Recipient Campaign Statement

Cover Page

Statement covers period from 7/1/2022 through 12/31/2022

Date of election if applicable: 11/6/2018

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

   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall (Also Complete Part 5)
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee

2. Type of Statement:
   - Preliminary Statement
   - Semi-annual Statement
   - Termination Statement (Also file a Form 410 Termination)

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Janet Abelson for Council 2018

   STRENGTH (NO P.O. BOX)

   CITY
   El Cerrito
   STATE
   CA
   ZIP CODE
   94530

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

   CITY
   El Cerrito
   STATE
   CA
   ZIP CODE
   94530

   OPTIONAL: FAX/E-MAIL ADDRESS

   NAME OF TREASURER
   Rit Huybrechts

   MAILING ADDRESS

   CITY
   El Cerrito
   STATE
   CA
   ZIP CODE
   94530
   AREA CODE/PHONE
   510-734-0472

   NAME OF ASSISTANT TREASURER, IF ANY
   Howard Abelson

   MAILING ADDRESS

   CITY
   El Cerrito
   STATE
   CA
   ZIP CODE
   94530
   AREA CODE/PHONE
   510-693-8115

   OPTIONAL: FAX/E-MAIL ADDRESS

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 complete.

   Executed on 1/30/2023 by Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on [Date]
   By Signature of Ideentifying or Assistant Treasurer

   Executed on [Date]
   By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on [Date]
   By Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on [Date]
   By Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Janet Abelson

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
El Cerrito CA 94530

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 I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

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 □ 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 □ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD □ SUPPORT □ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD □ SUPPORT □ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD □ SUPPORT □ OPPOSE

Attach continuation sheets if necessary
### Contributions Received

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

### Expenditures Made

| 6. Payments Made | Schedule E, Line 4 | $1,500.00 | $1,733.00 |
| 7. Loans Made | Schedule H, Line 3 | | |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $1,500.00 | $1,733.00 |
| 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 | $1,500.00 | $1,733.00 |

### Current Cash Statement

| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $1,661.16 | |
| 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 | $1,500.00 | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $161.16 | |

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

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| 20. Contributions Received | $ | $ |
| 21. Expenditures Made | $ | $ |

### Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made* | (If Subject to Voluntary Expenditure Limit) |
| Date of Election (mm/dd/yy) | Total to Date |
| | $ |

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

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).

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**FPPC Form 460 (Jan/2016)**

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

www.fppc.ca.gov
<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
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<tbody>
<tr>
<td>9/20/22</td>
<td>Re-Elect Leslie Reckler to WCCUSD School Board, 2022</td>
<td>☑ Monetary Contribution</td>
<td></td>
<td>1,000.00</td>
<td>1,000.00</td>
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<td></td>
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<td></td>
<td>☑ Support ☐ Oppose</td>
<td></td>
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</tr>
<tr>
<td>11/16/22</td>
<td>Carolyn Wysinger for El Cerrito City Council 2022</td>
<td>☑ Monetary Contribution</td>
<td></td>
<td>500.00</td>
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<td></td>
<td>☑ Support ☐ Oppose</td>
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<td></td>
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</tr>
</tbody>
</table>

SUBTOTAL $ 1,500.00
Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/22
through 12/31/22

NAME OF FILER
Janet Abelson for Council 2018

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
CFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRM print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VCT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(If committee, also enter I.D. number)

Re-Elect Leslie Recker to WCCUSD School Board, 2022
Kensington CA 94707 FPPC# 1426917

Carolyn Wysinger for El Cerrito City Council 2022
San Jose, CA 95157 FPFC# 1445166

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
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</thead>
<tbody>
<tr>
<td>CTB</td>
<td>member communications</td>
<td>1,000.00</td>
</tr>
<tr>
<td>CTB</td>
<td>campaign literature and mailings</td>
<td>500.00</td>
</tr>
</tbody>
</table>

*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.) ............................................................... $ 1,500.00
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).) ................................. $ 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 $ 1,500.00