Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)		RECEIVED CALIFORNIA 460
EE INSTRUCTIONS ON REVERSE	Statement covers period 09/25/2022 from	Date of election if applicable: (Month, Day, Year) Office of the City Clerk For Official Use Only
State Candidate Election Committee ○ Recall (Also Complete Part 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement: Preelection Statement
Committee Information	. NUMBER .408891	Treasurer(s) NAME OF TREASURER Cine D. Ivery MAILING ADDRESS 1 W. Manchester Blvd., Suite 700 CITY STATE ZIP CODE AREA CODE/PHONI Inglewood CA 90301 (310)817-667
CITY STATE ZIP CO Inglewood CA 9030 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BE CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS	1 (310)817-6679 ox	NAME OF ASSISTANT TREASURER, IF ANY Michelle Moore Sanders MAILING ADDRESS 1 W. Manchester Blvd., Suite 700 CITY STATE ZIP CODE AREA CODE/PHONI Inglewood CA 90301 (310) 817-66
(310) 672-6679 / cine@politicalreportingplus. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California OCT 2 0 2022 Executed on	this statement and to the best of my kn a that the foregoing is true and correct. By By Signature of Co	nowledge the information contained herein and in the attached schedules is true and complete. I certify Interest on the information contained herein and in the attached schedules is true and complete. I certify Interest on the information contained herein and in the attached schedules is true and complete. I certify Interest on the information contained herein and in the attached schedules is true and complete. I certify Interest on the information contained herein and in the attached schedules is true and complete. I certify Interest on the information contained herein and in the attached schedules is true and complete. I certify Interest on the information contained herein and in the attached schedules is true and complete. I certify Interest on the information contained herein and in the attached schedules is true and complete. I certify Interest on the information contained herein and in the attached schedules is true and complete. I certify Interest on the information contained herein and in the attached schedules is true and complete. I certify Interest on the information contained herein and in the attached schedules is true and complete. I certify Interest on the information contained herein and in the attached schedules is true and complete. I certify Interest on the information contained herein and in the attached schedules is true and complete. I certify Interest on the information contained herein and in the attached schedules is true and complete. I certify the information contained herein and in the attached schedules is true and complete. I certify the information contained herein and in the attached schedules is true and complete. I certify the information contained herein and in the attached schedules is true and complete in the information contained herein and in the attached schedules is true and complete in the information contained herein and in the attached schedules is true and complete in the information contained herein and interest in the information contained herein and i
Executed on Date Date	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent

.................

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

Recipient Committee Campaign Statement Cover Page — Part 2

Officeholder or Candidate Controlled Committee			6. Pri	narily Formed Bal	lot Measure	Committe	ee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAM	OF BALLOT MEASURE			6	
Anthony Lee Tave	4							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICA	ABLE)	BALI	OT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council Member Pinole City Council						2.		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP	lder	tify the controlling o	fficeholder, ca	ndidate, or	state measure	proponent, if a
	Pinole CA	94564	NAM	E OF OFFICEHOLDER, CA	ANDIDATE, OR PI	ROPONENT		3
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your	ou or are primarily forme		OFFI	CE SOUGHT OR HELD	Y.		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER							96
NAME OF TREASURER	CONTROLLED COMMI			narily Formed Careholder(s) or candidate				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)		NAM	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SC	OUGHT OR HELD	SUPPOR OPPOSE
CITY STATE ZIF	P CODE AREA CO	ODE/PHONE	NAM	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SC	OUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAMI	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SC	OUGHT OR HELD	SUPPOR
NAME OF TREASURER	CONTROLLED COMMI	55	NAMI	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SC	UGHT OR HELD	SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	. BOX)		3.			v		
CITY STATE ZIF	CODE AREA CO	ODE/PHONE		Atta	ach continuati	on sheets if	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA AGO
rom	09/25/2022	FORM 400
hrough	10/22/2022	Page3 of10

I.D. NUMBER

1408891

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAVE FOR CITY COUNCIL 2022

Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 4,328.84	\$	7,470.99	General Elections
2. Loans Received Schedule B, Line 3	0.00		2,155.01	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 4,328.84	\$	9,626.00	20. Contributions
4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00	Received \$ \$ \$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 4,328.84	\$	9,626.00	Made \$ \$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 2,361.15	\$	5,691.39	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	20 Completon E III III
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 2,361.15	\$	5,691.39	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment			0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 2,361.15	\$	5,691.39	/\$
Current Cash Statement				/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 1,891.19	To	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	4,328.84	an	nounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00		rresponding amounts om Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	2,361.15		oort. Some amounts in olumn A may be negative	reported in Column B.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3,858.88	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.		pe	btracted from previous riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	for	e first report being filed this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts		fro	m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$ 0.00	""	1/-	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 2,155.01			

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

Schedule Monetary	Contributions Received		ts may be rounded whole dollars.	Statement cove)22	SALIFORNIA 460
SEE INSTRUCTIO	ONS ON REVERSE			through)22	Page 4 of 10
NAME OF FILER				7.	1.	D. NUMBER
TAVE FOR CIT	TY COUNCIL 2022			-	1	408891
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
09/25/2022	Genoveva Calloway	⊠IND □COM □OTH □PTY □SCC		103.94 Received through inter eFundraising Connection 2831 G St., Suite #120 Sacramento, CA 95816	103 mediary: ms	.94
09/25/2022	Vincent Salimi	⊠IND □COM □OTH □PTY □SCC	President Salimi Management LLC	500.00 Received through inter eFundralsing Connectio 2831 G St., Suite #120 Sacramento, CA 95816	ediary:	.00
09/27/2022	Maureen Toms	⊠IND □COM □OTH □PTY □SCC	Deputy Director Data Center Dynamics Contra Costa County	102.90 Received through inter eFundraising Connectio 2831 G St., Suite #120 Sacramento, CA 95816	mediary:	.90
09/30/2022	Maria Lupe Alegria	⊠IND □COM □OTH □PTY □SCC	Unemployed None	150.00	150	.00
09/30/2022	Tammera Campbell	⊠IND □COM □OTH □PTY □SCC	IT Professionalism Lawrence Berkeley National Laboratory	99.00	301	.94
			SUBTOTAL	955.84		
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)			4,104.84	IND – Ind COM – F (OTH – C	utor Codes dividual Recipient Committee other than PTY or SCC) Other (e.g., business entity)

4,328.84

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

Statement covers period

Monetary	Contributions Received	Amounts may to whole		from09/25/	•	CALIF	ORNIA 460
				through10/22/	2022	Page _	5 of10
NAME OF FILER			-			I.D. NUN	MBER
TAVE FOR CITY	COUNCIL 2022					140889	91
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 (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/30/2022	Tammera Campbell	⊠IND □COM □OTH □PTY □SCC	IT Professionalism Lawrence Berkeley National Laboratory	99.00	3	01.94	
09/30/2022	Nye Michael	⊠IND □COM □OTH □PTY □SCC	Software Engineer Google	100.00	1	00.00	
09/30/2022	Ivette Ricco	IND COM OTH PTY SCC	Retired None	200.00	3	53.94	
10/03/2022	Bricklayers & Allied Craftworkers Local #3 PAC (ID# 1244975)	□IND ☑COM □OTH □PTY □SCC		250.00	2	50.00	
10/11/2022	Awin Management Inc	□IND □COM 図OTH □PTY □SCC		1,000.00	1,0	00.00	
			SUBTOTAL\$	1,649.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary	Contributions Received	Amounts may t to whole d		Statement cover from09/25/ through10/22/	2022	FORM 460
NAME OF FILER			H		1	.D. NUMBER
TAVE FOR CITY	COUNCIL 2022			,	1	1408891
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE
10/15/2022	Laborers' International Union of North America Local 324 (ID# 952148) 611 Berrellesa St Martinez, CA 94553	□IND ICOM □OTH □PTY □SCC		500.00		00
10/18/2022	International Brotherhood of Electrical Workers Local 302 Community Candidates PAC (ID# 1300752) 1875 Arnold Dr Fairfield, CA 94533	□IND □COM □OTH □PTY ☑SCC		1,000.00	1,000	0.00
		□IND □COM □OTH □PTY □SCC				
-		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
	di .		SURTOTAL	\$ 1,500.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule B – Part Loans Received
SEE INSTRUCTIONS ON REVERS

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 09/25/2022 from 10/22/2022 through _ of <u>10</u>

NAME OF FILER I.D. NUMBER TAVE FOR CITY COUNCIL 2022 1408891 (a) OUTSTANDING IF AN INDIVIDUAL, ENTER OUTSTANDING FULL NAME, STREET ADDRESS AND ZIP CODE **AMOUNT** INTEREST CUMULATIVE AMOUNT PAID **ORIGINAL** OCCUPATION AND EMPLOYER BALANCE BALANCEAT OF LENDER RECEIVED THIS PAID THIS AMOUNT OF CONTRIBUTIONS OR FORGIVEN (IF SELF-EMPLOYED, ENTER **BEGINNING THIS CLOSE OF THIS** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PERIOD** NAME OF BUSINESS) PERIOD LOAN TO DATE PERIOD THIS PERIOD PERIOD Anthony Tave Director PAID CALENDAR YEAR City College of San Francisco _____0_% \$ 2.155 01 0.00 keceived through intermediary: RATE eFundraising Connections, 2831 G FORGIVEN PER ELECTION** Street #120, Sacramento, CA 95816 \$ 2,155.01 11/28/2022 11/28/2021 0.00 ☐ COM ☐ OTH ☐ PTY ☐ SCC DATE DUE DATE INCURRED ☐ PAID CALENDAR YEAR RATE FORGIVEN PER ELECTION ** ☐ COM ☐ OTH ☐ PTY ☐ SCC DATE DUE DATE INCURRED ☐ PAID CALENDAR YEAR RATE ☐ FORGIVEN PER ELECTION ** ☐ COM ☐ OTH ☐ PTY ☐ SCC DATE INCURRED DATE DUE SUBTOTALS \$ 0.00\$ 0.00\$ 2,155.01\$ 0.00 (Enter (e) on Schedule E, Line 3)

Schedule B Summary

1.	Loans received this period	\$	0.00
	(Total Column (b) plus unitemized loans of less than \$100.)	ome.	-
2.	Loans paid or forgiven this period	\$	0.00
	(Total Column (c) plus loans under \$100 paid or forgiven.)		
	(Include loans paid by a third party that are also itemized on Schedule A.)		
3.	Net change this period. (Subtract Line 2 from Line 1.)	Г\$	0.00
	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.

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Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA 460
from09/25/2022	FORM TOO
through	Page8 of10
	I.D. NUMBER
	1408891

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

TAVE FOR CITY COUNCIL 2022

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

COL	123. If the of the following codes accordingly decompose	2.0 P	aymone, you may onto me eccer caner	, -	
CMP	campaign paraphernalia/misc.	MBR	member communications		radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
			professional services (legal, accounting)	VOT	voter registration
	legal defense				information technology costs (internet, e-mail)
ЦT	campaign literature and mailings	PRT	print ads	AACD	iniormation technology costs (internet, c-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCR PTION OF PAYMENT	АМ	OUNT PAID
eFundraising Connections 2831 G St., Suite #120 Sacramento, CA 95816	CMP	Credit Card Processing Fee		3.94
eFundraising Connections 2831 G St., Suite #120 Sacramento, CA 95816	CMP	Credit Card Processing Fee		19.85
eFundraising Connections 2831 G St., Suite #120 Sacramento, CA 95816	CMP	Credit Card Processing Fee		3.90
* Payments that are contributions or independent expenditures must also be s	summarized on	Schedule D.	SUBTOTAL\$	27.69

Schedule E Summary		
1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2,348.45
2. Unitemized payments made this period of under \$100	\$	12.70
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)		
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	2,361.15

FPPC Form 460 (Jan/2016)

Schedule E

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

				(/
Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA FORM	160
Payments Made	to whole dollars.	from09/25/2022	FORM	400
EE INSTRUCTIONS ON REVERSE		through10/22/2022	Page 9 o	f <u>10</u>
AME OF FILER		7/1	I.D. NUMBER	
AVE FOR CITY COUNCIL 2022			1408891	
ODES: If one of the following codes accurately	describes the payment, you may enter the code. Oth	erwise, describe the payment.		

COL	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwis	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RA	oradio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFI	• • • • • • • • • • • • • • • • • • •
	contribution (explain nonmonetary)*		office expenses	SA	L campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEI	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	⇒ TR	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TR	
IND	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services	TSI	
LEG	legal defense	PRO	professional services (legal, accounting)	VO	T voter registration
ЦΤ	campaign literature and mailings	PRT	print ads	WE	B 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
Anna Smith 1 F	LIT	Doorhanger Printing Expense Reimbursement	992.25
Anna Smith	СМР	Reimbursement	1,328.51

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

SUBTOTAL \$

2,320.76

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

Amounts may be rounded to whole dollars.

		SCHEDULE G
State	ment covers period	CALIFORNIA / CO
from	09/25/2022	FORM 400
through	10/22/2022	Page 10 of 10
		I.D. NUMBER
		1408891

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAVE FOR CITY COUNCIL 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Anna Smith

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment	
	ment
	II CIII.
CODES. If the tollowing codes accordingly accompany the payment, year may	

-	DEG: If Old of the fellowing course designed,				
CMP	campaign paraphernalia/misc.	MBR	member communications		radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
	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
	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense		professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings		print ads	WEB	information technology costs (internet, e-mail)
LII	Campaign iterature and mainings		F		

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Alliance 1101 8th St Berkeley, CA 94710	LIT	Door Hangers			992.2
A					
Attach additional information on appropriately labeled continuation sheets.				TOTAL* \$	992.2

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (Jan/2016))

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	GE - PART 2
CALIFORNIA FORM	460
Page 2	of_6

Officeholder or Candidate Controlled (Committee		6.	Primarily Formed Ballot	Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Debbie Long								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	D DISTRICT NUMB	ER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Pinole City Council in Contra Costa County								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	EET) CITY Pinole	STATE ZIP CA 94564		Identify the controlling officel	nolder, candid	late, or state	measure propo	nent, if any.
8				NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT		
Related Committees Not Included in the not included in this statement that are controlled by contributions or make expenditures on behalf of year.	y you or are primai			OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTRO	LLED COMMITTEE?	7.	Primarily Formed Cand	idate/Office	holder Co	mmittee List	names of
TAIL OF THE AGONE	YES NO			onicenoider(s) or candidate(s)	holder(s) or candidate(s) for which this committee is primarily formed.			
COMMITTEE ADDRESS STREET ADDRESS (NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
	Debbie Long Pinole City			y Council	OPPOSE			
CITY STATE	ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOL	DE SOUGHT OR HELD	
							SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUM	BER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	JGHT OR HELD	
						0.1102000	30117 01111223	SUPPORT OPPOSE
NAME OF TREASURER	CONTRO	LLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
	YE:	S NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)							
CITY STATE	ZIP CODE	AREA CODE/PHONE		•				
STATE	ZIF CODE	AREA CODE/FRONE		Attac	ch continuatio	n sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1452992 Debbie Long for Pinole City Council 2022 **Calendar Year Summary for Candidates** Column A Column B **Contributions Received** CALENDAR YEAR TOTAL TO DATE TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 6750.00 9598.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 00 00 20. Contributions 6750.00 9598.00 9598.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received .00 .004. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures \$.00 **3030.14** 9598.00 6750.00 Made **Expenditures Made Expenditure Limit Summary for State** 1868.75 3030.14 6. Payments Made...... Schedule E, Line 4 **Candidates** .00 .00 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 3030.14 1868.75 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) .00 .00 Date of Election Total to Date .00 .00 (mm/dd/yy) 10. Nonmonetary Adjustment...... Schedule C, Line 3 3030.14 1868.75 **Current Cash Statement** 1686.61 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 6750.00 add amounts in Column A to the corresponding .00 *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 1868.75 15. Cash Payments Column A, Line 8 above amounts in Column A may 6567.86 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, .00 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any).

.00

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

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement covers period from 09/23/2022			CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE		through <u>10/24/20</u> 2	22	Page	e 4 of 6		
NAME OF FILER Debbie Long for Pinole City Council 2022						I.D. N 14529	UMBER 92	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT CUMULATIVE TO D RECEIVED THIS CALENDAR YEA PERIOD (JAN. 1 - DEC. 31		'EAR	PER ELECTION TO DATE (IF REQUIRED)	
09/29/2022	Plumbers, Steamfitters, Refrigeration & Pipeline #890268 935 Detroit Ave. Concord, CA 94518	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	PAC	1000	1000		1000	
09/30/2022	Plumbers & Steamfitters 159 1308 Roman Way #862085 Martinez, CA 94553	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PAC	500	500		500	
10/06/2022	Sprinkler Fitters & Apprentices local 483 #1298012	□IND ☑ COM □ OTH	PAC	1000	1000		1000	

		SUBTOTAL	\$ 4500	
18500 North Allied Way Phoenix, Arizona 85054	☐ COM ☐ OTH ☐ PTY ☐ SCC	3260 Blume Dr. #115 Richmond, CA 94803		

Republic Services

PAC

1000

1000

1000

1000

□ PTY □ SCC

✓ COM

□ OTH

□ PTY
□ SCC
□ IND

Schedule A Summary

10/06/2022

10/07/2022

Sheet Metal Workers Local 104 #850381

3232 Constitution Drive

LE03-Awin Management Inc.

Livermore, CA 94551

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

 *Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

1000

1000

PTY - Political Party

SCC - Small Contributor Committee

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from <u>09/23/2022</u>		FORM 460	
NAME OF FILER Debbie Long	for Pinole City Council 2022			through 10/24/20	22	Page _ I.D. NU 14529	JMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	D DATE EAR	PER ELECTION TO DATE (IF REQUIRED)
10/11/2022	Operating Engineers Local 3 891396 1620 So. Loop Rd. Alameda, CA 94502	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	PAC	1000	1000		1000
10/11/2022	Scott Gordon	☑IND □COM □OTH □PTY □SCC	Attorney	250	250		250
10/14/2022	NorCal Carpenters Union #972104 265 Hegenberger Rd. #200 Oakland, CA 94621	☐IND ☐COM ☐OTH ☐PTY ☐SCC	PAC	1000	1000		1000
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
	SUBTOTAL \$ 2250.00						

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

*					000000
Schedule E Payments Made	Amounts may b to whole do			Statement covers period from 09/23/2022	CALIFORNIA 46
SEE INSTRUCTIONS ON REVERSE				through <u>10/24/2022</u>	Page of
NAME OF FILER Debbie Long for Pinole City Council 2022					I.D. NUMBER 1452992
				wise, describe the payment. RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and transfer between committees VOT voter registration WEB information technology costs	uction costs d meals and meals s of the same candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DESC	CRIPTION OF PAYMENT	AMOUNT PAI
Scan Art 1259 Park Ave. Emeryville, CA 94608		LIT	Trifold Mailer		1868.75

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DESCRIPTION OF PAYMENT	AWOUNT FAID
Scan Art 1259 Park Ave. Emeryville, CA 94608	LIT	Trifold Mailer	1868.75

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

SUBTOTAL \$ 1868.75

Schedule E Summa	ary
------------------	-----

Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1868.75
Unitemized payments made this period of under \$100	.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, C	

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

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COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALIFORNIA 460							
Page 2 of _5							

. Officeholder or Candidate Controlled Com	mittee			6.	Primarily Formed Ballo	t Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			-		NAME OF BALLOT MEASURE	-		72	
Justin Martinez									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF	F APPLICAE	BLE)		BALLOT NO. OR LETTER	JURISDICTIO	NC		SUPPORT
City Council									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY Pinole	STATE CA	ZIP 94564	Identify the controlling officeholder, candidate, or state measure proponent, if any.					
14 M					NAME OF OFFICEHOLDER, CAI	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your car.	or are primarily fo	t any comm ormed to re	nittees eceive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
NAME OF TREASURER	I.D. NUMBER	D COMMITT	TEE?	7.	Primarily Formed Cand	lidate/Offic	eholder Cor	mmittee Li	st names of
	☐ YES	□ NO	175.FES		NAME OF OFFICEHOLDER OR		·	GHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)		55		NAME OF OFFICEROLDER OR	CANDIDATE	OTTIOE GOO	OTT OKTILLE	☐ SUPPORT ☐ OPPOSE
		AREA CODE	E/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	CONTROLLE	D COMMITT ☐ NO	TEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
The Authoritation of the Control of		AREA CODE	E/PHONE		Atta	ch continuati	on sheets if ne	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period

	O-turna A	Caluma B	Calandar Voor Cum	manifor Candide	+00
Justin Martinez			veri	1451631	
NAME OF FILER				I.D. NUMBER	
SEE INSTRUCTIONS ON REVERSE		through	10/22/2022	Page 3 of _	5
					_
Summary Page)/25/2022	FORM	460

Contributions Received 1. Monetary Contributions	0	* 1967.48 1967.48 0 1967.48 0 1967.48	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 \$ \$
Expenditures Made 6. Payments Made	0	\$ \frac{0}{0} \\ \s \frac{0} \\ \s \frac{0} \\ \s \frac{0}{0} \\ \s \frac{0}{0} \\ \	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	1967.48 0 1967.48 \$ 0 \$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

CALIFORNIA 460

Statement covers period

wonetary continuations (coorda				from <u>09/25/2022</u>		FORM 400	
SEE INSTRUCTIONS ON REVERSE				through _10/22/2022		Page 4 of _5	
IAME OF FILER Justin Martin				E)		I.D. NU 145163	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I,D, NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/26/2022	Franke Martinez	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100	100		
09/26/2022	Lance Smith	☑IND □COM □OTH □PTY □SCC	Corporate Counsel Mid-Pen Housing Corp	100	100		
09/26/2022	Ivette Rico	Ø IND □ COM □ OTH □ PTY □ SCC	Retiredq	200	200		
09/26/2022	Steven Tilton	□IND □COM □OTH □PTY □SCC	Police San Francisco Sheriffs Dept	75	75		
09/26/2022	Tammera E. Campbell	☑ IND □ COM □ OTH □ PTY □ SCC		99	99		
			SUBTOTAL	\$ 574			
1. Amount re (Include al	A Summary eceived this period – itemized monetary contribution Il Schedule A subtotals.)		\$ <u>—</u>	967.48	IND - COM OTH PTY	(other – Other – Politica	ual vient Committee than PTY or SCC) (e.g., business entity)
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	olumn A, Line	1.) TOTAL \$	967.48			PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period from _09/25/2022	CALIFORNIA 460
through 10/22/2022	Page of
	I.D. NUMBER
	1451631

Justin Martin	14516	531				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/29/2022	Salvatore Spataro	☑IND □COM □OTH □PTY □SCC	Retired	50	50	
10/02/2022	Sheila Grist	☑IND □COM □OTH □PTY □SCC	Accountant	99.99	99.99	
10/05/2022	International Association of Fire Fighters Local 1230 Political Activity committee 112 Blue Ridge Drive Martinez CA 94553	☐IND ☐COM ☐OTH ☐PTY ✓SCC		1000	1000	
10/10/2022	Gabriel Quinto	☑IND □COM □OTH □PTY □SCC	Mayor El Cerrito	100	100	
10/21/2022	Joan M Shattuck	☑IND □COM □OTH □PTY □SCC	Retired	142.50	142.50	

*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

. Officeholder or Candidate Controlled Comm	ittee			6.	Primarily Formed Ballot	Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Norma Martínez-Rubin									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTI	RICT NUMBER IF	APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Council Member, City of Pinole									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	Pinole	STATE CA	ZIP 94564		Identify the controlling officel	nolder, candida	ate, or state	measure propo	nent, if any.
	1 mole	- CA 1			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PE	ROPONENT		
Related Committees Not Included in this Stanot included in this statement that are controlled by you ocontributions or make expenditures on behalf of your cand	r are primarily fo	any com rmed to I	mittees receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	= ANY
COMMITTEE NAME	I.D. NUMBER								
NAME OF TREASURER	CONTROLLED	COMMIT		7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this o	committee is	primarily formed	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)				NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
		REA COE	DE/PHONE		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED YES BOX)	COMMI			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary									

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from	CALIFORNIA 460
through	Page 3 of 7
	I.D. NUMBER
	1408103

Norma Martínez-Rubin for Pinole City Council Column B Calendar Year Summary for Candidates Column A **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 6,318.00 4,218.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 000.00 00.000 2. Loans Received Schedule B, Line 3 20. Contributions 4,218.00 6,318.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 00.000 000.00 21. Expenditures 6,318.00 Made 4,218.00 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 2,134.54 4,039.86 **Candidates** 6. Payments Made..... Schedule E, Line 4 000.000 0000.00 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 4,039.86 2,134.54 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 954.49 954.49 Date of Election Total to Date 0000.00 (mm/dd/yy) 000.00 10. Nonmonetary Adjustment...... Schedule C, Line 3 3,089.03 4,994.35 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 2,134.45 To calculate Column B, 4,218.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 000.00 amounts from Column B reported in Column B. of your last report. Some 2,134.54 15. Cash Payments Column A, Line 8 above amounts in Column A may 4,217.91 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 000.00 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 000.00 18. Cash Equivalents...... See instructions on reverse 954.49 FPPC Form 460 (Jan/2016)) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to whole dollars.		Statement covers period from 09/25/2022		CALI	CALIFORNIA 460		
EE INSTRUCTIO	NS ON REVERSE			through)22	Page	<u> 4</u> of _	7	
AME OF FILER						I.D. NU	JMBER		
Norma Martí	nez-Rubin for Pinole City Council 2022					140810	03		
	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE	TO DATE	PER ELEC	TION	

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)
9/29/2022	UA Local 342 PAC Fund 935 Detroit Ave., Concord, CA 94518 FPPC#890268	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$1,000	\$1,000	\$1,000
9/30/2022	Bricklayers & Allied Craftworkers BAC Local No. 3 PAC, I.D. #1244975 10806 Bigge St., San Leandro, CA 94577	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$250	\$250	\$250
10/11/2022	Joseph Welstand & Fran Welstand	IND COM OTH PTY SCC	Retirees	\$200	\$200	\$200
10/12/2022	Warner McMains & Mary McMains	☑IND □COM □OTH □PTY □SCC	Retirees	\$150	\$150	\$150
10/13/2022	Laborers Int'l Union of No. America Local 324 611 Berellesa St., Martinez, CA 94553 FPPC #952148	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$500	\$500	\$500

Schedule A Summary

1. Amount received this period – itemized monetary contributions. 4,000.00 (Include all Schedule A subtotals.)....\$ 2. Amount received this period – unitemized monetary contributions of less than \$100\$ 218.00

*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

3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2016))

Schedule A (Continuation Sheet)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole donals.	from09/25/2022	#8452776CDS11	CALIF	ORM 46	60
			through	2022	Page _	5 of 7	_
AME OF FILER					I.D. NU	MBER	
Norma Martí	nez-Rubin for Pinole City Council 2022				140810	03	
	ELUL NAME STREET ADDRESS AND ZIP CODE OF	IE AN INDIVIDUAL ENTER	AMOUNT	CUMULATIVE	TO DATE	PER ELECTIO	ON.

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/2022	IBEW 302 Community Candidates PAC 1875 Arnold Dr., Martinez, CA 94533 ID #1300752	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$1,000	\$1,000	\$1,000
10/13/2022	Alexander Jason	IND COM OTH PTY SCC	Consultant Self Employed	\$500	\$500	\$500
10/15/2022	Paul Fadelli	☑IND □COM □OTH □PTY □SCC	Retiree	\$100	\$100	\$100
10/17/2022	Fred Gerson	✓ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retiree	\$100	\$100	\$100
10/20/2022	Mary Horton	✓ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Job Counselor Alameda County	\$200	\$200	\$200

*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 E **Payments Made**

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from09/25/2022	CALIFORNIA 460
through	Page 6 of 7
	I.D. NUMBER

1408103

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

LEG legal defense

Norma Martínez-Rubin for Pinole City Council 2022

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

MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. MTG meetings and appearances RFD returned contributions CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* PET petition circulating CVC civic donations TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

VOT voter registration PRO professional services (legal, accounting)

WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Squarespace 225 Varick Street, 12th Floor, New York, NY 10014	WEB	Website domain name and website subscription	\$324.00
Commercial Support Services, 185 Mason Circle Suite F, Concord, CA 94520-9998		USPS Postage for Mailer	\$1,729.41

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

SUBTOTAL \$ 2,053.41

Schedule E Summary

1.	Itemized payments made this period. (Include all Schedule E subtotals.)\$	2,053.41
	Unitemized payments made this period of under \$100	81.13
	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0000.00
	Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	

2.052.41

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from	california 460 form
		through	Page
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Ш	I.D. NUMBER
Norma Martínez-Rubin for Pinole City Council 2022			1408103

110111111 11111111111111111111111111111					
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 CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member communications meetings and appearances meet					
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
prizmlitho, 13089 PeytonDr., #C-284 Chino Hills, CA 91709	LIT	000.00	\$954.49	000.00	\$954.49

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTALS \$ 000.00 \$ 954.49 \$ 000.00 \$ 954.49

Schedule F Summary

1. To	otal accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	RED TOTALS	954.49
	otal accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on		00.00

IET \$_____

May be a negative number

FPPC Form 460 (Jan/2016))

Officeholder or Candidate Controlled Co	ommittee	6.	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Peter Murray							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City of Pinole Council Member							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	ET) CITY STATE ZIP Pinole CA 94564		Identify the controlling office		CONTRACTOR OF THE PARTY OF THE	asure propo	nent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in thi not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to receive		OFFICE SOUGHT OR HELD		Dis	STRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	didate/Offic	eholder Comm	mittee List	names of
NAME OF TREASURER	☐ YES ☐ NO		omcenoider(s) or candidate(s)	i ioi wincii uiis	committee is print	narny romied.	
COMMITTEE ADDRESS STREET ADDRESS (NO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	SHALES SHOW						
CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	ach continuati	on sheets if nece	essary	

5

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from 9124/2022 Page 3 of 8

NAME OF FILER Peter Murray		<u> </u>	I.D. NUMBER 1452419
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 General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	643,00	\$ 8848.00 \$ 643.00 \$ 8848.00 \$ 8848.00	20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 3 Add Lines 6 + 7 Schedule F, Line 3 Add Lines 8 + 9 + 10	0	\$ [7015.60] \$ [7015.60] \$ [0] \$ [7015.60]	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	6943.00 0 5429.29 2475.40	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.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ [0		FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			Amounts may be rounded to whole dollars.		Statement covers period from 09/24/2022		CALIFORNIA 460	
SEE INSTRUCTIO	ONS ON REVERSE			through 10/27/20	122	Page	4of8	
NAME OF FILER						Samuel Charles and the	UMBER	
Peter Murray						14524	119	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/08/2022	LE03-AwinManagement Inc. 18500 North Allied Way Phoenix, AR 85054	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		\$1000.00			\$1000.00	
10/08/2022	Sheet metal Workers Local Union 104 Political Action Committee ID# 850381 Livermore, CA 94551	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$1000.00			\$1000.00	
10/17//2022	Northern California Carpenter's Regional Council Small Contributor Committee ID# 972104 265 Hegenberger Road, Suite 200 Oakland, CA94621	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$1000.00			\$1000.00	
10/20/2022	Operating Engineers Local Union No. 3 District 7 PAC #891396 1620 South Loop Road Alameda, CA 94502	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$1000.00			\$1000.00	
10/18/2022	Plumbers & Steamfitters, Local 159, 1308 Roman Way, Martinez CA 94553 FPPC #	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$500.00			\$500.00	
			SUBTOTAL	\$ 4,500.00				
Amount re (Include al	A Summary ceived this period – itemized monetary contributions Il Schedule A subtotals.)		\$ <u></u>	250.00	IND- COM OTH PTY	(other Other Politic		

3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2016))

6300.00

Schedule A (Continuation Sheet) Amounts may be rounded SCHEDULE A (CONT.) CALIFORNIA 460 **Monetary Contributions Received** to whole dollars. Statement covers period 9/24/2022 **FORM** through 10/2//2022 5 of 8 I.D. NUMBER NAME OF FILER 1452419 Peter Murray **AMOUNT CUMULATIVE TO DATE** PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER CONTRIBUTOR DATE OCCUPATION AND EMPLOYER **RECEIVED THIS CALENDAR YEAR** TO DATE CONTRIBUTOR CODE (IF SELF-EMPLOYED, ENTER NAME) RECEIVED PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) \$500.00 \$500.00 09/27/2022 Teamsters Local Union 315 COM 2727 Alhambra Avenue Martinez, CA94553 OTH □ PTY FPPC □ scc \$500.00 \$500.00 Businessman /Self 10/22/2922 Mr. Alexander Jason **IND** Псом Потн Pinole, CA 94564 **□** PTY □ scc Attorney \$250.00 \$250.00 Mr Scott Gordon **☑** IND 10/12/2022 □сом Walnut Creek, CA 94596 Потн □ PTY

□scc

Сом

□ OTH □ PTY □ scc □сом □ OTH **□** PTY □ scc

*Contributor Code:
IND - Individual

10/14/2022

COM - Recipient Committee (other than PTY or SCC)

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

Laborers International Union of NA

611 Berrellesa Street, Martinez, CA 94553

Local 324

PTY - Political Party

SCC - Small Contributor Committee

\$500.00

SUBTOTAL \$ 1750.00

\$500.00

	A	ounts may be ro	unded				SCHE	DULE B - PART 1	
Schedule B – Part 1	Am	to whole dollars			Statement cov				
_oans Received					from 9/2	4/2022	FORM	*** 40U	
SEE INSTRUCTIONS ON REVERSE					through 10/27/2	022	Page	of	
AME OF FILER							I.D. NUMBER		
Peter Murray							1452419		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
Peter Murray	Retired		7	PAID	s[643.84	<u>U</u> _%	\$ [1261.31]	s 1905.15	
Pinole, CA 94564		0	643.84	FORGIVEN		RATE	9/24/2022	PER ELECTION**	
MIND COM OTH PTY SCC		,====	,		DATE DUE		DATE INCURRED		
				PAID	8	OZ.		CALENDAR YEAR	
				FORGIVEN		RATE	1	PER ELECTION**	
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED		
				PAID \$. \$	%	\$	\$	
				FORGIVEN		RATE		PER ELECTION**	
I IND □ COM □ OTH □ PTY □ SCC		\$	\$ 	\$	DATE DUE	s	DATE INCURRED	\$	
	•	SUBTOTALS \$	643.84	\$	\$ 643.84	\$ 0			
Schedule B Summary						(Enter (e) on Sched	Jule E, Line 3)		
1. Loans received this period				\$	13.84	s:			
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	00 paid or forgiven.)			_	10.04	· 11	Contributor Codes ND – Individual COM – Recipient C		
3. Net change this period. (Subtract Lin Enter the net here and on the Summa	e 2 from Line 1.)				13.84	P	OTH – Other (e.g., PTY – Political Par SCC – Small Contr	business entity) rty	
				(May be a negative number)				
*Amounts forgiven or paid by another party also n	nust 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 to whole do		Statement covers period from 9/24/2522	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Peter Murray		through 10/27/2022	Page
IND independent expenditure supporting/opposing others (explain)* POS postage, deli	munications appearances es	wise, describe the payment. RAD radio airtime and production or returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and product candidate travel, lodging, and staff/spouse travel, lodging, and transfer between committees of voter registration WEB information technology costs (in	ction costs meals d meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
Staples 1200 Fitzgerald Grive Pinole, CA 94564	CMP Print aand Marketi	ng Service	451.36
Printpapa 2019 Lafayette Street, Santa Clara, Ca 95050	CMP Custom Election B	uttons	143.88
USPS 2101 Pear Street, Pinole, CA 94564	POS Postage Stamps		35.60
* Payments that are contributions or independent expenditures must also be summarized on Sche	dule D.	SUB	TOTAL \$ 630.84
Schedule E Summary	× 2 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2		5429.29
 Itemized payments made this period. (Include all Schedule E subtotals.) Unitemized payments made this period of under \$100 Total interest paid this period on loans. (Enter amount from Schedule B, Par Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on 	t 1, Column (e).)		\$ 0 \$ 0

chedule E			SCHEDULE E (CONT.)
ileane L	Amounts may be rounded	Statement covers period	CALIFORNIA 4 CO
Continuation Sheet)	to whole dollars.	Catomont corons ported	CALIFORNIA 160

Continuation Sheet)	to whole dollars.	Statement covers period	CALIFORNIA 46
Payments Made		from 9/2+/2022	FORM TO
EE INSTRUCTIONS ON REVERSE		through	Page 8 of 8
AME OF FILER			I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE			Page	<u> </u>
NAME OF FILER			I.D. NUM	BER
Peter Murray			1452419	
IND independent expenditure supporting/opposing others (explain)* POS postage, deli	munications d appearances ses lating	rwise, describe the payment. RAD radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, an staff/spouse travel, lodging, at transfer between committees voter registration WEB information technology costs	luction costs d meals and meals s of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Walgreens 2750 Pinole Valley Road Pinole, CA 94564 Commercial Support Services 185 Mason Circle, Suite F Concord, CA 94520 ScanArt 1259 Park Street Emeryville, CA 94608	Campaign Literat LIT Campaign Literat	ture and Mailing services		\$1729.41
* Payments that are contributions or independent expenditures must also be summarized on Sche	edule D.	SI	JBTOTAL S	\$ 4798.44

Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVED	CALIFORNIA 460
	Statement covers period from 9/29/22	Date of election if applicable: (Month, Day, Year)	OCT 27 2022	Page 1 of 3 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/22/22	November 8, 2022	ce of the City C	lerk
1. Type of Recipient Committee: All Committees - 0	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	 ✓ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Terminat ☐ Amendment (Explain below) 	☐ Specia	erly Statement al Odd-Year Report
3. Committee Information	I.D. NUMBER 1404981	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Pinole 4 Fair Government		Ivette Ricco		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	CTATE TO SER	
		Pinole	STATE ZIP CODE Ca 94564	AREA CODE/PHONE
Pinole STATE ZIP C Ca 9456		NAME OF ASSISTANT TREASURER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY		WAILING ADDRESS		
Diale ZIP CI	THENTOODENTIONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	4			
		OPTIONAL: FAX / E-MAIL ADDRESS		
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of October 27, 2022		nowledge the information contained herein a	and in the attached schedu	ules is true and complete. I
Date	Ву	Signature of Treasurer or Assistant Treasurer		_
Executed on	Ву			
Executed on	Signature of Control	ling Officeholder, Candidate, State Measure Proponent or	Responsible Officer of Sponsor	-1:
Date	By ————————————————————————————————————	nature of Controlling Officeholder, Candidate, State Measu	ure Proponent	_
Executed on	Bv			
Date	Sig	nature of Controlling Officeholder, Candidate, State Measu	ire Proponent	-

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 9/29/22 FORM _ of _3 10/22/22 2 through_ Page _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Pinole 4 Fair Government 1404981

All control of the co					
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
Monetary Contributions Schedule A, Line 3	\$	285.00	¢	1869.37	General Elections
2. Loans Received Schedule B, Line 3	Ψ	0.00	φ	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	285.00	\$	1869.37	20. Contributions
4. Nonmonetary Contributions Schedule C, Line 3	•	00.00	Ψ	457.97	Received \$ \$
5. TOTAL CONTRIBUTIONS RECEIVED	\$	285.00	\$	2327.34	21. Expenditures Made \$ \$
Expenditures Made					
6. Payments Made Schedule E, Line 4	\$	00.00	\$	377.19	Expenditure Limit Summary for State Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	00.00	\$	377.19	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	
10. Nonmonetary Adjustment Schedule C, Line 3		00.00		457.97	Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	00.00	\$	835.16	/\$
Current Cash Statement					, , , \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	961.24		aglaulata Caluman B	•
13. Cash Receipts Column A, Line 3 above		285.00	ad	calculate Column B, d amounts in Column	
4. Miscellaneous Increases to Cash Schedule I, Line 4				o the corresponding ounts from Column B	*Amounts in this section may be different from amounts
5. Cash Payments Column A, Line 8 above		00.00	of	our last report. Some	reported in Column B.
6. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	1246.24	be	ounts in Column A may negative figures that	
If this is a termination statement, Line 16 must be zero.			pre	ould be subtracted from vious period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	is the first report being d for this calendar year,	
Cash Equivalents and Outstanding Debts			froi	y carry over the amounts n Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0.00	any	').	
9. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			
	•				FPPC Form 460 (Jan/20: FPPC Advice: advice@fppc.ca.gov (866/275-37: www.fppc.ca.g

Schedule A Monetary Contributions Received		Amour to	ints may be rounded o whole dollars.	Statement cov		CALIFORNIA 460		
SEE INSTRUCTIO	DNS ON REVERSE			through 10/22/2	22	Page	e 3 of 3	
Pinole 4	Fair Government						umber 4981	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN, 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
10/6/22	Terri and Mike Srott Bear Claw Bakery	☑ IND □ COM □ OTH □ PTY □ SCC	Bear Claw Bakery 2340 San Pablo Avenue Pinole, Ca. 94564	200.00	200	0.00		
10/6/22	Mike Ricco Pinole, Ca. 94564	☑ IND □ COM □ OTH □ PTY □ SCC	RETIRED	85.00	85	5.00		
		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL \$	285.00				
Schedule A 1. Amount rec (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)		\$	285.00	IND -			

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

3. Total monetary contributions received this period.

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

PTY - Political Party

285.00

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

Ca	cipient Committee Impaign Statement over Page			Date Stamp RECEIVED	CALIFORNIA 460
		Statement covers period from 9/25/2022	Date of election if applicable: (Month, Day, Year)	UUT 2 / 2002	Page of
SEE	INSTRUCTIONS ON REVERSE	through	November, 8, 2022	fice of the City	Clerk
1.	Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
0	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored lso Complete Part 6) rimarily Formed Candidate/ officeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt 🗒 Š t [ermination)	Quarterly Statement Special Odd-Year Report
3.	Communee information	. NUMBER 446701	Treasurer(s)		
4	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	110,01	NAME OF TREASURER		
	Menis for Pinole City Council 2022		Rafael Menis		
	•		MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZII	P CODE AREA CODE/PHONE
			Pinole		94564
	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		
	Pinole CA 9456				
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZII	P CODE AREA CODE/PHONE
3	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
	rafael.menis@gmail.com				
	/erification				
	have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of			d herein and in the attached	schedules is true and complete. I
	Executed on 10/27/2022	, M	oneot. /		
		By	Signature of Treasurer or Assistar	nt Treasurer	
	Executed on 10/27/2022 Date	By Signature of Control	ling Officeholder, Candidate, State Measure P	roponent or Responsible Officer of Sp	ponsor
	Executed on	BySig	nature of Controlling Officeholder, Candidate,	State Measure Proponent	
	Executed on	BySig	nature of Controlling Officeholder, Candidate,	State Measure Proponent	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM	460
Page 2	of_6

. Officeholder or Candidate Co	ntrolled Committee	6.	Primarily Formed Ballot	Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDID.	ATE	_	NAME OF BALLOT MEASURE				
Rafael Menis							
OFFICE SOUGHT OR HELD (INCLUDE L	OCATION AND DISTRICT NUMBER IF APPLICABLE)	_	BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Pinole City Councilmember							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (N	O. AND STREET) CITY STATE ZIP Pinole CA 9456		Identify the controlling office	holder, candid	ate, or state	measure prop	oonent, if any.
		-	NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PF	ROPONENT		
	uded in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER	- 4					-
NAME OF TREASURER	CONTROLLED COMMITTEE?	_ 7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office for which this o	holder Co committee is p	ommittee L primarily form	ist names of ed.
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX)	_	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHO	NE .	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	_	NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET	CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX)	_	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELE	SUPPORT OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHO	NE	Atta	ch continuatio	n sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 9/25/2022	CALIFORNIA 460
through	Page _3 of _6
	I.D. NUMBER
	1446701

Rafael Menis			1446701
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$\frac{430}{0}\$ \$430	* 3,421 \$ 3,421	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
SUBTOTAL CASH CONTRIBUTIONS	10 \$ 440	30 3451	Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$\frac{3,206.38}{0}\$ \$\frac{0}{3,206.38}\$ \$\frac{0}{30}\$ \$\frac{3236.38}{3236.38}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$\frac{281.09}{430}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	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.
19. Outstanding Debts	\$ 0		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule	Α	
Monetary	Contributions	Received

		F /	

•	Contributions Received	to	whole dollars.	Statement coverage from $\frac{9/25/2022}{\text{through}}$		CALIFORNIA 460 FORM		
NAME OF FILER Rafael Menis	DNS ON REVERSE			anough			JMBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/14/22	Rafael Menis	☑IND □COM □OTH □PTY □SCC	Independent Contractor- home healthcare aide Allpro staffnet LLC	90	990			
10/15/22	Anthony Tave	☑IND □COM □OTH □PTY □SCC	Director of Buildings and Grounds, CCSF	100	100			
10/18/22	Devin Murphy	☑IND □COM □OTH □PTY □SCC	CEO, DTM Strategies	100	100			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	290		1		
1. Amount re (Include al	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)				IND - COM OTH PTY:	other) Other – Politic		
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$ 43	0			PC Form 460 (Jan/2016))	

Schedule C Nonmonetary Contributions Received	Amounts may be rounded to whole dollars.				statement covers p	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE				thro	ugh <u>10/22/2022</u>		Page 5	of	
Rafael Menis							I.D. NUMB 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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	□IND □COM □OTH □PTY □SCC								
	IND COM OTH SCC								
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								
	☐IND ☐COM ☐OTH ☐PTY ☐SCC								
Attach additional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL S	\$	16,316			
1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)					— IND COM	other th I – Other (e. ' – Political F	nt Committee an PTY or SCC) g., business entity)		
 Total nonmonetary contributions received this perio (Add Lines 1 and 2. Enter here and on the Summar 	d. y Page, Colu	mn A, Lines 4 and 10.)	тот	AL \$_	10	_	FDDC F	orm 450 (lon/2016)	

					SCHEDULE						
Schedule E	Amounts may b	e rounded ollars.			covers period	CALIFORNIA 460					
Payments Made				from 9/25/20	022	FOR	RM TOO				
CEE INCTRUCTIONS ON DEVERSE				through 10/2	22/2022	Page 6	of				
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUME	BER				
Rafael Menis						144670	1				
CODES: If one of the following codes accurately described 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	NS campaign consultants TB contribution (explain nonmonetary)* OFC civic donations L candidate filing/ballot fees ND fundraising events ND independent expenditure supporting/opposing others (explain)* EG legal defense C ampaign iterature and mailings MTG meetings and appearances OFC office expenses OFC of office expenses OFC of office expenses OFC of office expen										
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAY	MENT		AMOUNT PAID				
Staples, 1200 Fitzgerald Drive Pinole, CA 94564		LIT					\$477.38				
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.	-		SUI	BTOTAL \$	477.38				
Schedule E Summary				- tall							
1. Itemized payments made this period. (Include all Schedu	le E subtotals.)					\$	77.38				
2. Unitemized payments made this period of under \$100						14.6	9.09				
3. Total interest paid this period on loans. (Enter amount fro											
4. Total payments made this period. (Add Lines 1, 2, and 3.							96.47				

Recipient Committee Campaign Statement Cover Page		COVER PAGE CALIFORNIA 460 FORM Page 1 of 8
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 9/25/22 through 10/22/22	Date of election if applicable: (Month, Day, Year) Office of the City Clerk or Official Use Only 11/8/2022
1. Type of Recipient Committee: All Committees - Cor		2. Type of Statement:
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Visc Complete Part 8) Primarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)
3 Committee Intermation	4	Treasurer(s) NAME OF TREASURER CAMERON SASAI MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE PINOLE CA 94564 NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS
CITY STATE ZIP CO PINOLE CA 9456		CITY STATE ZIP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewi certify under penalty of perjury under the laws of the State of Executed on 10/27/22 Date	California that the foregoing is true and of By By Signature of Control By Signature of Control By	OPTIONAL: FAX / E-MAIL ADDRESS nowledge the information contained herein and in the attached schedules is true and complete. I correct. Signature of Treasurer or Assistant Treasurer Signature of Controlling Officeholder, Candidate, State Measure Proponent Ignature 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

CALIFORNIA FORM	460
Page _2	of 8

Officeholder or Can	officeholder or Candidate Controlled Committee				6	.	Primarily Formed Ballot	Measure (Committee		
NAME OF OFFICEHOLDER Cameron Sasai	OR CANDIDATE		-			(1	NAME OF BALLOT MEASURE				'
OFFICE SOUGHT OR HELD	(INCLUDE LOCATION AN	D DISTRICT NUMB	ER IF APPLIC	ABLE)			BALLOT NO. OR LETTER	JURISDICTION	ON	ľ	SUPPORT
City Council, City of	Pinole] OPPOSE
RESIDENTIAL/BUSINESS A	DDRESS (NO. AND STR	EET) CITY Pinole	STATE CA	ZIP 94564			Identify the controlling officel	nolder, candid	date, or state	measure prop	onent, if any.
P. I. 4. I. O	Net be builded in th	io Statement	1.5-4				NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT		
Related Committees not included in this staten contributions or make exp	ent that are controlled b	y you or are primar	List any con rily formed to	mmiπees receive			OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME		I.D. NUMI	BER								
NAME OF TREASURER		CONTRO	LLED COMMI		7	•	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	committee is	primarily forme	st names of d.
COMMITTEE ADDRESS	STREET ADDRESS (NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY	STATE	ZIP CODE		DE/PHONE			NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUMI	BER				NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		☐ YES	S DILED COMMI				NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY	STREET ADDRESS (ZIP CODE	AREA CO	DE/PHONE			Atta	ch continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 9/25/22	california 460
through	Page of
	I.D. NUMBER
	FPPC #1439007

SASAI FOR PINOLE CITY COUNCIL 2022 Calendar Year Summary for Candidates Column A Column B Contributions Received CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 10095.22 3535.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received Schedule B, Line 3 20. Contributions 10095.22 3535.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received 0.00 175.00 4. Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures Made 10270.22 3535.00 Expenditures Made **Expenditure Limit Summary for State** 12307.03 3340.57 **Candidates** 6. Payments Made...... Schedule E, Line 4 0.00 0.00 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 12307.03 3340.57 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Total to Date Date of Election 0.00 0.00 (mm/dd/yy) 12307.03 3340.57 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 4844.82 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 3535.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash ______ Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 3340.57 15. Cash Payments Column A, Line 8 above amounts in Column A may 5039.25 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 0.00 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 18. Cash Equivalents...... See instructions on reverse 0.00 FPPC Form 460 (Jan/2016)) 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

SCHEDULE A

Schedule	A		is may be rounded			SCHEDULE A		
	Contributions Received	to	whole dollars.	Statement covers period from 9/25/22		CALIFORNIA 460		
SEE INSTRUCTION	DNS ON REVERSE			through 10/22/22	 :	Page	4 of8	
NAME OF FILER SASAI FOR	R PINOLE CITY COUNCIL 2022						JMBER #143900 7	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
9/26/22	Jorge Gomez, CA 94803-2847	☑ IND □ COM □ OTH □ PTY □ SCC	Self-Employed, Spreading the Love of Jesus Ministry	100.00	100.00			
9/27/22	Josephine Valderas, CA 94941	☑ IND □ COM □ OTH □ PTY □ SCC	NONE	25.00	100.00		450.00	
9/30/22	Paul Romey, 90803-5312	ØIND □COM □OTH □PTY □SCC	Self-Employed, Sweet Threads	50.00	450.00			
10/1/22	Gabriel Quinto, Gabriel Quinto for El Cerrito City Council 2022 FPPC #1450224	☑IND □COM □OTH □PTY □SCC	PAC	100.00	100.00			
10/1/22	Stephen Tilton, CA 94564	✓ IND □ COM □ OTH □ PTY □ SCC	Deputy Sheriff/Captain, City of San Francisco	75.00	500.00			
			SUBTOTAL S	350.00				
Amount re (Include al Amount re	A Summary ceived this period – itemized monetary contribution Il Schedule A subtotals.) ceived this period – unitemized monetary contribution				IND - COM OTH PTY:	other) Other – Politic		
Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1	i.) TOTAL \$	3535.00		FPF	PC Form 460 (Jan/2016))	

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from ______9/25/22

		through 10/22/22		Page _				
NAME OF FILER SASAI FOR	R PINOLE CITY COUNCIL 2022					FPPC	MBER #1439007	
DATÉ RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I,D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/1/22	Aaron Bowie, 94605	☑IND □COM □OTH □PTY □SCC	Law Enforcement Officer, Oakland PD	100.00	100.00			
10/1/22	Angelo Artificio, CA 94404	IND COM OTH PTY SCC	Public Safety Officer, City & County of San Francisco	100.00	100.00			
10/1/22	Tanya Little,	☑IND □COM □OTH □PTY □SCC	NONE	100.00	100.00			
10/2/22	Stephen Tilton, CA 94564	IND COM OTH PTY SCC	Deputy Sheriff/Captain, City of San Francisco	25.00	*500.00			
10/3/22	Bay Rising Action Committee sponsored by Center for Empowered Politics FPPC #1448283	COM OTH PTY SCC	PAC	300.00	300.00			
SUBTOTAL \$ 625.00								

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 4

Statement covers period

25.00

SUBTOTAL \$ 1275.00

125.00

NAME OF FILER			through 10/22/22		Page 6 of 8		
SASAI FOR	R PINOLE CITY COUNCIL 2022					FPPC	#1439007
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/5/22	Evangeline Bayani, CA 94555	☑IND □COM □OTH □PTY □SCC	NONE	100.00	100.00		
10/5/22	Stephen Tilton, CA 94564	IND COM OTH PTY SCC	Deputy Sheriff/Captain, City of San Francisco	300.00	500.00		
10/5/22	Antonio Mayorga, CA 94564	IND COM OTH PTY SCC	Principle Admitting Worker, UCSF	350.00	500.00		
10/6/22	Danilo Quintanilla, CA 94065	☑IND □COM □OTH □PTY □SCC	Law Enforcement Officer, San Francisco Sheriff's Office	500.00	500.00		

Medical Doctor, The

Permanente Medical Group

✓ IND

СОМ

PTY

*Contributor Codes IND – Individual

10/7/22

COM – Recipient Committee (other than PTY or SCC)

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

Aaron Baggs,

94564

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

from $\frac{9/25/22}{}$

through $\frac{10/22/22}{}$

SASAI FOI	R PINOLE CITY COUNCIL 2022					FPPC	#1439007		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
10/11/22	International Association of Fire Fighters Local 1230 Political Activity Committee FPPC #744488	☑IND □COM □OTH □PTY □SCC	PAC	1000.00	1000.00				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
	tr.	□IND □COM □OTH □PTY □SCC			9				
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC							
8	SUBTOTAL \$ 1000:00								

*Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from $\frac{9/25/22}{10/22/22}$		ORNIA Z RM	460 8		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER SASAI FOR PINOLE CITY COUNCIL 2022					FPPC	MBER #1439007			
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CMP campaign consultants CMBR member communications meetings and appearances MBC meetings and appearances meetings and appearances office expenses civic donations petition circulating radio airtime and production costs returned contributions SAL campaign workers' salaries t.v. or cable airtime and production costs returned contributions campaign workers' salaries TEL t.v. or cable airtime and production costs campaign workers' salaries TRC candidate filing/ballot fees plop hone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads WEB information technology costs (internet, e-mail)									
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DESC	RIPTION OF PAYMENT		MOUN	NT PAID		
Autumn Press			Walk Piece			1675.15			
Autumn Press			Lawn Signs and 4	x4 Signs		1353.91			
Autumn Press			Banner			270.11			
* Payments that are contributions or independent expenditures must also be summa	rized on Sche	dule D.		su	BTOTAL:	\$ 3299.17			
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E sub 2. Unitemized payments made this period of under \$100					\$ <u>-</u> \$ <u>-</u>	1.40			
3 Total interest paid this period on loans. (Enter amount from Sche	dule B. Par	t 1. Column	(e).)		\$ <u>_</u> 0	.00			

NAME OF FILER Campaign to Elect D	Campaign to Elect Debbie Long for Pinole City Council 2022			0-12-22	Date Stamp	CALIFO FOR	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1452992 STREET ADDRESS CITY STATE ZIP CODE Pinole (El Sobrante 94803, for mailing) CA 94564 1. Contribution(s) Received		Report No Amendmen to Report No. (explain below) No. of Pages	t	RECEIVED OCT 12 2022 Office of the City Clerk		Official Use Only	
1. Contribution(s) Received						
DATE RECEIVED	FULL NAMI	E, STREET ADDRESS AND ZIP CODE OF CONTRIB (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	BUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME O		AMOUNT RECEIVED
10-11-22	Operating 1620 So. Lo Alameda IO \$89139	Engineers Local Union #3 op Rd. CA 94502		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Check if Loan
				IND COM OTH SCC			Check if Loan
				IND COM OTH PTY SCC			Check if Loan ** Provide interest rate
Reason for Amendm	ent:				* Contributor Codes IND - Individual COM - Recipient Comm OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributo	ness entity)	

NAME OF FILER Campaign to Elect Debbie Long for Pinole City Council 2022 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			Date of This Filli	ng 10 14	22			FORNIA 497	
THE TOOLS THORE NOW		1452992	Report N	Report No.		RECEIVED For		Official Use Only	
STREET ADDRESS CITY Pinole (El Sobrante 9	4803, for mailing)	STATE ZIP CODE CA 94564	Amer to Repo (explain bo No. of P	rt No	Off	OCT 17 2022 ice of the City Cler	k		
. Contribution(s) Received									
DATE RECEIVED					RIBUTOR DDE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME O		AMOUNT RECEIVED	
10/14/22	Nor Cal Ca 265 Hegenk Oakland Ca	rpenters Union = perger Rd. #200 9 94621	*972104		OM OTH PTY			Check if Loan	
10/11/22	Scott Go 1990 N.C. Walnut Cri	ordon alif. Blvd #608 sek CA 94596			MOC OTH	Attorney		250.00 Check if Loan Provide interest rate	
				00000	COM OTH PTY			☐ Check if Loan% Provide interest rate	
Reason for Amendme	ent:					* Contributor Codes IND - Individual COM - Recipient Comm OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributo	ness entity)		

Campaign to Elect Debbie Long for Pinole City Council 2022			Date of 09/29/2022 This Filing		Date Stamp CALIFORNIA 497		
AREA CODE/PHONE NUM	MBER	I.D. NUMBER (if applicab 1452992	ie)	Report No		RECEIVE	or Official Use Only
STREET ADDRESS				Amendment to Report No.	t	Office of the City	
Pinole (El Sobrante,	94803 for mailing)	STATE CA	ZIP CODE 94564	(explain below) No. of Pages	1	Office of the City	Clerk
1. Contribution(s) Received						
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AN (IF COMMITTEE, ALSO EI	ID ZIP CODE OF CONTRIBU	TOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINES:	
09/29/2022	Plumbers, Steamfitter Concord, CA 94518-2		ipeline ≉ 390268		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PAC	\$1000 Check if Loan Provide interest rate
					IND COM OTH PTY SCC		Check if Loan
					IND COM OTH PTY SCC		Check if Loan Provide interest rate
Reason for Amendm	ent:					* Contributor Codes IND - Individual COM - Recipient Committee (of OTH - Other (e.g., business en PTY - Political Party SCC - Small Contributor Comm	tity)

NAME OF FILER Peter Murray				Date of This Filing	0/17/2022	Date Stamp	CALIFORNIA 49	97
AREA CODE/PHONE NUM	MBER	I.D. NUMBER (if applicable	9)	Report No. 3		NUMBER OF STREET	For Official Use Only	y
STREET ADDRESS				Amendmen		e of the City Clerk	OiffO	
CITY		STATE	ZIP CODE	to Report No. (explain below)		OCT 17 2022		
Pinole		CA	94564	No. of Pages		RECEIVED		
1. Contribution(s	e) Received							
DATE RECEIVED	FULL NAME	, STREET ADDRESS AND (IF COMMITTEE, ALSO EN	D ZIP CODE OF CONTRIBU TER I.D. NUMBER)	TOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMF (IF SELF-EMPLOYED, ENTER NAME OF		
10/17/2022	Northern California C Small Contributor Co 265 Hegenberger Roa Oakland CA 94621	mmittee ID#972104			IND COM OTH PTY SCC		\$1,000.00 Check if Lo	oan %
	V				IND COM OTH PTY SCC		☐ Check if Lo	%
					IND COM OTH PTY SCC		☐ Check if Lo	%
Reason for Amendm	ent:			3		* Contributor Codes IND - Individual COM - Recipient Commit OTH - Other (e.g., busing PTY - Political Party SCC - Small Contributor	ess entity)	SCC)

	NUMBER (if applicable		Date of This Filing	0/21/2022		ORNIA 497
	NUMBER (if applicable				FC	ORM +3
111143	52419	9)	Report No.		RECEIVED '	or Official Use Only
	===		=4		REOLIVED	
			Amendmer to Report No.		OCT 2 1 2022	
	STATE	ZIP CODE 194564	(explain below) No. of Pages	Offi		
ceived						
			RIBLITOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
trict 7 PAC ID #89139 20 South Loop Road	ll Union NO 3 6			IND COM OTH PTY SCC		\$1,000.00 Check if Loan Provide interest rate
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan
				IND COM OTH SCC		Check if Loan
-	crating Engineers Loca	FULL NAME, STREET ADDRESS AND (IF COMMITTEE ALSO EN CITATION PROCESS AND CITATION NO. 3 Strict 7 PAC ID #891396	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTROL NUMBER) crating Engineers Local Union NO 3 strict 7 PAC ID #891396 20 South Loop Road	To Report No. (explain below) No. of Pages FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTIRE LD NUMBER) Crating Engineers Local Union NO 3 strict 7 PAC ID #891396 20 South Loop Road	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTINE LD NUMBER) Crating Engineers Local Union NO 3 Strict 7 PAC ID #891396 20 South Loop Road umeda, CA 94502 IND COM The PTY SCC IND COM The PTY SCC	Amendment to Report No. STATE ZIP CODE (explain below) No. of Pages FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (if COMMITTEE ALSO ENTIRE 1D NUMBER) Crating Engineers Local Union NO 3 Litrict 7 PAC ID #891396 20 South Loop Road Immeda, CA 94502 IND COM OTH PTY SCC IND COM OTH PTY SCC

NAME OF FILER Peter Murray AREA CODE/PHONE NUT	MBER I.D. NUMBER (if applicable)	Date of This Filing Report No.	/10/2022	RECEIVED	CALIFORNIA 497 FORM FOR Official Use Only
STREET ADDRESS CITY PINOLE	STATE ZIP CODE CA 94564	☐ Amendment to Report No. (explain below) No. of Pages →	Office	OCT 1 2022 of the City Clerk	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT	ror	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMI (IF SELF-EMPLOYED, ENTER NAME OF	
10/08/2022	LE03-AWIN MANAGEMENT INC. 18500 NORTH ALLIED WAY PHOENIX, AR. 85054		IND COM OTH PTY SCC		\$1000.00 Check if Loan Provide interest rate
10/08/2022	SHEET METAL WORKERS LOCAL UNION 104 POLITICAL COMMITTEE ID#850381 3232 CONSTITUTION DRIVE LIVERMORE, CA 94551		IND COM OTH PTY SCC		\$1,000.00 Check if Loan Provide interest rate
			IND COM OTH PTY SCC		Check if Loan % Provide interest rate
Reason for Amendm	nent:		* Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor		

NAME OF FILER Peter Murray		Date of This Filing	03/2022	Date Stamp RECEIVED	CALIFORNIA 497
AREA CODE/PHONE NUM	I.D. NUMBER (if applicable)	Report No.		OCT 0 3 2022	For Official Use Only
STREET ADDRESS CITY Pinole	STATE ZIP CODE [CA 94564	Amendment to Report No. (explain below) No. of Pages	Office 2	of the City Clerk	
1. Contribution(s) Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMI (IF SELF-EMPLOYED, ENTER NAME OF	
	I reported this information on my 460 Form as I believed that w where it needed to be included. I received follow up documenta notice this # 497 report information requirement and I have incl Amendment for this information along with this report #1 page.	ution and uded the	IND COM OTH PTY SCC		Check if Loan Provide interest rate
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan Provide interest rate
			IND COM OTH PTY SCC		Check if Loan Provide interest rate
Reason for Amendm	ent: Corretion Uppare			* Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor	

Amounts may be rounded to whole dollars.

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STREET ADDRESS 2100 Whippoorwil CITY Pinole	Court STATE ZIP CODE CA 94564	Amendment to Report No. (explain below) No. of Pages	2 0	OCT 03 2022 FrEDFine City Cler	rk
1. Contribution(s) Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	TOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMI (IF SELF-EMPLOYED, ENTER NAME OF	
9/13/22	IBEW Local 302 P.A.C. 1875 Arnold Drive Martinez, CA 94553 P.A.C. # 1300752		☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$1,000. Check if Loan Provide interest rate
9/18/22	California Real Estate 515 S. Figueroa Street Los Angeles, CA 94564 CREPAC #890106		☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$1,000 Check if Loan Provide interest rate
9/29/22	U.A. Local 342 PAC Fund 935 Detroit Avenue Concord, CA 94518 FPPC #890268		☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$1,000. Check if Loan Provide interest rate
Reason for Amenda	nent:			* Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor	• •

FPPC Form 497 (Feb/2019)
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