RECEIVED

RECEIVED

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200 842	16 5)	Statement cov from01/01/ through13/21/	2022	City of El Cerrito	of El Cerrito	CALIFORNIA 460 FORM 460 Page 1 of 10 For Office Use D-ty
Type of Recipient Committe	DO: All Committees -	Complete Parts 1, 2, 3, and	4.	2. Type of Statement:		
Officeholder, Candidate Controls State Candidate Election Con Recoil Innovative Part II General Purpose Committee Sponsored Small Controls for Committee Political Party/Central Commit	d Committee	Primarily Formed Ballot Controlled Controlled Controlled Sporsored (No Comput-Paris) Primarily Formed Condic Officeholder Controlled (on Controlled Paris)	Measura Sidsof	Presidention Statement Serri-armud Statement Termination Statement (Also the a Form 410 Terminati Ansendment (Explain below)	☐ Spec	terly Statement ial Odd-Year Report lemental Previocition ment - Atlach Form 495
3. Committee Information		13 82645		Treasurer(s)		
COMMITTEE NAME (OR CAMPDATES) Extends of Excells for Cit				NAME OF THEASURER DWGI Padmill WALLEC ADDRESS		
STREET ADDRESS (NO P.D. BOX)				El Carito	SIAN ZP CI	
ENV	dfafe 21F	CODE AREA CO	Develoni	NAME OF ARTESTANT TREASURES, IF	KNV	
El Cerrito			285-5732	Shawada Desne		
MALING ACTIVITIES IN CHIEFERTS NO	AND STREET ONLY	BOX		MALINO ADDRESS		
CHY	41ATC 2.7	CODE AREA CO	Designation	CITY	NAME ZIP CO	AREA COCKERNONE
Single special co	CA 91	W15		fact means	CA 516	15 (916) 245-5733
GPT/CRAL TAX E-MAIL ADDRESS				CATED AL FAX I E-MAY ADDRESS		
Fedal 112726#deaneantcompan	A. riose					
Verification Higher used at responsible dispense in under penalty of perjuny under the law temperature of the penalty of perjuny under the law temperature of the penalty of penalty of the pena	n of the Blate of Carry		Brank S	The contract of the own that the party	Sequentia A. M. sep 14 Topic section	las is true and complete. I certify
Executed or Del		.,,		Dymond Colory Otherson Colors See Use	Na Proportion No.	
Benched or		b _f .		Bystra of Ecology Members Cardina Swadies		FPPC Form 466 (Jan/2016 tvice@fppc.ca.gov (866/276-3772 www.fppc.ca.go

www.netfile.com

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page ____ of ___10

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE						
Paul Fadelli					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER II	F APPLICABI	LE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
City Council Member City of El Cerrito									
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		Identify the controlling of	fficeholder. c:	andidate. or st	ate measure	proponent, if any
	El Cerrito	CA	94530		NAME OF OFFICEHOLDER, C		·····		proponent, in uny.
					NAME OF OFFICEHOLDER, C.	ANDIDATE, OR F	ROPONENT		
Related Committees Not Included in this statement that are controlled by ye contributions or make expenditures on behalf of your	ou or are prima				OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBE	R							
				7.	Primarily Formed Ca	ndidate/Offi	ceholder Co	mmittee	List names of
NAME OF TREASURER	1	ED COMMIT			officeholder(s) or candidate				
	YES	☐ NC)		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOLI	GHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	O. BOX)				TO A STATE OF THE	0,415,15,11,12	0.7110	J J	SUPPORT OPPOSE
CITY STATE ZI	IP CODE	AREA COL	DE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	GHT OR HELD	CT current
									SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBE	R				<u> </u>			
					NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	GHT OR HELD	U SUPPORT
									☐ OPPOSE
NAME OF TREASURER	CONTROLL	ED COMMIT	TEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	GHT OR HELD	T evenent
	☐ YES	□ NC)						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)								
CITY STATE ZI	P CODE	AREA COL	DE/PHONE		Att	ach continuat	ion sheets if n	necessarv	
					,			,	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		PAGE

State	ement covers period	CALIFORNIA 160
from	07/01/2022	FORM TOU
through	12/31/2022	Page3 of10
		I.D. NUMBER
		1302665

Friends of Fadelli for City Council 2020 Column A Column B Calendar Year Summary for Candidates Contributions Received CALENDAR YEAR TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE General Elections 1/1 through 6/30 7/1 to Date 23,000.00 0.00 2. Loans Received Schedule B. Line 3 20. Contributions 23,000.00 Received 4. Nonmonetary Contributions Schedule C, Line 3 0.00 0.00 21. Expenditures Made 0.00 23,000.00 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** Candidates: 0.00 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 0.00 0.00 \$ 3,110.20 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 9,213.77 To calculate Column B, add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above 0.00 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 1,513.67 Column A may be negative 7,700.10 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 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 FPPC Form 460 (Jan/2016)

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

COL	コピアコ	H C	PART

Schedule B – Part 1 Loans Received	Ame		Statement cov	rers period	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2022	Page4	of10
NAME OF FILER							I.D. NUMBER	
Friends of Fadelli for City Council 20	020						1382665	
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 PA OR FORGIVI THIS PERIO	EN. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Paul L. Fadelli El Cerrito, CA 94530	Retired n/a			PAID				CALENDAR YEAR
				\$0.0	1 '	— 0.00% RATE	\$ 5,000 00	\$0_00 PERELECTION**
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$_5,000.00	\$0.00	\$	DATE DUE	\$	03/09/2016 DATE INCURRED	\$
Paul L. Fadelli	Retired n/a			PAID				CALENDAR YEAR
El Cerrito, CA 94530				\$0.0	-,	0_0% RATE	\$ 5,000.00	\$0_00 PER ELECTION **
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$_5,000.00	\$0.00	\$	DATE DUE	\$0_0	10/07/2016 DATE INCURRED	\$
Paul L. Fadelli	Retired n/a			☐ PAID				CALENDAR YEAR
El Cerrito, CA 94530				\$0_0 FORGIVEN		000% RATE	\$_5,000_00	\$0_00 PER ELECTION**
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$_5,000.00	\$0.00	\$0_0	12/31/2023 DATE DUE	\$0.00	09/04/2018 DATE INCURRED	\$
	A CONTRACTOR AND ASSESSMENT OF THE ASSESSMENT OF	SUBTOTALS \$	0.00	6 0.	00\$ 15,000.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period				\$	0.00			
(Total Column (b) plus unitemized loan	s of less than \$100.)					1	Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)			\$ _	0.00	CC OT	D – Individual DM – Recipient Co (other than I IH – Other (e.g., 'Y – Political Party	PTY or SCC) business entity)
3. Net change this period. (Subtract Line Enter the net here and on the Summar	•			NET \$ _	0.00 (May be a negative number)		CC – Small Contrib	
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.						FPPC F	orm 460 (Jan/2016)
unus potito com		-			I	FPPC Advice: a		gov (866/275-3772) www.fppc.ca.gov

SCHEDULE B-PART 1 (CONT.)

Schedule B – Part 1 (Continual Loans Received	tion Sheet) Amounts may be rounded to whole dollars.			Statement cov	ers period	CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2022	Page5	of10
NAME OF FILER						T-tu-	I.D. NUMBER	
Friends of Fadelli for City Council 20	020						1382665	
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 PERIOI	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Paul L. Fadelli El Cerrito, CA 94530	Retired n/a			PAID \$0_0 FORGIVEN	\$ 8,000.00	OOC% RATE	\$ 8,000.00	\$ 0.00 PER ELECTION**
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$ 8,000.00	\$0.00	\$0.04	12/31/2023 DATE DUE	\$0.00	03/04/2020 DATE INCURRED	s
				PAID \$ FORGIVEN	s	RATE	s	\$ PER ELECTION ***
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
				PAID \$ FORGIVEN	. \$		\$	\$PER ELECTION **
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	S	DATE INCURRED	\$
		TOTAL		PAID FORGIVEN	s	% RATE	\$	\$PER ELECTION **
† IND		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0.00\$	0.0	00\$ 8,000.00	\$ 0.00		

†Contributor Codes

IND-Individual

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

SCC - Small Contributor Committee

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

Schedule E Payments Made	Amounts may to whole c			Staten	nent covers period	CALIFO	
SEE INSTRUCTIONS ON REVERSE				through	12/31/2022		6 of10
NAME OF FILER						I.D. NUN	<i>I</i> BER
Friends of Fadelli for City Council 2020				· · · · · · · · · · · · · · · · · · ·		138266	55
CODES: If one of the following codes accurately describes CMP 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 com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and sepostage, del	nmunications d appearances uses ulating s survey researd ivery and mes	3	RAD radio RFD return SAL cam TEL t.v. cam TRC canc TRS staff TSF trans VOT vote	ibe the payment. o airtime and production rned contributions paign workers' salaries or cable airtime and production travel, lodging, an dispose travel, lodging, sfer between committeer registration mation technology costs	duction costs ad meals and meals as of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DE	ESCRIPTION OF F	PAYMENT		AMOUNT PAID
Card Services Center			Credit Card Pay	ment		71111	25.0
kennesaw, GA 30144							
Card Services Center			Credit Card Payr	ment	5000 - 10		25.0
Kennesaw, GA 30144							
Card Services Center			Credit Card Payr	ment	*****		25.0
Aemiesaw, GA 30144						-	
* Payments that are contributions or independent expenditures n	nust also be summ	arized on Sc	hedule D.		SL	JBTOTAL\$	75.0
Schedule E Summary	TOTAL						
Itemized payments made this period. (Include all Schedule)	E subtotals.)				•••••••	\$	1,513.67
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).)			\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Er	nter here and on t	he Summar	/ Page, Column A	A, Line 6.)	то	TAL \$	1,513.67

SCHEDULE E (CONT.)

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

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 07/01/2022 Page ____7___ of ____10__ I.D. NUMBER

through 12/31/2022 SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Fadelli for City Council 2020 1382665

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Card Services Center Kennesaw, GA 30144		Credit Card Payment	25.00
Card Services Center Kennesaw, GA 30144		Credit Card Payment	25.00
Card Services Center Kennesaw, GA 30144	To the date of the control of the co	Credit Card Payment	25.00
Deane & Company Sacramento, CA 95815	PRO		312,95
Deane & Company Sacramento, CA 95815	PRO		201.02
* Payments that are contributions or independent expenditures must also b	e summarized on Schedule D.	SUBTO	TAL \$ 588.97

CMP campaign paraphernalia/misc.

Amounts may be rounded to whole dollars.

MBR member communications

and the state of t

		SCHEDULE E (CON1.)
Statement covers period		CALIFORNIA 460
from	07/01/2022	FORM TOO
through	12/31/2022	Page 8 of 10
		I.D. NUMBER
		100055

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Fadelli for City Council 2020 1382665 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

				SAL TEL TRC TRS TSF VOT	candidate travel, lodging, and meals staff/spouse travel, lodging, and meals	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID	
Deane & Company Sacramento, CA 95815	ANN and an annual and an annual	PRO				161.75	
Deane & Company Sacramento, CA 95815	AAN	PRO			TO SECOND	312.80	
Deane & Company Sacramento, CA 95815	\$1000 - \$7100	PRO	17417	- Ann.	7 1004.	160.85	
Deane & Company Sacramento, CA 95815		PRO				164.30	
Secretary of State Sacramento, CA 95814		OFC				50.00	
* Payments that are contributions or independent expenditures must al	so be summarized on	Schedule [).		SUBTOTAL \$	849.70	

Schedule G Payments Made by an Agent or Independent	Amounts may be rounded to whole dollars.	Statement covers period	SCHEDULE G
Contractor (on Behalf of This Committee)	to whole dollars.	from07/01/2022	FORM TOO
SEE INSTRUCTIONS ON REVERSE		through	Page 9 of 10
NAME OF FILER			I.D. NUMBER
Friends of Fadelli for City Council 2020			1382665
NAME OF AGENT OR INDEPENDENT CONTRACTOR			······································
Card Services Center			
CODES: If one of the following codes accurately descri	bes the payment, you may enter the code	e. Otherwise, describe the payment	t.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	ivation conto

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

^{*} 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 PAYME	ENT A	MOUNT PAID
Site District Oakland, CA 94612	OFC			25.00
Site District Oakland, CA 94612	OFC			25.00
Site District Oakland, CA 94612	OFC			25.00
Site District Oakland, CA 94612	OFC			25.00
Attach additional information on appropriately labeled continuation sheet	ets.		TOTAL* \$	100.00

^{*} 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 G (Continuation Sheet) Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		nts may be ro whole dollar		fror		CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE				thro	ough 12/31/2022	Page1	.0 of 10
NAME OF FILER						I.D. NUMBE	R
Friends of Fadelli for City Council 2020			7001000			1382665	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
Card Services Center						····	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also	MTG meetings a office experience of petition circ phone ban POL polling and POS postage, di PRO professiona print ads	culating ks survey rese elivery and m al services (k	arch nessenger services egal, accounting)	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, and staff/spouse travel, lodging, transfer between committees voter registration information technology costs	luction costs d meals and meals s of the same	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (OR I	DESCRIPTION	OF PAYMENT		AMOUNT PAID
Site District Oakland, CA 94612		OFC					25.0
Site District Oakland, CA 94612		OFC	Attitude	11000	A. YAHAM.		25.0

Oakland, CA 94612

* 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.

Attach additional information on appropriately labeled continuation sheets.

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

50.00

TOTAL* \$