL CONTRIBUTIONS RECEIVED	T T T T T	1.1.1.1.1.1.	20. Contributions Received \$  21. Expenditures Made \$	
penditures Made       Schedule E, Line         Payments Made       Schedule E, Line         Loans Made       Schedule H, Line         Loans Made       Add Lines 6 +         SUBTOTAL CASH PAYMENTS       Add Lines 6 +         Accrued Expenses (Unpaid Bills)       Schedule F, Line         Nonmonetary Adjustment       Schedule C, Line	\$ 3414.82 0.00 \$ 3414.82 0.00	\$ 3414.82 0.00 \$ 3414.82 0.00	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)	e Limit Summary for State  Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) lection Total to Date tyyy)
10. Nonmonetary Adjustment	\$ 3414.82	\$ 3414.82		<del>68</del>
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.	\$ 7251.06 3674.22 0.00 3414.82 \$ 7510.46	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	` <del></del>	\$*Amounts in this section may be different from amounts reported in Column B.
LOAN GUARANTEES RECEIVED  1sh Equivalents and Outsta  Cash Equivalents	7 11	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	eirig /ear, oumts (if	EDDC Earm 460 (lan/2016))
19. Outstanding Debts	9 0.00		FPPC Advice: adv	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

### **Monetary Contributions Received** Schedule A

NAME OF FILER

SASAI FOR PINOLE CITY COUNCIL 2022

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

CALIFORNIA 460

SCHEDULE A

from 1/1/22 through 6/30/22 Statement covers period Page 4 FORM of 10

FPPC #1439007 I.D. NUMBER

## Schedule A Summary

- Amount received this period itemized monetary contributions. (Include all Schedule A subtotals.) ......\$ 3020.22

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

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ 3674.22

\$ 654.00

FPPC Form 460 (Jan/2016))

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

SCC - Small Contributor Committee

COM – Recipient Committee (other than PTY or SCC)

\*Contributor Codes IND – Individual

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

from 1/1/22 through 6/30/22 Statement covers period Page \_\_\_5 FPPC #1439007 CALIFORNIA 460 I.D. NUNBER 앜 10

		OTAL \$ 370.22	\$ SUBTOTAL			
	100.00	100.00	NONE	OTH SCC	Pablito Bautista,	3/6/22
	100.00	100.00	Insurance Agent, Heffernan Brignole Ins Svcs	IND COM	Traci Stevenson,	3/3/22
	300.00	50.00	Self-Employed, Sweet Threads	COM DTY	Paul Romey	2/28/22
120.22	20.22	20.22	Cardiac Sonographer, UCSF Benioff Children's Hospital Oakland	OTH SCC	Laura Nakamura,	2/22/22
	100.00	100.00	Caregiver, San Mateo County IHSS	COM DTY	Lissette Garnica,	2/4/22
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	DATE
FPPC #1439007	FPPC #				SASAI FOR PINOLE CITY COUNCIL 2022	SASAI FOR

\*Contributor Codes IND - Individual

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

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

from 1/1/22 through 6/30/22 Statement covers period Page 6 CALIFORNIA 460 FPPC #1439007 1.D. NUNBER 앜 10

		\$ 750.00	SUBTOTAL \$ 750.00			
	150.00	150.00	Sales, Advantage Sales	COM COM	Scott Stevenson	4/2/22
300.00	250.00	250.00	NONE	□ COM □ OTH □ PTY SCC	George Pursley	4/2/22
150.00	100.00	100.00	NONE	COM COM SCC	Emily Manotok	4/2/22
	300.00	50.00	Self-Employed, Sweet Threads	COM OTH PTY	Paul Romey.	3/31/22
	200.00	200.00	NONE	COM COM	Renato De La Cerna	3/23/22
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	CONTRIBUTOR	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE
FPPC #1439007	FPP				SASAI FOR PINOLE CITY COUNCIL 2022	SASAI FOR

\*Contributor Codes IND – Individual

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

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

Statement covers period

from 1/1/22

CALIFORNIA 460 SCHEDULE A (CONT.)

				through 6/30/22	-PD	Page 7 of 10
NAME OF FILER SASAI FOR	ME OF FILER SASAI FOR PINOLE CITY COUNCIL 2022				FI.	1.D. NUWBER FPPC #1439007
DATE	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)
4/2/22	Sophia Murillo,	☐ COM ☐ COM ☐ PTY ☐ SCC	NONE	100.00	100.00	200.00
4/6/22	Janet Chan,	□ COM □ OTH □ SCC	Optometrist, Bright Eyes Optometry	100.00	100.00	
4/11/22	Erika Kwock	OTH SCC	Accounting, Garratt Callahan Company	200.00	200.00	
4/21/22	Sean Dumlao,	OTH SCC	Government Contracts, Bio- Rad Laboratories	100.00	100.00	
4/30/22	Paul Romey	OTH SCC	Self-Employed, Sweet Threads	50.00	300.00	
			<b>SUBTOTAL</b> \$ 550.00	\$ 550.00		

\*Contributor Codes IND – Individual

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

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

from 1/1/22

Statement covers period

SCHEDULE A (CONT.)

CALIFORNIA 2

				through 6/30/22		Page of 10
NAME OF FILER SASAI FOR	ME OF FILER SASAI FOR PINOLE CITY COUNCIL 2022				T	I.D. NUMBER FPPC #1439007
DATE	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 TO DATE (IF REQUIRED)
5/26/22	Michelle Simone,	OTH SCC	NONE	100.00	100.00	
5/31/22	Paul Romey,	□ COM □ COM □ PTY □ SCC	Self-Employed, Sweet Threads	50.00	300.00	
6/26/22	Josephine Valderas,	OTH SCC	NONE	25.00	25.00	375.00
6/30/22	Paul Romey	ND IND	Self-Employed, Sweet Threads	50.00	300.00	
6/30/22	David Smith.	OTH SCC	Insurance Broker, Trans Bay Insurance	500.00	500.00	
			<b>SUBTOTAL \$</b> 725.00	725.00		

\*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

#### **Payments Made** Schedule E

Amounts may be rounded to whole dollars.

Statement covers period

from 1/1/22

through 6/30/22	Page 9 of 10
NAME OF FILER	I.D. NUMBER
SASAI FOR PINOLE CITY COUNCIL 2022	EPPC #1439007

COL	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment	es the payment, you may enter the code. Ot	herwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG meetings and appearances	RFD	RFD returned contributions
CTB	contribution (explain nonmonetary)*	OFC office expenses	SAL	campaign workers' salaries
000	civic donations	PET petition circulating	TEL	t.v. or cable airtime and production costs
FL	candidate filing/ballot fees	PHO phone banks	TRC	candidate travel, lodging, and meas
FND	fundraising events	POL polling and survey research	TRS	staff/spouse travel, lodging, and meals
B	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
Ξ	campaign literature and mailings	PRT print ads	WEB	WEB information technology costs (internet, e-mail)

\$ 2168.38	SUBTOTAL \$ 2168.38	edule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
175.00	Website Design		Jam Macaraeg Photography & Design
325.00	Consulting Services		Holly Lim,
1668.38	Lawn & Window Signs/Business Cards		Autumn Press,
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)

## Schedule E Summary

- 2. Unitemized payments made this period of under \$100...... 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... 255.56 3159.26
- 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e).
- FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA 460

Statement covers period

1/1/22

Payments Made	from	
SEE INSTRUCTIONS ON REVERSE	through <u>6/30/22</u>	Page of
NAME OF FILER		I.D. NUMBER
SASAI FOR PINOLE CITY COUNCIL 2022		FPPC #1439007
CODES: If one of the following codes accurately describes the payment, you may enter the code. Other	Otherwise, describe the payment.	

FPPC Form 460 (Jan/2016))	EppC F			
\$ 990.88	SUBTOTAL \$ 990.88	edule D.	summarized on Sche	*Payments that are contributions or independent expenditures must also be summarized on Schedule D.
119.88	QR Code for Campaign Website			Bitly Inc., Am Lenkwerk
108.50	Food for Campaign Event			Seafood City,
600.00	Venue Services			Francisco Flores,
162.50	Website Development			Vito Seechung Design
AMOUNT PAID	R DESCRIPTION OF PAYMENT	CODE OR		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)
₃ candidate/sponsor mail)	er the code. Otherwise, describe the payment.  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  TRS transfer between committees of the same candidate/sponsor, accounting)  WEB information technology costs (internet, e-mail)	payment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	s the payment, you may expendent the payment, you may expenses office expenses petition circulating phone banks polling and survey resear postage, delivery and me professional services (leg PRT print ads	CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc. CMP campaign consultants 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 OFC PET PHO PHO POS PRO

(Government Code Sections 84200-84216.5)

through \_06/30/2022 Statement covers period 01/01/2022Date of election if appl (Month, Day, Year

se Only	For Official Use Only Clerk	Office of the City Clerk	
of 7	% 8 28êge1	JUL 28	licable:
100	FORM	RECE	
780	CALIFORNIA	Date Stamp	
COVER PAGE			1

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

SEE INSTRUCTIONS ON REVERSE

Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee Controlled

×

Semi-annual Statemen

☐ Termination Statement

(Also Complete Part 6) Sponsored

General Purpose Committee

Sponsored

Primarily Formed Candidate/ Officeholder Committee

(Also Complete Part 5)

○ Recall

State Candidate Election Committee

Small Contributor Committee
 Political Party/Central Committee

- Type of Statement: Preelection Statement 11/08/2022
- Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495 Quarterly Statement
- (Also file a Form 410 Termination)

	mendment	
	(Explain	ì
	below)	-

**Committee Information** COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) TAVE FOR CITY COUNCIL 2022

	ET ADDRESS (NO P.O. BOX)
STATE	
ZIP CODE	
AREA COL	

STRE

E/PHONE

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

ZIP CODE

AREA CODE/PHONE

Treasurer(s)

NAME OF TREASURER

I.D. NUMBER

MAILING ADDRESS Cine D. Ivery

NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE

AREA CODE/PHONE

Michelle Moore Sanders

OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE

### Verification

OPTIONAL: FAX / E-MAIL ADDRESS

(310)672-6679 / cine@politicalreportingplus.com

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

Executed on Executed on Executed on Executed on Date

В

Signature of Controlling Officeholder, Candidate, State Measure Proponent

ç	2	By	₽ B
Signature of Controlling Officeholder, Candidate, State Measure Proponent	/	Signahus of Controlling Officeholder Candidata State Measure Proposed or Responsible Officer of Sponsor	Character of Control and Applications of the Control of the Contro

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

madilla aam

**으**.

	Cover Page — Part 2	
-		

5. Officeholder or Car	5. Officeholder or Candidate Controlled Committee	6	Primarily Formed Ballot Measure Committee	Measure Co	mmittee	
NAME OF OFFICEHOLDER OR CANDIDATE	OR CANDIDATE		NAME OF BALLOT MEASURE			
Anthony Lee Tave	竜					
OFFICE SOUGHT OR HELD City Council Member	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member Pinole City Council		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS	DDRESS (NO. AND STREET) CITY STATE ZIP					
			Identify the controlling offic	holder, candid	lling officeholder, candidate, or state measure proponent, if ar	re propone
			NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	DATE, OR PROPC	NENT	
Related Committees	Related Committees Not Included in this Statement: List any committees					
not included in this state contributions or make ex	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.		OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	IO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
		ı	:			
NAME OF TREASURER	CONTROLLED COMMITTEE?	:	officeholder(s) or candidate(s) for which this committee is primarily formed.	or which this co	nmittee is primarily fo	List names ormed.
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	
CITY	אום הסחה					[ 0
	SIZIE ZIT CODE AREA CODEPTIONE		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	D SUPPORT OPPOSE
	i.v. Nomber		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	D SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?  ☐ YES ☐ NO	3	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)					U OFFOSE
CITY	STATE ZIP CODE AREA CODE/PHONE		Attach	continuation sl	Attach continuation sheets if necessary	P

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period SUMMARY PAGE

		from	01/01/2022	FORM	- 5
SEE INSTRUCTIONS ON REVERSE		through_	06/30/2022	Page3 of .	7
NAME OF FILER				I.D. NUMBER	
TAVE FOR CITY COUNCIL 2022				1408891	
Contributions Received	<b>Column A</b> TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTALTODATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	nary for Candid State Primary a	lates and
Monetary Contributions Schedule A, Line 3     Loans Received Schedule B Line 3	\$ 1,511.82	\$ 1,511.82 2,155.01	1/1 thr	1/1 through 6/30 7/1 t	7/1 to Date
	\$ 1,511.82	\$ 3,666.83	ons	A	
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00	21. Expenditures	6	
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 1,511.82	\$ 3,666.83	Made \$	€9	
×	\$ 1,320.61	1,320.61	Expenditure Limit Summary for State Candidates	ummary for Sta	ite
7. Loans Made	0.00 \$ 1,320.61	1,320.61	22. Cumulative (If Subject to V	Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	it)
9. Accrued Expenses (Unpaid Bills)schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3	0.00	0.00	Date of Election (mm/dd/yy)	Total	Total to Date
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 1,320.61	\$ 1,320.61	/ /	<del>69</del>	
ent				<del>⇔</del>	
13. Cash Receipts Column A, Line 3 above	1,511.82	To calculate Column B, add amounts in Column A to the			
Increases to Cash	0.00	corresponding amounts from Column B of your last	*Amounts in this section may be different from amounts reported in Column B.	ıy be different from ar	mounts
15. Cash Payments Column A, Line 8 above	1,320.61	report. Some amounts in Column A may be negative			
CASHBALANCE Add Li	\$ 2,270.49	figures that should be subtracted from previous			
It this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00				
Cash Equivalents and Outstanding Debts  18. Cash Equivalents	9 0.00	from Lines 2, 7, and 9 (if any).			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 2,155.01				

## Schedule A Monetary Co

Amounts may be rounded

SCHEDULE A

Monetary	Monetary Contributions Received	to	to whole dollars.	Statement covers period from 01/01/2022	 ====	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through _06/30/2022		Page of7
NAME OF FILER						I.D. NUMBER
TAVE FOR CITY	Y COUNCIL 2022					1408891
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)
03/24/2022	Tammera Campbell 2668 Alhambra Way Pinole, CA 94564	OTH H	IT Professionalism Lawrence Berkeley National Laboratory	103.94 Received through intermediary: sepundraising connections 2831 GSt., Suite #120 Sacramentc, CA 95816		103.94
03/24/2022	Rafael Menis 1150 Hazel Street Pinole, CA 94564	SCC SCC	Home Healthcare Aide Self Employed - No Separate Business Name	100.00 Received through intermediary: asyndraising Connections 2831 G St., Suite #120 Sacramentc, CA 95816		100.00
03/24/2022	Ivette Ricco 2826 Simas Ave Pinole, CA 94564	⊠IND □COM □PTY SCC	Retired None	103.94 Received through intermediary: =Fundraising Connections 2831 G St., Suite #120 Sacramentc, CA 95816		153.94
03/24/2022	Anna Smith 1201 Brickyard Way Apt 112 Richmond, CA 94801	⊠IND □COM □PTY □SCC	Nonprofit Executive Director Self Employed - No Separate Business Name	103.94 Received through intermediary: eFundraising Connections 2831 G St., Suite #120 Bacramento, CA 95816		103.94
03/24/2022	David Smith 643 Quinan Street Pinole, CA 94564		Insurance Broker Trans Bay Insurance Agency	Seceived through intermediary: aFundraising Connections 2831 G St., Suite #120 Sacramento, CA 95816		500.00
			\$UBTOTAL\$	911.82		
Schedule / 1. Amount rec (Include all	Schedule A Summary  1. Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.)		₩	1,461.82	*Contrit IND – In COM – I	*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC)
2. Amount rec	2. Amount received this period – unitemized monetary contributions of less than \$100	of less than \$	100\$	50.00	OTH -	OTH – Other (e.g. business entity) PTY – Political Party SCC – Small Contributor Committee

(Include all S	Amount
としていること	Amount received this period
D	S.
Schodulo A subtotale	his period –
<u>0</u>	temized
	monetary
	<ul> <li>itemized monetary contributions.</li> </ul>

www.fppc.ca.gov

1,511.82

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received	Amounts may be rounded to whole dollars.	be rounded	Statement covers period		ALIFORNIA 160
				from 01/01/2022		FORM 400
				through06/30/2022		Page5 of7
NAME OF FILER					<u> </u>	I.D. NUMBER
TAVE FOR CITY	COUNCIL 2022				1,	1408891
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)
04/13/2022	Barbara Tave 2652 La Presa Ave Rosemead, CA 91770	OTH SCC	Retired None	Societ through intermediary: eFundralsing Connections 2831 G St., Suite #120 Sacramento, CA 95816	500.00 heddary:	.00
04/25/2022	Ivette Ricco 2826 Simas Ave Pinole, CA 94564	SCC	Retired None	So.00  Received through intermediary: eFundraising Connections 2831 G St., Suite #120 Sacramento, CA 95816	153.94 mediary:	94
		□IND □COM □PTY □SCC				
		SCC THE SCC				
		OTH				
			SUBTOTAL\$	550.00	Cost West Section	

IND – Individual
COM – Recipient Committee
(ofher than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

SCC - Small Contributor Committee

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ı	2	2
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Schedule B - Part 1	Amo	Amounts may be rounded	ınded		Statement covers period	rs period	CALIFORNIA	
Loans Received		to whole dollars.		<u></u>	from 01/01	01/01/2022	FORM	400
SEE INSTRUCTIONS ON REVERSE				<b>E</b>	through06/30	06/30/2022	Page6	of7
NAME OF FILER							I.D. NUMBER	
TAVE FOR CITY COUNCIL 2022							1408891	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERICD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTION TO DATE
Anthony Tawe				PAID				CALENDAR YEAR
Received through intermediary: eFundraising Connections, 2831 G Street #120, Sacramento, CA 95816	Francisco			\$0,C0	\$_2,155.01	0,00% RATE	\$.2,155.01	\$0_00 PER ELECTION*
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$_2,155.01	\$ 0.00	\$ 0.00	11/28/2022 DATE DUE	\$0_00	11/28/2021 DATE INCURRED	<b>⇔</b>
				☐ PAID				CALENDAR YEAR
				FORGIVEN	<b>69</b>	RATE	<b>69</b>	PER ELECTION *
†□ IND □ COM □ OTH □ PTY □ SCC		60	*	(A)	DATE DUE	5	DATE INCURRED	S
				PAID				CALENDAR YEAR
				FORGIVEN	\$	RATE	€9	PER ELECTION*
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		<b>с</b> я	₩ (m)	S	DATEDUE	Š	DATE INCURRED	es
		SUBTOTALS \$	0.00\$	0.00\$	\$ 2,155.01\$	0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)		***************************************		<b>\$</b>	0.00	तू	†Contributor Codes	
<ol> <li>Loans paid or forgiven this period(Total Column (c) plus loans under \$100 paid or forgiven.)</li> <li>(Include loans paid by a third party that are also itemized on Schedule A.)</li> </ol>	paid or forgiven.) are also itemized on Sched	ule A.)		s	0.00	OTH -	IND – Individual COM – Recipient Committee Cother than PTY or SCC) OTH – Other (e.g., business eni PTY – Political Party	ndividual Recipient Committee (other than PTY or SCC) Other (e.g., business entity) Political Party
3. Net change this period. (Subtract Line 2 from Line 1.)	2 from Line 1.)			NET \$ (Ma)	0 . 00 (May be a negative number)	SC	SCC – Small Contributor Committee	ıtor Committee

\*\* If required.

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

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Statement covers period SCHEDULE E

	Amounts may be rounded	Statement covers benow	CALIFORNIA A SO
Payments Made	to whole dollars.	from 01/01/2022	FORM 400
SEE INSTRUCTIONS ON REVERSE		through	of 7
NAME OF FILER		ī.	I.D. NOMBER
TAVE FOR CITY COUNCIL 2022			1408891
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  RAD radio airtime and product	the payment, you may enter the coomban member communications	de. Otherwise, describe the payment.  RAD radio airtime and production costs	
campaign consultants contribution (explain nonmonetary)*			
civic donations candidate filing/ballot fees			costs
fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	IRS stati/spouse travel, logging, and meals rvices TSF transfer between committees of the same candidate/sponsor ting) VOT voter registration WEB information technology costs (internet, e-mail)	als same candidate/sponsor et, e-mail)
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER LD, NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Reporting Plus	PRO Political	al Accounting - Retainer & Set-Up Fee	1,250.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	it also be summarized on Schedule D	). SUBTOTAL\$	1,250.00
Schedule E Summary			ė.
Itemized payments made this period. (Include all Schedule E subtotals.)      Unitemized payments made this period of under \$100	subtotals.)	<b>₩</b>	70.61
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	hedule B, Part 1, Column (e).)	9	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column	r here and on the Summary Page, (	Column A, Line 6.) TOTAL \$	1,320.61