Recipient Committee Campaign Statement Cover Page

Statement covers period from September 20, 2020 through October 17, 2020

Date of election if applicable: November 3, 2020

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Primarily Formed Ballot Measure Committee
   - Sponsored (Also Complete Part 6)
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Primarily Formed Candidate/Officeholder Committee
   - Political Party/Central Committee
   - Sponsored

2. Type of Statement:
   - Pre-election Statement
   - Semi-annual Statement
   - Termination Statement (Also file a Form 410 Termination)
   - Amendment (Explain below)

3. Committee Information
   I.D. NUMBER
   1428551
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Jennifer Greel for El Cerrito City Council
   STREET ADDRESS (NO P.O. BOX)
   CITY STATE ZIP CODE AREA CODE/PHONE
   El Cerrito CA 94530 4083910345
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   CITY STATE ZIP CODE AREA CODE/PHONE
   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 correct.

   Executed on October 21, 2020
   By ____________________________
   Signature of Treasurer or Assistant Treasurer

   Executed on October 21, 2020
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on ____________________
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on ____________________
   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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Gree</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>El Cerrito City Council Member</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>El Cerrito CA 94530</td>
</tr>
</tbody>
</table>

| 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. |                |

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>YES □ NO □</td>
</tr>
</tbody>
</table>

### 6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent</th>
<th>OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

### 7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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Attach continuation sheets if necessary.
### Contributions Received

1. Monetary Contributions .................................................. Schedule A, Line 3 $25
2. Loans Received ................................................................ Schedule B, Line 3 $0
3. SUBTOTAL CASH CONTRIBUTIONS .................................. Add Lines 1 + 2 $25
4. Nonmonetary Contributions ............................................ Schedule C, Line 3 $0
5. TOTAL CONTRIBUTIONS RECEIVED ................................ Add Lines 3 + 4 $25

### Expenditures Made

6. Payments Made .............................................................. Schedule E, Line 4 $0
7. Loans Made ................................................................. Schedule H, Line 3 $0
8. SUBTOTAL CASH PAYMENTS ....................................... Add Lines 6 + 7 $0
9. Accrued Expenses (Unpaid Bills) .................................. Schedule F, Line 3 $130
10. Nonmonetary Adjustment ............................................. Schedule C, Line 3 $0
11. TOTAL EXPENDITURES MADE ..................................... Add Lines 8 + 9 + 10 $130

### Current Cash Statement

12. Beginning Cash Balance ................................................ Previous Summary Page, Line 16 $635
13. Cash Receipts .............................................................. Column A, Line 3 above $0
14. Miscellaneous Increases to Cash .................................. Schedule I, Line 4 $0
15. Cash Payments ............................................................. Column A, Line 8 above $0
16. ENDING CASH BALANCE ............................................ Add Lines 12 + 13 + 14, then subtract Line 15 $635

#### To calculate 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).

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents ........................................................ See instructions on reverse $0
19. Outstanding Debts ....................................................... Add Line 2 + Line 9 in Column B above $180

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

- **Contributions**
  - **Received**
    - Calendar Year Total: $585
    - To Date: $50
  - **Made**
    - Calendar Year Total: $635

- **Expenditures**
  - **Made**
    - Calendar Year Total: $0

### Expenditure Limit Summary for State Candidates

- **Cumulative Expenditures Made**
  - **Date of Election**
    - mm/dd/yy: __/__/____
    - Total to Date: __/__/____

*Amounts in this section may be different from amounts reported in Column B.*
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from September 20, 2020 through October 17, 2020

NAME OF FILER
Jennifer Greel

DATE RECEIVED
10.12.20

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR
Larry Hierman

CONTRIBUTOR CODE *
IND

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER
Larry Hierman

CONTRIBUTOR CODE *
COM

CONTRIBUTOR CODE *
OTH

CONTRIBUTOR CODE *
PTY

AMOUNT RECEIVED THIS PERIOD
$25

CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
$25

PER ELECTION TO DATE (IF REQUIRED)

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ............................................................... $25

2. Amount received this period – unitemized monetary contributions of less than $100 ........................................... $0

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ......................... TOTAL $ 25

*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

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code</th>
<th>Occupation and Employer</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Amount Received This Period</th>
<th>Amount Paid or Forgiven This Period</th>
<th>Outstanding Balance at Close of This Period</th>
<th>Interest Paid This Period</th>
<th>Original Amount of Loan</th>
<th>Cumulative Contributions To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Gree, El Cerrito, CA 94530</td>
<td>Server, A16</td>
<td>50</td>
<td>0</td>
<td>$50</td>
<td>0.0% Rate</td>
<td>$50</td>
<td>$50</td>
<td>$0</td>
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</tbody>
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### Schedule B Summary

1. Loans received this period ................................................................. $0
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ................................................... $50
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ....................... NET $50
   Enter the net here and on the Summary Page, Column A, Line 2.

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

** If required.