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:

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Terminating Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)

3. Committee Information

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>1432347</th>
</tr>
</thead>
</table>

**COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE):**

Lisa Motoyama for City Council 2020

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
</tr>
</tbody>
</table>

El Cerrito | CA | 94530 | 510-303-8833 |

<table>
<thead>
<tr>
<th>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
</tr>
</tbody>
</table>

El Cerrito | CA | 94530 | 510-303-8833 |

<table>
<thead>
<tr>
<th>OPTIONAL: FAX / E-MAIL ADDRESS</th>
</tr>
</thead>
</table>

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 **July 29, 2022**

Executed on **July 30, 2022**

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
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Lisa Motoyama</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>City of El Cerrito City Council Member</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP</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>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE? □ YES □ NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY STATE ZIP CODE AREA CODE/PHONE</td>
<td></td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>□ SUPPORT □ 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</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>□ SUPPORT □ OPPOSE</th>
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<td>OFFICE SOUGHT OR HELD</td>
<td>□ SUPPORT □ OPPOSE</td>
</tr>
</tbody>
</table>

**Attach continuation sheets if necessary**
**Contributions Received**

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

**Expenditures Made**

6. Payments Made............................................................ Schedule E, Line 4
   - $279.00
7. Loans Made ............................................................... Schedule H, Line 3
   - $0
8. SUBTOTAL CASH PAYMENTS ........................................... Add Lines 6 + 7
   - $279.00
9. Accrued Expenses (Unpaid Bills) .................................... Schedule F, Line 3
   - $0
10. Nonmonetary Adjustment ................................................ Schedule C, Line 3
    - $0
11. TOTAL EXPENDITURES MADE ........................................ Add Lines 8 + 9 + 10
    - $279.00

**Current Cash Statement**

12. Beginning Cash Balance ............................................. Previous Summary Page, Line 16
    - $2,673.51
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 8 above
    - $279.00
16. ENDING CASH BALANCE .............................................. Add Lines 12 + 13 + 14, then subtract Line 15
    - $2,394.51

**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
    - $0

---

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

20. Contributions Received ............................................... $0
    - $0
21. Expenditures Made ...................................................... $0
    - $0

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made* ....................................

Date of Election (mm/dd/yy)  
- / / $0

Total to Date  
- / / $0

*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).

---

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

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/2022 through 6/30/2022

NAME OF FILER
Lisa Motoyama for City Council 2020

I.D. NUMBER 1432347

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)
- 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
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 279.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................. $ 0.00
2. Unitemized payments made this period of under $100 .................................................................................. $ 279.00
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.) $ 279.00

FPPC Form 460 (Jan/2016))
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