REGULAR MUNICIPAL ELECTION November 3, 2020

CANDIDATE INFORMATION PACKET

The following information was submitted by the referenced candidate for elective office.

Office Sought: El Cerrito City Councilmember
Candidate's Name: Isis
Ballot Designation: Contracts Manager

Candidate Contact Information:
Mailing Address: PO BOX 1571
11135 San Pablo Avenue El Cerrito, CA 94530
Primary Phone: 510-999-0536
Secondary Phone: 
Email Address: isis@voteforis.com
Website: voteforis.com

The following nomination documents are attached for public review. If a document is not included, it is an optional document that the candidate elected not to submit.

☐ Candidate Statement (Optional)
☐ Statement of Economic Interests (Form 700)
☐ Code of Fair Campaign Practices (Optional)
☐ Candidate Intention Statement (Form 501)
☐ Candidate Campaign Statement Short Form (Form 470) OR
☐ Statement of Organization (Form 410)

For questions, please contact the City Clerk at cityclerk@ci.el-cerrito.ca.us or 510-215-4305.
Candidate Statement (250 word limit)

Dear Neighbors,

We are living in an unprecedented time. Globally COVID-19 threatens and isolates us, economic uncertainty fuels our fears, racial injustice fosters a hierarchy of human value, and global warming destroys our planet.

We are also living in an unprecedented time of change. Locally we connect virtually, we work digitally, we stand united against hate, and we reduce our carbon footprint.

Still, we are 3.8 million dollars in the red, we cannot house our essential workers, and our police force uses paramilitary equipment.

My response to these issues is Equity in Action. With city council members, I will generate alternative streams of income, so we can receive much needed services. I will increase the number of affordable homes in our city, so our essential workers can live with us. I will investigate our police force, so we can reform policing in our city.

I will not accept a salary as city council member. Instead, I will donate this amount to help develop alternate streams of income for our city.

Thank you for considering my candidacy. For more information, please see my website voteforisis.com

Sincerely,

Isis
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER: (LAST) Iss NFN (FIRST) (MIDDLE)

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
City of El Cerrito
Division, Board, Department, District, if applicable
El Cerrito City Council
Your Position
Candidate
If filing for multiple positions, list below or on an attachment. (Do not use acronym)
Agency:
Position:

2. Jurisdiction of Office (Check at least one box)

☐ State
☐ Multi-County
☑ City of El Cerrito
☐ County of
☐ Other

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left __/__/____
☐or- The period covered is __/__/_____ through December 31, 2019.
☐ The period covered is __/__/_____ through the date of leaving office.
☐or-
☐ Assuming Office: Date assumed __/__/____
☐ Candidate: Date of Election 11/03/2020 and office sought, if different than Part 1:

4. Schedule Summary (must complete) Total number of pages including this cover page: 2.

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income, Gifts - schedule attached
☐ Schedule E - Income, Gifts - Travel Payments - schedule attached

☐or- ☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS: ___________________________ STREET: ___________________________
(City or Agency Address Recommended - Public Document)
El Cerrito, CA 94530

DAYTIME TELEPHONE NUMBER: ___________________________
EMAIL ADDRESS: ___________________________

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 07/28/2020 Signature ___________________________
(month, day, year) (For the originally signed paper statement with your filing officer)
# SCHEDULE A-1
**Investments**

**Stocks, Bonds, and Other Interests**  
*(Ownership Interest is Less Than 10%)*

*Investments must be itemized.*

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zoom Video Communications, Inc.</td>
</tr>
</tbody>
</table>

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Video Conferencing Technology**

**FAIR MARKET VALUE**

- $2,000 - $10,000
- $10,001 - $100,000
- Over $1,000,000

**NATURE OF INVESTMENT**

- Stock
- Other (Describe)

- Partnership
- Income Received of $0 - $499
- Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**

/ / 19  ~ / / 19  
ACQUIRED  ~ DISPOSED

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
</tr>
</thead>
</table>

**GENERAL DESCRIPTION OF THIS BUSINESS**

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
</tr>
</thead>
</table>

**GENERAL DESCRIPTION OF THIS BUSINESS**

**FAIR MARKET VALUE**

- $2,000 - $10,000
- $10,001 - $100,000
- Over $1,000,000

**NATURE OF INVESTMENT**

- Stock
- Other (Describe)

- Partnership
- Income Received of $0 - $499
- Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**

/ / 19  ~ / / 19  
ACQUIRED  ~ DISPOSED

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
</tr>
</thead>
</table>

**GENERAL DESCRIPTION OF THIS BUSINESS**

**FAIR MARKET VALUE**

- $2,000 - $10,000
- $10,001 - $100,000
- Over $1,000,000

**NATURE OF INVESTMENT**

- Stock
- Other (Describe)

- Partnership
- Income Received of $0 - $499
- Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**

/ / 19  ~ / / 19  
ACQUIRED  ~ DISPOSED

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
</tr>
</thead>
</table>

**GENERAL DESCRIPTION OF THIS BUSINESS**

**FAIR MARKET VALUE**

- $2,000 - $10,000
- $10,001 - $100,000
- Over $1,000,000

**NATURE OF INVESTMENT**

- Stock
- Other (Describe)

- Partnership
- Income Received of $0 - $499
- Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**

/ / 19  ~ / / 19  
ACQUIRED  ~ DISPOSED

**Comments:**
Pursuant to Elections Code section 20440, subscribing to the Code is voluntary.

There are basic principles of decency, honesty, and fair play which every candidate for public office in the State of California has a moral obligation to observe and uphold in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional right to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

(1) I SHALL CONDUCT my campaign openly and publicly, discussing the issues as I see them, presenting my record and policies with sincerity and frankness, and criticizing without fear or favor the record and policies of my opponents or political parties that merit this criticism.

(2) I SHALL NOT USE OR PERMIT the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or his or her personal or family life.

(3) I SHALL NOT USE OR PERMIT any appeal to negative prejudice based on a candidate's actual or perceived race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age, sexual orientation, sex, including gender identity, or any other characteristic set forth in Section 12940 of the Government Code, or association with another person who has any of the actual or perceived characteristics set forth in Section 12940 of the Government Code.

(4) I SHALL NOT USE OR PERMIT any dishonest or unethical practice that tends to corrupt or undermine our American system of free elections, or that hampers or prevents the full and free expression of the will of the voters including acts intended to hinder or prevent any eligible person from registering to vote, enrolling to vote, or voting.

(5) I SHALL NOT coerce election help or campaign contributions for myself or for any other candidate from my employees.

(6) I SHALL IMMEDIATELY AND PUBLICLY REPUDIATE support deriving from any individual or group that resorts, on behalf of my candidacy or in opposition to that of my opponent, to the methods and tactics that I condemn. I shall accept responsibility to take firm action against any subordinate who violates any provision of this code or the laws governing elections.

(7) I SHALL DEFEND AND UPHOLD the right of every qualified American voter to full and equal participation in the electoral process.

I, the undersigned, candidate for election to public office in the State of California or treasurer or chairperson of a committee making any independent expenditures, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct my campaign in accordance with the above principles and practices.

Election Date: November 3, 2020

Candidate's Name: NFN Isis

Date: 07/28/2020

Candidate Signature: __________________________________________________________________________
Candidate Intention Statement

Check One:  □ Initial  ☑ Amendment (Explain) Candidate name correction and email address change

1. Candidate Information:
NAME OF CANDIDATE (Last, First, Middle Initial)
Isis, NFN
STREET ADDRESS

DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
EMAIL (optional)

CITY
El Cerrito
STATE
CA
ZIP CODE
94530

OFFICE SOUGHT (POSITION TITLE)
City Council Member
AGENCY NAME
City of El Cerrito
DISTRICT NUMBER, if applicable
PARSE PREFERENCE:

□ State (Complete Part 2.)
☑ City  □ County  □ Multi-County:

(Name of Multi-County Jurisdiction)
2020
(Year of Election)

□ PRIMARY / GENERAL
☑ SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:
(CalPERS and CalSTRS candidates, judicial candidates, and candidates for local offices do not complete Part 2.)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:
☐ I did not exceed the expenditure ceiling in the primary or special election held on ___/___/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

☐ On, ___/___/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07 28 2020
(month, day, year)

Signature  (Candidate)
### Statement of Organization

**Recipient Committee**

**Statement Type**
- [ ] Initial
- [ ] Amendment
- [ ] Termination – See Part 5

**NAME OF COMMITTEE**
Isis for El Cerrito City Council 2020

**STREET ADDRESS (NO PO. BOX)**
El Cerrito, CA 94530

**CITY**
El Cerrito

**STATE**
CA

**ZIP CODE**
94530

**E-MAIL ADDRESS (REQUIRED)/FAX (OPTIONAL)**
El Cerrito, CA 94530

**CITY OF ORGANIZATION JURISDICTION WHERE COMMITTEE IS ACTIVE**
Contra Costa

**El Cerrito**

**STATE**
CA

**ZIP CODE**
94530

**NAME OF TREASURER**
NFN Isis

**STREET ADDRESS (NO PO. BOX)**

**CITY**
El Cerrito

**STATE**
CA

**ZIP CODE**
94530

**NAME OF ASSISTANT TREASURER, IF ANY**

**STREET ADDRESS (NO PO. BOX)**

**CITY**
El Cerrito

**STATE**
CA

**ZIP CODE**
94530

**NAME OF PRINCIPAL OFFICER(S)**
NFN Isis

**STREET ADDRESS (NO PO. BOX)**

**CITY**
El Cerrito

**STATE**
CA

**ZIP CODE**
94530

### Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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**
07/28/2020

**DATE**

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

**EXECUTED ON**
07/28/2020

**DATE**

**SIGNATURE OF CONTROLLING OFFICER/CONTESTED CANDIDATE, OR STATE MEASURE PROponent**

**EXECUTED ON**

**DATE**

**EXECUTED ON**

**DATE**

**SIGNATURE OF CONTROLLING OFFICER/CONTESTED CANDIDATE, OR STATE MEASURE PROponent**

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/725-3772)
www.fppc.ca.gov
### Name of Committee

Iris for El Cerrito City Council 2020

### Type of Committee

- **Controlled Committee:**
  - List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
  - List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "no party preference" is acceptable.
  - If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

### Committee Information

<table>
<thead>
<tr>
<th>Name of Candidate/Officeholder/State Measure Proponent</th>
<th>Elective Office Sought or Held (Include District Number if Applicable)</th>
<th>Year of Election</th>
<th>Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iris</td>
<td>El Cerrito City Council</td>
<td>2020</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

### Primarily Formed Committees

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>Candidate(s) Name or Measure(s) Full Title (Include Ballot No. or Letter)</th>
<th>Candidate(s) Office Sought or Held or Measure(s) Jurisdiction (Include District No., City or County, as Applicable)</th>
<th>Check Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oppose</td>
<td></td>
</tr>
</tbody>
</table>

### Contact Information

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov