Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM	460
Page o	,3_

Officeholder or Candidate Controlled Committ	ee	6.	Primarily Formed Ballo	t Measure Cor	nmittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Maria Alegria						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT I	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
City Council						☐ ⊃PPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP CA. 94564		Identify the controlling office		<u> </u>	oponent, if any.
1 111010			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPO	NENT	
Related Committees Not Included in this State not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candid	re primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	D. IF ANY
COMMITTEE NAME	.D. NUMBER					
Friends of Maria Alegria	922173	7	Primarily Formed Cand	lidate/Officeho	older Committee	l ist names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this con	nmittee is primarily for	med.
Maria Alegria	✓ YES □ NO		NAME OF OFFICEHOLDER OR O	ANDIDATE LO	FFICE SOUGHT OR HELI	D T
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX	0		NAME OF STRICE IS ESTABLISHED	AIRBIBAIL	, , , , , , , , , , , , , , , , , , ,	SUPPORT OPPOSE
CITY STATE ZIP COI	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE O	FFICE SOUGHT OR HELI	D [] SUPPORT
Pinole CA 94564						OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE O	FFICE SOUGHT OR HELI	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE O	FFICE SOUGHT OR HELI	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX			Atta	ach continuation s	sheets If necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statement from 7	covers period	CALIFORNIA 460
through 12	181/2021	Page of
		ID MIMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

1311336 Alegria for Council Calendar Year Summary for Candidates Column B Column A Contributions Received CALENDAR YEAR TOTAL TO DATE TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 1/1 through 6/30 7/1 to Date 0 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 21. Expenditures 0 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ ___ **Expenditures Made Expenditure Limit Summary for State Candidates** 6. Payments Made...... Schedule E, Line 4 \$ _____ 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 0 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0 (mm/dd/yy) **Current Cash Statement** 1,755,49 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ __ To calculate Column B. 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 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 1,755,49 15. Cash Payments Column A, Line 8 above amounts in Column A may be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ _____ should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _ only carry over the amounts from Lines 2, 7, and 9 (If Cash Equivalents and Outstanding Debts anv). 18. Cash Equivalents See instructions on reverse \$ ____ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ = FPPC Advice: advice@fppc.ca.gov (866/275-3772)

FPPC Form 460 (Jan/2016) www.fppc.ca.gov

D 11 (0 10				COVER PAGE	GE
Recipient Committee Campaign Statement Cover Page			RECEIV	ED CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 7 1 202 through 12 31 202	Date of election if applicable: (Month, Day, Year) Nov 4, 2008	JAN 3 1 20 Office of the C	Follonicial Use Only	2
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			_
State Candidate Election Committee Recall (Also Camplete Part 6) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statemen Termination Statemen (Also file a Form 410	nt 🗍 t Termination)	Quarterly Statement Special Odd-Year Report	
3. Committee Information	D. NUMBER 922173	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Maria Alegria STREET ADDRESS (NO P.O. BOX)		MAILING ADDRESS	STATE	ZIP CODE AREA CODE/PHONE	<u> </u>
CITY STATE ZIP CO Pinole CA 9456		NAME OF ASSISTANT TREASUR	ER, IF ANY		_
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS		_
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on Date Executed on Date	BySignature of Control		Proponent or Responsible Officer		
Executed onDate	By	gnature of Controlling Officeholder, Candidate	, State Measure Proponent		

Recipient Committee Campaign Statement Cover Page — Part 2

CALI F	FORNIA ORM	460
Page .	a.	,3

PLICABLE) STATE ZIP CA. 94564 any committees rmed to receive		NAME OF BALLOT MEASURE BALLOT NO. OR LETTER Identify the controlling officeh NAME OF OFFICEHOLDER, CAND OFFICE SOUGHT OR HELD			
STATE ZIP CA. 94564 any committees braned to receive		Identify the controlling officeh	holder, candidate, or stat	te measure prop	OPPOSE
STATE ZIP CA. 94564 any committees braned to receive		Identify the controlling officeh	holder, candidate, or stat	te measure prop	OPPOSE
CA. 94564 any committees rmed to receive	e e	NAME OF OFFICEHOLDER, CAND		te measure prop	ponent, if any.
CA. 94564 any committees rmed to receive		NAME OF OFFICEHOLDER, CAND			
rmed to receive			DIDATE, OR PROPONENT	DISTRICT NO.	IF ANY
rmed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	IFANY
					
THE RESIDENCE OF THE PARTY OF T	7	Drimorily Formed Condi	idato/Officabaldor (Committee	lat ===== af
COMMITTEE?	· /·	Primarily Formed Candi officeholder(s) or candidate(s) f	for which this committee i	is primarily form	ed.
□ NO		THE OF OFFICE USING DCD OD OA	NIDIDATE LOSSICE OF	OLIGIET OF HELD	
	. €.	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SC	JUGHT OR HELD	SUPPORT OPPOSE
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	=				SUPPORT OPPOSE
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COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SC	OUGHT OR HELD	SUPPORT OPPOSE
ī	REA CODE/PHONE COMMITTEE?	REA CODE/PHONE COMMITTEE?	NAME OF OFFICEHOLDER OR CA	NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SI NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SI NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SI O	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{+/1/202}{13/3(1202)}$ CALIFORNIA FORM 460

SUMMARY PAGE

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE		tinoughi		LD MI LDED
NAME OF FILER Friends of Maria Alegria				I.D. NUMBER
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
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		\$ \$ \$	20. Contributions Received \$	\$\$
Expenditures Made 6. Payments Made	\$ 0	\$ \$ \$		Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$\$	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 reported in Column B.	may be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	Ψ	1	EDDC Advisor ad	102.775-3772 Horm 450 (Jan/2015)

CLEAR FORM

PRINT FORM

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COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	NIA 460
Page _2	of _4

. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure Comm	nittee	
NAME OF OFFICEHOLDER OR CANDIDATE Norma Martínez-Rubin			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR Pinole Council Member	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI 2131 Pear Street	TY STATE ZIP Pinole CA 94564	•	Identify the controlling officel			oponent, if any.
Related Committees Not Included in this Stat	ement: List any committees	•	NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PROPON	IENT	
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I,D, NUMBER		z 		4	
NAME OF TREASURER	CONTROLLED COMMITTEE?	- 7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officehold for which this commi	er Committee ttee is primarily for	List names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B		•	NAME OF OFFICEHOLDER OR C	CANDIDATE OFFIC	CE SOUGHT OR HEI	.D □ SUPPORT □ OPPOSE
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR O	CANDIDATE OFFIC	CE SOUGHT OR HEI	D SUPPORT □ OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFIC	CE SOUGHT OR HEI	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFIC	CE SOUGHT OR HEI	SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary						

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 07/01/2021 FORM from. Page ____3 12/31/2021 through_ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1408103 Norma Martínez-Rubin for Pinole Council 2018

Contributions Received 1. Monetary Contributions	\$ _ _	Column A TOTAL THIS PERIOD OM ATTACHED SCHEDULES) 00.00 00.00 00.00 00.00 00.00	\$	Column B CALENDAR YEAR TOTAL TO DATE 00.00 00.00 00.00 00.00 00.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$	60.00 00.00 60.00 00.00 00.00 60.00	\$ \$	120.00 00.00 120.00 00.00 00.00 120.00	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	\$ - - - \$ -	1999.77 00.00 00.00 60.00 1939.77	add A t am of y am be she pre this	calculate Column B, d amounts in Column o the corresponding nounts from Column B your last report. Some nounts in Column A may negative figures that ould be subtracted from evious period amounts. If is is the first report being and for this calendar year,	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$ _	00.00	oni	ly carry over the amounts m Lines 2, 7, and 9 (if	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
67/01/2021	FORM 400
through	Page of
	I.D. NUMBER 1409103

Payments Made	to whole do	mais.		fro	07/01/2021 m	FO	RM 400	1
REE INSTRUCTIONS ON REVERSE NAME OF FILER Norma Martínez-Rubin for Pinole Council 2018				thro	ough	Page	of	
CODES: If one of the following codes accurately describe campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research posing others (explain)* PRT print ads MBR member communications meetings and appearances office expenses PET petition circulating PHO phone banks POL polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads					ction costs ries production costs g, and meals ing, and meals	ne candidate/sponsor	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID	
					L			
Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.				SUBTOTAL	\$	
Schedule E Summary I. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100							00.00	
Total interest paid this period on loans. (Enter amount from Schedule B. Part 1. Column (e).)					\$	00.00		

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)...... 60.00

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

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CLEAR FORM

Ca	ecipient Committee ampaign Statement over Page			RECEIVE	
		Statement covers period from 7/1/2021	The state of the s	JAN 3 1 23 Office of the C	For Official Use Only
SEE	EINSTRUCTIONS ON REVERSE	through <u>12/31/2021</u>	November, 3, 2020		
1.	Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt t ērmination)	Quarterly Statement Special Odd-Year Report
3.	Committee intermation	D. NUMBER 419830	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
	Devin Murphy for Pinole City Council 2020		Devin Murphy MAILING ADDRESS	-	
			PO Box 85		
	STREET ADDRESS (NO P.O. BOX)		сіту Pinole	STATE CA	ZIP CODE AREA CODE/PHONE 94564
	CITY STATE ZIP CO	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
	Pinole CA 9450 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS		
	CITY STATE ZIP CO	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4.	Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on 1/31/22 Executed on Date Executed on Date Executed on Date	f California that the foregoing is true and of By	correct.	Proponent or Responsible Officer of	
	Executed on	By	ignature of Controlling Officeholder, Candidate		
	Date Date	Si	ignature of Controlling Officeholder, Candidate	, State Measure Proponent	EPPC Form 460 (Jan/2016))

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
Page 02 of 05

Officeholder or Candidate Controlled Comm	nittee	6.	Primarily Formed Ballot	Measure C	committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Devin Murphy						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
Pinole City Council						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)			Identify the controlling officel	nolder, candid	ate, or state measure	proponent, if any.
	Pinole CA 94564		NAME OF OFFICEHOLDER, CAN			
, 			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PI	ROPONENT	
Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your can	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER	_	n	: 10E		
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	committee is primarily f	ormed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT
N						OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	IELD SUPPORT
						OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	IELD SUPPORT
						OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	IELD SUPPORT
	YES NO					OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	. BOX)					
CITY STATE ZIP	CODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Devin Murphy for Pinole City Council 2020			1426590
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \frac{260.00}{0} \$ 260.00 0 260.00	**Example 1.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made	\$\frac{148.00}{0}\$ \$\frac{148.00}{0}\$ 0 0 148.00 148.00	\$\frac{872.47}{0}\$ \$\frac{872.47}{0}\$ \frac{0}{0}\$ \frac{872.47}{3}\$	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	\$ 9,709.65 260.00 0 148.00 9,821.65 \$ 0 \$ 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	Α	
Monetary	Contributions	Received

Amounts may be rounded

SCHEDULE A

Clieuule A				00112002				
Monetary Contributions Received EE INSTRUCTIONS ON REVERSE		tov	to whole dollars.		ers period	california 46		of 05
				through <u>06/30/20</u>	021	Page 1	040	05
AME OF FILER Devin Murph	ny for Pinole City Council 2020					1.D. NUI 142659		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT BECEIVED THIS	CALENDAR			ECTION

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)
08/05/2021		VIND COM OTH PTY SCC IND COM OTH		\$260.00	\$260.00	
		PTY SCC IND COM OTH PTY SCC				
		IND COM OTH PTY SCC				ı
		IND COM OTH PTY SCC				
			SUBTOTAL	\$ 260.00		

SUBTOTAL	\$ 260.00
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Schedule	A S	ummary
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1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)

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

	ΗE		

Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from 01/01/2021	FORM 400
through <u>06/30/2021</u>	Page 05 of 05
	I.D. NUMBER
	1419830

	trom			
SEE INSTRUCTIONS ON REVERSE	through <u>06/30/2021</u>	Page of		
NAME OF FILER		I.D. NUMBER		
Devin Murphy for Pinole City Council 2020		1419830		

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Squarespace Inc. 8 Clarkson Street, 12th Floor, New York, NY 10014		Website Fees	\$88.00

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

SUBTOTAL \$ 148.00

Schedule E Summary

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

Recipient Committee Campaign Statement Cover Page	Statement covers period	Date Stamp RECEIVED Date of election if applicable:	Page1 of _4
	from 9/19/21	(Month, Day, Year)	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/21</u>	Office of the City	Clerk
1. Type of Recipient Committee: All Committee	es – 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 Termination) □ Amendment (Explain below) 	Quarterly Statement Special Odd-Year Report
3. Committee Information	I.D. NUMBER 7404987	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITT	EE)	NAME OF TREASURER	
Pinole 4 Fair Government		Ivette Ricco	
		MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		CITY STATE	ZIP CODE AREA CODE/PHONE
		Pinole Ca	94564
Pinole Ca S	ZIP CODE AREA CODE/PHONE 94564	NAME OF ASSISTANT TREASURER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. P.O Box 1	ВОХ	MAILING ADDRESS	
	ZIP CODE AREA CODE/PHONE 94564	CITY STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
4. Verification			
I have used all reasonable diligence in preparing and r certify under penalty of perjury under the laws of the S	eviewing this statement and to the best tate of California that the foregoing is t	ained herein and in the attac	hed schedules is true and complete. I
Executed on January 25, 2022 Date	Ву	sistant Treasurer	
Executed on	By Signature of Cont	trolling Officeholder, Candidate, State Measure Proponent or Responsible Officer	of Sponsor
Executed on	Bv		en e
		Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	— Ву ————	Signature of Controlling Officeholder, Candidate, State Measure Proponent	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Pinole 4 Fair Government

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

www.fppc.ca.gov

Statement covers period 9/19/21	CALIFORNIA 460
through 12/31/21	Page of
	I.D. NUMBER 1404981

Column A **Calendar Year Summary for Candidates** Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR (FROM ATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE **General Elections** 670.12 795.12 1. Monetary Contributions...... Schedule A, Line 3 \$ ____ 1/1 through 6/30 0.00 0.00 7/1 to Date 2. Loans Received Schedule B. Line 3 670.12 795.12 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0.00 384.00 Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures 670.12 1179.12 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 \$ _____ 850.00 850.00 Candidates 7. Loans Made...... Schedule H, Line 3 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ _____ 850.00 850.00 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0.00 0.00 Date of Election Total to Date 0.00 384.00 (mm/dd/yy) 850.000 1434.00 Current Cash Statement 729.06 12. Beginning Cash Balance Previous Summery Page, Line 16 \$ To calculate Column B. 670.12 13. Cash Receipts Column A, Line 3 above add amounts in Column A to the corresponding 14. Miscellaneous Increases to Cash Schedule I, Line 4 *Amounts in this section may be different from amounts amounts from Column B reported in Column B. 850.00 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 549.18 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ 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 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ ____ 0.00 filed for this calendar year. only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any). 18. Cash Equivalents..... See instructions on reverse \$ _____ 0.00 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement coverage of the statement coverage	ers period	CALIFORNIA 460		
SEE INSTRUCTIO	NS ON REVERSE			through 12/31/2	1	Page	of	
Pinole 4	Fair Government					1.D. NU 1404	IMBER 1981	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
11/22/21	Ivette Ricco Pinole, Ca. 94564	☑IND □COM □OTH □PTY □SCC	Retired	250.00	325.	00		
11'26'21	Michael Ricco Pinole , Ca 94564	IND COM OTH PTY	Retired	30.00	30.	00		
11/26/21	Melissa Breach	☑ IND □ COM □ OTH	Senior VP/CEO California YIMBY	240.12	240.	.12		

Lawrence Berkeley Labs

IT Group Lead Tech

Schedule A Summary				*Contributor Codes	
		SUBTOTAL \$	670.12		
	☐ COM ☐ OTH ☐ PTY ☐ SCC				

☐ PTY □ scc

IND

□ сом

□отн

☐ PTY □ scc

1. Amount received this period – itemized monetary contributions. 670.12 (Include all Schedule A subtotals.) 2. Amount received this period – unitemized monetary contributions of less than \$100\$

Pinole, Ca. 94564

Tammy Campbell

Pin le, Ca. 94564

11/26/21

3. Total monetary contributions received this period. 670.12

IND - Individual

150.00

150.00

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may l to whole d			Statement covers period from 9/19/21	CALIFO FOF	
NAME OF FILER Pinole 4 Fair Government					1.D. NUMB 140498	
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* cvc civic donations FIL candidate filing/ballot fees fND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s	nmunications d appearance ses llating s survey researe ivery and me	ch ssenger services	wise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a TSF transfer between committees VOT voter registration WEB information technology costs	uction costs d meals and meals s of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	RIPTION OF PAYMENT		AMOUNT PAID
California Secretary of State 1500 11th St. Sacramento, Ca. 95814			Annual Fee			50.00
Bear Claw Bakery 2340 San Pablo Avenue Pinole, Ca. 94564		MTG	Promotional Cook	ie Giveaway		175.00
PS Publishing 1588 Fitzgerald Drive, Ste. 223 Pinole, Ca. 94564		PRT	Print Ad in Magazi	ne		625.00

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

SUBTOTAL \$ 1050.00

Schedule E Summary

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on -

FPPC Form 460 (Jan/2016)

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

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER PA	AGE - PART 2
CALI	ORNIA ORM	460
Page _	2 0	ıf <u>17</u>

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	N		SUPPORT OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling offic			measure prop	onent, if any.		
	-		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PRO	OPONENT				
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 ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY		
COMMITTEE NAME	I.D. NUMBER	7	. Primarily Formed Can	didate/Office	eholder Co	mmittee <i>Li</i>	ist names of		
NAME OF TREASURER	CONTROLLED COMMITTEE?	•	officeholder(s) or candidate(s) for which this	committee is p	orimarily forme	ed.		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE		
CITY STATE ZII	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	DATE OFFICE SOUGHT OR HELD				SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	P CODE AREA CODE/PHONE		Δ.	tach continuatio	on sheets if n	ecessarv	•		
CIT SIAIE ZI	AND AND SECTIONS.		At	ucii commuan	on ancola II II	oooour,			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER Vincent Salimi 2018 Council Commmittee Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 0 1. Monetary Contributions Schedule A, Line 3 \$ _____ 7/1 to Date 1/1 through 6/30 2. Loans Received...... Schedule B, Line 3 0 20. Contributions 0 \$ 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 0 21. Expenditures 4. Nonmonetary Contributions...... Schedule C, Line 3 222.95 \$ 212.51 0 Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 435.46 6. Payments Made...... Schedule E, Line 4 \$ _____ Candidates 0 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made* 212.51 435.46 (If Subject to Voluntary Experditure Limit) 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ _____ Date of Election Total to Date (mm/dd/yy) 212.51 435.46 **Current Cash Statement** 113.82 To calculate Column B. add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 212.51 amounts in Column A may 0.31 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** anv). 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ _____ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A			ts may be rounded			SCHEDULE A		
Monetary Contributions Received		to	whole dollars.	Statement cov	ers period /2021	CALIFORNIA 460		
				Trom		10		
SEE INSTRUCTIO	ONS ON REVERSE			through12/3	31/2021	Page _	4 of 17	
NAME OF FILER						I.D. NUM	BER	
Vincent Sa	alimi 2018 Council Commmittee					140889	03	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		IND COM OTH PTY SCC						
		IND COM OTH PTY SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$				
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions II Schedule A subtotals.)			99	IND COM	(other t		
2. Amount re	eceived this period – unitemized monetary contributio	ns of less tha	n \$100\$ <u> </u>		PTY	Political	Party	
3 Total mon	etany contributions received this period				SCC	Small C	ontributor Committee	

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$

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

99

www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from

07/01/2021

					through12/31/2021		5 of 17
NAME OF FILER Vincent Sali	imi 2018 Council Commmittee					14088	93
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	CUMULĀTIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$			HIP I

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received						SCHEDULE B-PART CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2021	Page6_	of17	
NAME OF FILER							I.D. NUMBER		
Vincent Salimi 2018 Council Commmittee							1408893		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION: TO DATE	
Vincent Salimi	Self Employment Salimi management, LLC			PAID \$ 0 FORGIVEN	ş <u>13200</u>	%	\$ <u>13200</u>	\$ 0 PER ELECTION*	
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$13200	s0	s0	12/31/23 DATE DUE	\$	13200_ DATE INCURRED	s0	
[†] □IND □ COM □ OTH □ PTY □ SCC		s	\$	PAID S——— FORGIVEN S———	\$DATE DUE	% RATE	\$ DATE INCURRED	\$PER ELECTION*	
- IND COM COM PITT DESC				PAID \$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION*	
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$	}	\$	\$	\$			
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loan				\$	0	(Enter (e) on Schedule E, Line	3) †Contributor Codes	1	
2. Loans paid or forgiven this period				\$	0		IND – Individual	Committee	

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

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

PTY - Political Party

(May be a negative number)

COM - Recipient Committee

(other than PTY or SCC)

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

SCC - Small Contributor Committee

SCHEDULE B - PART 2 Amounts may be rounded Schedule B - Part 2 Statement covers period CALIFORNIA to whole dollars. **Loan Guarantors FORM** 07/01/2021 from 12/31/2021 7 of 17 through SEE INSTRUCTIONS ON REVERSE I.D. NUVIBER NAME OF FILER 1408893 Vincent Salimi 2018 Council Commmittee BALANCE IF AN INDIVIDUAL, ENTER AMOUNT FULL NAME, STREET ADDRESS AND CUMULATIVE OUTSTANDING CONTRIBUTOR OCCUPATION AND EMPLOYER LOAN **GUARANTEED** ZIP CODE OF GUARANTOR TO DATE (IF SELF-EMPLOYED, ENTER THIS PERIOD TO DATE CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) CALENDAR YEAR LENDER ☐ COM PER ELECTION DATE □ OTH (IF REQUIRED) □ PTY □ scc CALENDAR YEAR LENDER □сом PER ELECT ON □ OTH DATE (IF REQUIRED) □ PTY □ scc CALENDAR YEAR LENDER ☐ COM PER ELECTION □ OTH DATE (IF REQUIRED) □ PTY

LENDER

DATE

SUBTOTAL \$

□ scc

☐ IND

□отн

□ PTY
□ SCC

CALENDAR YEAR.

PER ELECTION

(IF REQUIRED)

Enter on Summary Page,

Line 17 only.

Schedule Nonmon	e C etary Contributions Received		Amounts may be rounded to whole dollars.		Star	tement covers p 07/01/20		CALIF FO	ORNIA /	460
NAME OF FILER	ons on reverse alimi 2018 Council Commmittee		28		throug	h12/31/2	021	Page		<u>17</u>
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELE TO DA (IF REQU	ATE
		□IND □COM □OTH □PTY □SCC								
17		□IND □COM □OTH □PTY □SCC	20							
		□IND □COM □OTH □PTY □SCC								
7		□IND □COM □OTH □PTY □SCC								
Attach add	itional information on appropriately labeled	continuation	sheets.	SUBT	OTAL \$					
Schedule	e C Summary						(*Cor	ntributer Co	odes	

1. Amount received this period – itemized nonmonetary contributions.

3. Total nonmonetary contributions received this period.

(Include all Schedule C subtotals.).....\$

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

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

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

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

SCC - Small Contributor Committee

IND - Individual

PTY - Political Party

Supportii Candidat	e D y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be to whole do		Statement covers from 07/01/2 through 12/31/	021	CALIFO FOR	
NAME OF FILER						I.D. NUME	IER
Vincent Sa	alimi 2018 Council Commmittee					140889	3
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDA (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		*			
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	. \$			
1. Itemized	e D Summary contributions and independent expenditures mad						
2. Unitemiz	ed contributions and independent expenditures m	nade this period of u	ınder \$100			\$ _	
3. Total con	ntributions and independent expenditures made th	is period. (Add Line	s 1 and 2. Do not enter or	the Summary Page	e.) TC	TAL \$_	

(Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees NAME OF FILER Vincent Salimi 2018 Council Commmittee	dollars.	Statement covers from07/01/20 through12/31/3	021	Page	10 of	460 17
NAME OF FILER		through12/31/3	2021			17
				I.D. NUMI		
Vincent Salimi 2018 Council Commmittee	1				BER	
				140889	93	
DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDA (JAN. 1 - D	R YEAR	то	LECTION DATE QUIRED)
☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent ☐ Support ☐ Oppose ☐ Expenditure						
Monetary Contribution Nonmonetary Contribution Independent Expenditure						
Monetary Contribution Nonmonetary Contribution Independent Expenditure						
☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent ☐ Support ☐ Oppose ☐ Expenditure						
	SUBTOTAL	•				

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from07/01/2021	FORM 400
through 12/31/2021	Page 11 of 17
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Vincent Salimi 2018 Council Commmittee				thro	ugh12/31/2	2021	Page	BER
CODES: If one of the following codes accurately describes the payment, you campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member commenders of meetings and office expens of petition circulary petition circulary policing and supporting of the sexual period of the payment, you campaign consultants MTG office expens of the following codes accurately describes the payment, you campaign consultants MER member commenderings and office expens of the payment, you campaign and supporting of the payment, you campaign consultants MER member commenderings and office expens of the petition circulary profession circulary petition circulary profession circulary professional supporting of the payment, you campaign consultants MTG office expens of the petition circulary profession ci	munications appearances ating urvey resea	ses rch essenger	services	RAD RFD SAL TEL TRC TRS TSF	radio airtime and returned contribut campaign workers t.v. or cable airtim candidate travel, l staff/spouse trave	production coions s' salaries e and productiong, and sl, lodging, ard committees	ction costs meals nd meals of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DES	SCRIPTION	N OF PAYMENT			AMOUNT PAID
ia .	ia .			_				
* Payments that are contributions or independent expenditures must also be summarized on Sche	dule D.					SUE	STOTAL \$	0
Schedule E Summary								
Itemized payments made this period. (Include all Schedule E subtotals.) Unitemized payments made this period of under \$100\$ — \$								212.51
2. Unitemized payments made this period of under \$100							212.51	

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

	CONEDULE L'OCIVII
Statement covers period	CALIFORNIA 460
from07/01/2021	FORM 400
through12/31/2021	Page 12 of 17
	ID NUMBER

1408893

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vincent Salimi 2018 Council Commmittee

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

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* PET petition circulating TEL t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL

FIL candidate filing/ballot fees

FND fundraising events

PHO phone banks

FND fundraising events

POL polling and survey research

FND independent expenditure supporting/opposing others (explain)*

POS postage, delivery and messenger services

FND phone banks

FNC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TRS transfer between committees of the same candidate/sponsor

IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) VOT voter registration

campaign literature and mailings PRT print ads WEB information technology costs (internet e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
		4		
		\dashv		
		4		

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

Schedule F Accrued Expenses (Unpaid Bills)	to whole dollars			/2021	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			through	71/2021	Page 13 of 17		
NAME OF FILER				1	.D. NUMBER		
Vincent Salimi 2018 Council Commmittee					1408893		
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks			herwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals			
IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POS postage, delivery and n PRO professional services (I PRT print ads	TSF transfer betwee VOT voter registration	transfer between committees of the same candidal voter registration information technology costs (internet, e-mail)				
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 PAIL THIS PERIOD (ALSO REPORT ON	BALANCE AT CLOSE		
3							
<u>.</u>							
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	\$	\$		
Schedule F Summary							
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a			INC	URRED TOTAL	.S \$		
 Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized period). 	edule F, Column (c) subtot payments on accrued exp	tals for payments on enses under \$100.).		PAID TOTAL	.s \$		
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and	i		NE	May be a negative number		

Schedule F	
(Continuati	on Sheet)
Accrued Ex	(nenses (Unpaid Bills)

Vincent Salimi 2018 Council Commmittee

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from 07/01/2021	CALIFORNIA 460
through12/31/2021	Page 14 of 17
	I.D. NUMBER
	1408893

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

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

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

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

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
·					
	SUBTOTALS	\$	\$	\$	\$

Schedule G Statement covers period Payments Made by an Agent or Independent Amounts may be rounded **CALIFORNIA** 07/01/2021 to whole dollars. **FORM Contractor (on Behalf of This Committee)** from 12/31/2021 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1408893 Vincent Salimi 2018 Council Commmittee

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

COFC contribution (explain nonmonetary)*

CVC civic donations

MBR member communications

MEG meetings and appearances

MTG meetings and appearances

OFC office expenses

OFC office expenses

PET petition circulating

TEL t.v. or cable airtime and production costs

campaign workers' salaries

t.v. or cable airtime and production costs

FIL candidate filing/ballot fees

PHO phone banks

FIL candidate filing/ballot fees

FID fundraising events

FIL candidate filing/ballot fees

PHO phone banks

FIR candidate travel, lodging, and meals

FIR staff/spouse travel, lodging, and meals

IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services Independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet. e-mail)

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

SCHEDULE G

17

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

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

Schedule H Loans Made to Others*			nay be rounded ble dollars.		Statement coverage of the statement coverage	vers period 1/2021	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through12/	31/2021	Page16	of17
NAME OF FILER							I.D. NUMBER	
Vincent Salimi 2018 Council Commmitte	ee						1408893	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT FORGIVENE THIS PERIO	SS CLOSE OF THIS	(e) INTEREST RECEIVED	(1) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID \$ FORGIVEN		% RATE	s	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID	\$	94		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION*
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
			J			(Enter (e) on Schedule I, Line 3)	1	
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loan					\$			**If Required
Payments received on loans (Total Column (c) plus unitemized payr					\$		_	
3. Net change this period. (Subtract Line (Enter the net here and on the Summa						ay be a negative number)	

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.		Statement covers period from 07/01/2021 through 12/31/2021	CALIFCRNIA 460 FORM Page 17 of 17	
SEE INSTRUCTIONS ON REVENAME OF FILER	RSE				I.D. NUMBER	
Vincent Salimi 2018 C	ouncil Commmittee				1408893	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOU (IF COMMITTEE, ALSO ENTER I.D. NUMBE	SS OF SOURCE ER I.D. NUMBER)		SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
Attach additional infor	.\$					
Schedule I Summa	ary					
1. Itemized increases t	o cash this period			\$	=	
2. Unitemized increase	es to cash of under \$100 this period			\$	_	
3. Total of all interest re	eceived this period on loans made to othe	ers. (Schedule H, Column (e).)	\$	=	
4. Total miscellaneous	increases to cash this period. (Add Lines	1, 2, and 3. Enter here and c		TOTAL \$	_	

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my kno	wledge the information contained herein and in the attached schedules is true and complete.
certify under penalty of perjury under the laws of the State of California that the foregoing is true and cor	
10010025	

sistant Treasurer sure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on -Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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

. Officeholder or Cand	lidate Controlled Commit	ttee		6.	Primarily Formed Ballo	t Measure C	ommittee		
NAME OF OFFICEHOLDER C	OR CANDIDATE				NAME OF BALLOT MEASURE				
Cameron Sasai									
OFFICE SOUGHT OR HELD ((INCLUDE LOCATION AND DISTRI	ICT NUMBER IF APPLI	CABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N.		SUPPORT
City Council, City of Pi	nole								OPPOSE
RESIDENTIAL/BUSINESS AD	DDRESS (NO.AND STREET) CIT	ry state	E ZIP 94564		Identify the controlling office	holder, candid	ate, or state	measure pro	ponent, if any.
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
not included in this stateme	Not Included in this Stated that are controlled by you or anditures on behalf of your candid.	are primarily formed t	ommittees to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	O. IF ANY
COMMITTEE NAME		I.D. NUMBER							
NAME OF TREASURER		CONTROLLED COMM		7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office for which this	holder Co	ommittee i	List names of ned.
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. B				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	SUPPORT OPPOSE
CITY	STATE ZIP CO		ODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER		CONTROLLED COMM			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. B		ODE/PHONE		Atta	ch continuatio	n sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from <u>7/1/2021</u> through 12/31/2021 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SASAI FOR PINOLE CITY COUNCIL 2022			FPPC #1439007
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 8380.00	Column B CALENDAR YEAR TOTAL TO DATE \$ 8380.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
 Monetary Contributions Schedule A, Line 3 Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 	0.00	\$\frac{0.00}{8380.00}\$\$ \$\frac{8380.00}{0.00}\$\$	1/1 through 6/30 7/1 to Date 20. Contributions
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$\frac{1128.94}{0.00}\$ \$\frac{1128.94}{0.00}\$ \frac{0.00}{0.00}\$ \$\frac{1128.94}{1128.94}\$	\$\frac{1128.94}{0.00}\$ \$\frac{1128.94}{0.00}\$ 0.00 0.00 \$\frac{1128.94}{0.94}\$	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 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	*	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.
18. Cash Equivalents	\$ \frac{0.00}{0.00}		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A

3. Total monetary contributions received this period.

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to	to whole dollars. Statement covers from 7/1/2021				FORNIA 460 ORM
SEE INSTRUCTI	ONS ON REVERSE			through	021		of 12
NAME OF FILER SASAI FOR	PINOLE CITY COUNCIL 2022						umber #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)
7/8/21	Cameron Sasai, 94564 Pinole, CA	☑IND □COM □OTH □PTY □SCC	Self-Employed, SASAI STUDIOS	100.00	500.00		
7/17/21	Kyle Nikko Sasai, Pinole, CA 94564	☑IND □COM □OTH □PTY □SCC	Title IX Complaint Resolution Officer, UC Santa Cruz	500.00	500.00		
7/22/21	Cameron Sasai, 4, Pinole, CA 94564	☑IND □COM □OTH □PTY □SCC	Self-Employed, SASAI STUDIOS	400.00	500.00		
8/16/21	Eddie F. Padilla,	ZIND COM OTH PTY SCC	President, Eddie Padilla Consulting Engineers	200.00	200.00		
8/16/21	Charina Bourque, Gilbert, AZ 85298	ZIND COM OTH PTY	Customer Service Agent, Liberty Mutual Insurance	300.00	500.00		
			SUBTOTAL S	\$ 1500.00			
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions Il Schedule A subtotals.)		\$ ⁷ ,: 1 \$100\$ ⁸⁷	510.00	IND - COM OTH PTY	(other – Other – Politic	ual ient Committee than PTY or SCC) (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from <u>7/1/2021</u>

				through	21	Page _	5 of 12
NAME OF FILER SASAI FOR	PINOLE CITY COUNCIL 2022						JMBER #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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/17/21	George Arellano, 1 Richmond, CA 94806	☑IND □COM □OTH □PTY □SCC	Mechanical Engineer, Canyon Consulting Engineers	500.00	500.00		
8/17/21	Roy Sasai, Union City, CA 94587	ZIND COM OTH PTY SCC	NONE	500.00	500.00		
8/18/21	Dana Rush, Vacaville, CA 95696	ZIND COM OTH PTY SCC	CFO, Air Systems Inc.	250.00	250.00		
8/19/21	Yolanda Chung, Pinole, CA 94564	☑IND □COM □OTH □PTY □SCC	Owner, Uncle Chung's Szechuan	100.00	100.00		

NONE

IND

Сом

OTH PTY SCC

South San Francisco,

*Contributor Codes IND - Individual

8/31/21

COM - Recipient Committee

(other than PTY or SCC)

James Coleman, 1

CA 94080-5603

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

PTY - Political Party

SCC - Small Contributor Committee

100.00

100.00

SUBTOTAL \$ 1450,00

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from _7/1/2021	CALIFORNIA 460
a V		through	Page of
NAME OF FILER SASAI FOR PINOLE CITY COUNCIL 2022			I.D. NUMBER 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/21	Jeff Pascoe, Martinez, CA 94553	☑IND □COM □OTH □PTY □SCC	Estimator, IES	300.00	300.00	
9/18/21	Anita Tolentino Macaraeg, 231, Hollister, CA 95023	☑IND □COM □OTH □PTY □SCC	Physician, Self-Employed	100.00	100.00	
9/18/21	Josephine Valderas, Mill Valley, CA 94941	IND COM OTH PTY SCC	NONE	50.00	350.00	
9/21/21	Charina Bourque, Gilbert, AZ 85298	IND COM OTH PTY SCC	Customer Service Representative, Liberty Mutual	150.00	500.00	
9/23/21	Roland Dumlao, Pinole, CA 94564	☑IND □COM □OTH □PTY □SCC	Small Business Owner, Dumlao's Martial Arts	500.00	500.00	3
	SUBTOTAL \$ 1100.00					

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/2021	CALIFORNIA 460
through	Page of
	I.D. NUMBER
	FPPC #1439007

SASAI FOR PINOLE CITY COUNCIL 2022

NAME OF FILER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/21	David Sasai, Pinole, CA 94564	☑IND □COM □OTH □PTY □SCC	Mechanical Engineer, IMEG	500.00	500.00	
10/2/21	Mario Macaraeg, 85298, Gilbert, AZ	☑IND □COM □OTH □PTY □SCC	Tech, NXP Semiconductors	100.00	100.00	
10/2/21	Josephine Valderas, CA 94941	☑IND □COM □OTH □PTY □SCC	NONE	300.00	350.00	В
11/2/21	Hung Ho, Dublin, CA 94568	☑IND □COM □OTH □PTY □SCC	Revenue Analyst, Mandiant	100.00	100.00	
11/5/21	Jonathan Hemelberg, El Sobrante, CA 94803	☑IND □COM □OTH □PTY □SCC	Coordinator of Student Success and Enrichment, Making Waves Academy	100.00	100.00	
	SUBTOTAL \$ 1100.00					

*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

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

Schedule A (Continuation Sheet) Mo

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from 7/1/2021	CALIFORNIA 460
		through _12/31/2021	Page of
NAME OF FILER			I.D. NUMBER
SASAI FOR PINOLE CITY COUNCIL 2022	*		FPPC #1439007

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.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)
11/7/21	Alexis Cruz, Richmond, CA 94806	IND COM OTH PTY	Teacher, Making Waves Academy	110.00	110.00	
11/8/21	Frank G. Rodriguez, Hollister, CA 95023	☑IND □COM □OTH □PTY □SCC	NONE	100.00	100.00	7
11/8/21	Arminda Tolentino, CA 95023	☑IND □COM □OTH □PTY □SCC	Physician, Your Medical Group	500.00	500.00	
11/10/21	Sophia Murillo, Alameda, CA 94501	☑IND □COM □OTH □PTY □SCC	NONE	100.00	100.00	(B
11/13/21	Allyn Beltran, San Francisco, CA 94116	☑IND □COM □OTH □PTY □SCC	Information Technology, Autodesk	100.00	100.00	
SUBTOTAL \$ 910.00						

*Contributor Codes

IND - Individual

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from $\frac{7/1/2021}{}$	california 460			
through 12/31/2021	Page of			
	I.D. NUMBER			
	FPPC #1439007			

SASAI FOR PINOLE CITY COUNCIL 2022

NAME OF FILER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I,D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
11/17/21	Atur Shabbas, Concord, CA 94521	☑IND □COM □OTH □PTY □SCC	IT Manager, TJEG	100.00	100.00	c		
11/18/21	Aaron Tiedemann, Albany, CA 94706	☑IND □COM □OTH □PTY □SCC	TA, UC Berkeley	100.00	100.00			
11/19/21	Charina Bourque, Gilbert, AZ 85298	☑IND □COM □OTH □PTY □SCC	Customer Service Representative, Liberty Mutual	50.00	500.00			
11/19/21	Patrick Bourque, Gilbert, AZ 85298	☑IND □COM □OTH □PTY □SCC	NONE	150.00	150.00			
11/29/21	Sonia Macaraeg, Gilbert, AZ 85298	☑IND □COM □OTH □PTY □SCC	Banker, National Bank of Arizona	100.00	100.00			
	SUBTOTAL \$ 500.00							

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from $\frac{7/1/2021}{}$	CALIFORNIA 460 FORM		
		through	Page of		
NAME OF FILER	0.1		I.D. NUMBER		
SASAI FOR 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	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AND EMPLOYER RECEIVED THIS		PER ELECTION TO DATE (IF REQUIRED)		
12/13/21	Laura Nakamura, Concord, CA 94521	☑IND □COM □OTH □PTY □SCC	Cardiac Sonographer, UCSF Benioff Children's Hospital Oakland	100.00	100.00			
12/24/21	Elizabeth Barba, Lockeford, CA 95237	ZIND COM OTH PTY SCC	Cord Blood Technician, StemExpress	200.00	200.00	ñ		
12/26/21	Joy Nocos, San Jose, CA 95135	☑IND □COM □OTH □PTY □SCC	Office Manager, Bridgepointe Dental	100.00	100.00			
12/29/21	Kay Takeuchi, 95831-2019	☑IND □COM □OTH □PTY □SCC	NONE	100.00	100.00			
12/29/21	Joanne Ojima, Woodland, CA 95695-6809	☑IND □COM □OTH □PTY □SCC	NONE	200.00	200.00			
	SUBTOTAL \$ 700.00							

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from $\frac{7/1/2021}{}$

		through <u>12/31/2021</u>		Page of					
NAME OF FILER SASAI FOR	PINOLE CITY COUNCIL 2022	*			I.D. NU FPPC	MBER #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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)		
12/30/21	Randy Tsuda, 95132	☑IND □COM □OTH □PTY □SCC	NONE	100.00	100.00				
12/31/21	Jill Alderfer, 94606 Oakland, CA		Dentist, Ray Castro DDS	150.00 150.00			- V		
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		IND COM OTH PTY SCC							
	SUBTOTAL \$ 250.00								

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule	Ε
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA FORM** 7/1/2021 from through $\frac{12/31/2021}{}$ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER SASAI FOR PINOLE CITY COUNCIL 2022 FPPC #1439007

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Hey Honey Photography, 3400 Cottage Way, Suite G2 #1655, Sacramento, CA 95825		Photography	600.00
GoDaddy, 14455 N Hayden Rd. Suite 226, Scottsdale, AZ 85260		Website Hosting	142.37

SUBTOTAL \$ 742.37 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	§
• •	386.57
2. Unitemized payments made this period of under \$100	,
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	1128.94
4. Total payments made this period. (Add Lines 1, 2, and 3. Linter here and of the outlineary 1 age, obtaining, Line 3.)	/

7/2 27

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from07/01/2021 through12/31/2021	Date of election if applicable (Month, Day, Year)	RECEIVE FEB - 1 202 Office of the Cit	22 Page 1	of _3
1. Type of Recipient Committee: All Committees State Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	- Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statemen Semi-annual Statemen Termination Statemen (Also file a Form 410 Amendment (Explain	nt t t Termination)		on
	I.D. NUMBER 1408891 EE) CODE AREA CODE/PHONE 0301	Treasurer(s) NAME OF TREASURER Cine D. Ivery MAILING ADDRESS CITY Inglewood NAME OF ASSISTANT TREAS Michelle Moore Sande		ZIP CODE AREA 90301	A CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. CITY STATE ZIP OPTIONAL: FAX / E-MAIL ADDRESS / cine@politicalreportingplo 4. Verification	CODE AREA CODE/PHONE	MAILING ADDRESS CITY Inglewood OPTIONAL: FAX / E-MAIL ADD	STATE CA DRESS	ZIP CODE AREA	A CODE/PHONE
I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Californ State of Californ JAN 2 7 2022 Executed on Jan 2 7 2022 Executed on Date Executed on Date		Signature of Controlling Officeholder, Candidate,	sible Officer of S	schedules is true and comp	olete. I certify

union madilla aam

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
	FORNIA DRM	4	60		
Page _	2	of	3		

. Officeholder or Candidate Controlled Commi	ittee		6.	Primarily Formed Ballot	Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Anthony Lee Tave								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICAB	BLE)		BALLOT NO. OR LETTER	JURISDICTION			SUPPORT
City Council Member Pinole City Council								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE	ZIP						
Pi	nole CA	94564		Identify the controlling offic	eholder, cand	lidate, or sta	ate measure	proponent, if any.
	iore ca	71501		NAME OF OFFICEHOLDER, CAND	IDATE, OR PRO	PONENT		
Delete d Commission block brokended in this Oto	4							
Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	r are primarily formed			OFFICE SOUGHT OR HELD			DISTRICT NO). IF ANY
COMMITTEENAME	I.D. NUMBER			***************************************				
NAME OF TREASURER	CONTROLLED COMMIT		7.	Primarily Formed Candiofficeholder(s) or candidate(s)	idate/Office for which this	holder Co	mmittee primarily fo	List names of med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER							
				NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMIT	TEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	SHT OR HELD	
	YES NO	0						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)	8						
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary								

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

..... mattila aans

Amounts may be rounded to whole dollars.

NAME OF FILER TAVE FOR CITY COUNCIL 2022 1408891 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 0.00 1. Monetary Contributions Schedule A. Line 3 \$ 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ 0.00 0.00 Received 0.00 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 0.00 0.00 Expenditures Made **Expenditure Limit Summary for State** Candidates 0.00 7. Loans Made Schedule H, Line 3 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 0.00 0.00 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 0.00 0.00 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 2,079.28 To calculate Column B. add 0.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 0.00 15. Cash Payments Column A, Line 8 above Column A may be negative 2,079.28 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

> FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (856/275-3772) www.fppc.ca.gov

Recipient Committee Date Stamp CALIFORNIA **Campaign Statement** RECEIVED FORM **Cover Page** Page JAN 2 0 2022 Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only 7/1/2021 from Office of the City Clerk 12/31/2021 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement ☐ Quarterly Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Semi-annual Statement Committee State Candidate Election Committee Special Odd-Year Report O Controlled ○ Recall ☐ Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1409274 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Jerome Brunstein Committee to Elect Maureen Toms to Pinole City Council 2020 MAILING ADDRESS AREA CODE/PHONE CITY ZIP CODE STREET ADDRESS (NO P.O. BOX) CA 94564 Pinole AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE CITY CA 94564 **Pinole** MAILING ADDRESS MAILING ADDRESS (IF CIFFERENT) NO. AND STREET OR P.O. BOX AREA CODE/PHONE ZIP CODE AREA CODE/PHONE CITY CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAI_ADDRESS Verification edules is true and complete. I I have used all reasonable diligence in preparing and reviewing this statement and to the best of my kn certify under penalty of perjury under the laws of the State of California that the foregoing is true and co Executed on a Executed on Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

5.	Officeholder or Candidate Controlled Commi	tee	6.	Primarily	y Formed Ballo	t Measure (Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF B	ALLOT MEASURE				
	Maureen Toms OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO). OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
	City Council - Pinole, CA RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	STATE ZIP		Identify th	e controlling office	holder, candid	late, or state	measure pro	oponent, if any.
				NAME OF C	DFFICEHOLDER, CAN	DIDATE, OR PRO	DPONENT		
	Related Committees Not Included in this Statement included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SO	UGHT OR HELD			DISTRICT NO	D. IF ANY
	COMMITTEE NAME	I.D. NUMBER							
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7	. Primaril officehold	y Formed Cander(s) or candidate(s)	lidate/Office for which this	eholder Co committee is	ommittee primarily for	List names of med.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO		NAME OF C	DFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELL	SUPPORT OPPOSE
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF C	OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF C	OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELI	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF C	OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELI	SUPPORT OPPOSE
	COMMITTEE ADDRESS (NO P.O. BO	· ·			Atte	ach continuatio	on sheets if r	ecessary	

Campaign Disclosure Statement

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statement covers	-	CALIFORNIA 460
through12/31	/2021	Page3 of4
		I.D. NUMBER

Summary Page	to whole dollars.	fre	Statem om	7/1/2021	CALIFO FOR	RNIA M	460	þ
SEE INSTRUCTIONS ON REVERSE		th	nrough	12/31/2021	Page	3 of	4	-
NAME OF FILER					I.D. NUMBE	R		
Committee to Elect Maureen Toms to Pinole City Council 2020					1409274			
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE		Calendar Year Sum Running in Both th				

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	\$ 0.00 0.00 0.00	\$ 0.00 0.00 \$ 0.00 \$ 0.00	1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made	\$\frac{0.00}{325.89}\$ \tag{0.00}{0.00}	\$ 325.89 0.00 \$ 325.89 0.00 0.00 \$ 325.89	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 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.	0.00 0.00 325.89	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	*Amounts in this section may be different from amounts reported in Column B.
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	\$0.00	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.gov

www.fppc.ca.gov

Schedule	E
Payments	Made

LIT

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA FORM** 7/1/2021 from 12/31/2021 through I.D. NUMBER 1409274

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Committee to Elect Maureen Toms to Pinole City Council 2020

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

PRO professional services (legal, accounting) VOT voter registration LEG legal defense PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Wordpress 60 29th Street San Francisco, CA 94110	WEB	Website Subscription	114.00
Zoom Video Communications, Inc. 55 Almaden Blvd., 6th Floor San Jose, CA 95113	WEB	Web Meeting Subscription	161.89

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 275.89

Schedule E Summary

campaign literature and mailings

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	270.00
1. Remized payments made this period. (Include an objectue L substants)	¥	50.00
2. Unitemized payments made this period of under \$100	\$	
	•	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)(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 \$	325.89
i inizi navmenis mane inis nelibir tabbi tines i. Z. adu b. Elijet dele bilu bil die Gulffiller i age, Goldbitti, Elije Gij		

275.89