Recipient Committee  
Campaign Statement  
Cover Page  
(Government Code Sections 84200-84216.5)  

SEE INSTRUCTIONS ON REVERSE  

Statement covers period  
from 07/01/2022  
through 12/31/2022  

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

1. Type of Recipient Committee:  
☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)  
☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee  
☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)  
☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)  

2. Type of Statement:  
☐ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)  
☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Pre-election Statement - Attach Form 495  

3. Committee Information  
I.D. NUMBER  
1443021  

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
BALANCED BALLOT FOR EL CERRITO  

STREET ADDRESS (NO P.O. BOX)  

CITY  
SAN FRANCISCO  
STATE  
CA  
ZIP CODE  
94108  

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

CITY  
SAN FRANCISCO  
STATE  
CA  
ZIP CODE  
94108  

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

Executed on 01/24/23  
Date  

Executed on  
Date  

Executed on  
Date  

Executed on  
Date  

signature of controlling officeholder, candidate, state measure proponent or responsible officer of sponsor  

signature of controlling officeholder, candidate, state measure proponent  

signature of controlling officeholder, candidate, state measure proponent  

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

COMMITTEE NAME ID. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE? YES NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT □ NO □

OPPOSE □

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT □ NO □

OPPOSE □

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT □ NO □

OPPOSE □

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT □ NO □

OPPOSE □

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT □ NO □

OPPOSE □

Attach continuation sheets if necessary
# Campaign Disclosure Statement

## Summary Page

Amounts may be rounded to whole dollars.

**Statement covers period**

<table>
<thead>
<tr>
<th>from:</th>
<th>07/01/2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>through:</td>
<td>12/31/2022</td>
</tr>
</tbody>
</table>

### NAME OF FILER

BALANCED BALLOT FOR EL CERRITO

### Contributions Received

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>(FROM ATTACHED SCHEDULES)</td>
<td>TOTAL TO DATE</td>
</tr>
</tbody>
</table>

1. Monetary Contributions
   - Schedule A, Line 3
   - $0.00
2. Loans Received
   - Schedule B, Line 3
   - $0.00
3. SUBTOTAL CASH CONTRIBUTIONS
   - Add Lines 1 + 2
   - $0.00
4. Nonmonetary Contributions
   - Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED
   - Add Lines 3 + 4
   - $0.00

### Expenditures Made

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

6. Payments Made
   - Schedule E, Line 4
   - $1,945.80
7. Loans Made
   - Schedule H, Line 3
   - $0.00
8. SUBTOTAL CASH PAYMENTS
   - Add Lines 6 + 7
   - $1,945.80
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
    - $1,945.80

### Current Cash Statement

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

12. Beginning Cash Balance
    - Previous Summary Page, Line 16
    - $9,187.94
13. Cash Receipts
    - Column A, Line 3 above
    - $0.00
14. Miscellaneous Increases to Cash
    - Schedule I, Line 4
    - $0.00
15. Cash Payments
    - Column A, Line 6 above
    - $1,945.80
16. ENDING CASH BALANCE
    - Add Lines 12 + 13 + 14, then subtract Line 15
    - $7,242.24

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).

17. LOAN GUARANTEES RECEIVED
    - Schedule B, Part 2
    - $0.00

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents
    - See instructions on reverse
    - $0.00
19. Outstanding Debts
    - Add Line 2 + Line 9 in Column B above
    - $0.00

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If this is a termination statement, Line 16 must be zero.

If amounts in this section may be different from amounts reported in Column B.

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## Schedule E

**Payments Made**

Amounts may be rounded to whole dollars.

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**

**BALANCED BALLOT FOR EL CERRITO**

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PTI print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- SEL staff or volunteer salaries
- TEL tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSS staff or volunteer salaries
- VOT voter registration
- WEB information technology costs (internet, e-mail)

### NAME AND ADDRESS OF PAYEE

(P F COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE SUTTON LAW FIRM PRO</td>
<td>1,044.69</td>
</tr>
<tr>
<td>THE SUTTON LAW FIRM PRO</td>
<td>901.11</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL $** 1,945.80

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $1,945.80
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).) $0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL $** 1,945.80

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