CALIFORNIA 2 FORM  Statement covers period from \$\frac{12\times 12}{22\times 12}\$  SEE INSTRUCTIONS ON REVERSE  through \$\times 172\times 12\$  Type of Recipient Committee: All Committees: Complete Parts 1, 2, 3, and 4.  \$\times 172\times 12\$  Officeholder, Candidate Controlled Committee  \$\times 12\times 12\$  Oshad Candidate Controlled Committee  \$\times 12\times 12\$  Oshad Candidate Controlled Committee  \$\times 12\times 12\$  Officeholder, Candidate Controlled Committee  \$\times 12\times 12\$  Oshad Committee   \times 12\times 12\$  Officeholder Committee   \times 12\t	Recipient Committee				COVER PAG
Statement covers period from Statement covers period from Statement covers period from Statement covers period from Statement CMonth, Day, Year)  1. Type of Recipient Committee: All Committees—Complete Parts 1, 2, 3, and 4.    Officionolider, Candidate Controlled Committee   Primarily Formed Ballot Measure Committee   State Candidate Election Committee   Primarily Formed Ballot Measure Committee   State Candidate Election Committee   Primarily Formed Candidate/ Officeholder Committee   Sponsored   Sponsor	Campaign Statement			Date Stamp	
SEE INSTRUCTIONS ON REVERSE  1. Type of Recipient Committee: All Committees— Complete Parts 1, 2, 3, and 4.    Officeholder, Candidate Controlled Committee   State Candidate Election Committee   Sponsored Statement   Special Odd-Year Report     Semi-annual Statement   Special Odd-Year Report     Semi	<u></u>	Statement severe period	Date of cleation if applicables	RECEIVED	Page of 3
SEE INSTRUCTIONS ON REVERSE  1. Type of Recipient Committee: All committees—Complete Parts 1, 2, 3, and 4.  1. Type of Recipient Committee: Complete Parts 1, 2, 3, and 4.  1. Type of Recipient Committee: Complete Parts 1, 2, 3, and 4.  2. Type of Statement:    Officienoider, Candidate Controlled Committee   Officienoider Committ	- 10 mm	Clas (a.		007 00 0000	For Official Use Only
1. Type of Recipient Committee: All Committees — Complete Parts 1, 2, 3, and 4.    Officeholder, Candidate Controlled Committee   Primarily Formed Ballot Measure   Primarily Formed Controlled   Sponsored   Primarily Formed Candidate/ Officeholder Committee   Primarily Formed Candidate/ Officeholder Candidate/ Officeholder Candidate/ Officeholder Candidate/ Officeholder Candidate/ Officeholder Candidate/ Officeholder Candidate/		from 1(28)28	* * * * * * * * * * * * * * * * * * * *	001 22 2020	,
Officeholder, Candidate Controlled Committee   State Candidate Ediction Committee   State Candidate Ediction Committee   Committee   Committee   Controlled   Sponsored   Controlled   Sponsored   Candidate   Controlled   Candidate   Candidate   Controlled   Candidate   Candid	SEE INSTRUCTIONS ON REVERSE	through 10 (17 20		CITY CLERK	
State Candidate Election Committee Recall Special Controlled Sponsored Spons	1. Type of Recipient Committee: All Committees - Co	implete Parts 1, 2, 3, and 4.	2. Type of Statement:		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  REACH OFFICE ASSOCIATION  AREA CODE/PHONE  OFFICIAL STATE ZIP CODE AREA CODE/PHONE  OFFICIAL STATE ZIP COD	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee	Semi-annual Statement Termination Statement (Also file a Form 410 Te	Speci	erly Statement al Odd-Year Report
CITY STATE ZIP CODE AREA CODE/PHONE  NAME OF ASSISTANT TREASURER, IF ANY  MAILING ADDRESS (IF DIFFERENTINO, AND STREET OR P.O. BOX  MAILING ADDRESS  STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX/E-MAIL ADDRESS  OPTIONAL: FAX/E-MAIL ADDRESS  OPTIONAL: FAX/E-MAIL ADDRESS  4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the baccertify under penalty of perjury under the laws of the State of California that the foregoing is  Executed on 19/22/2026  By  Executed on 19/22/2026  By  Executed on 19/22/2026	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1259158	NAME OF TREASURER	io Grani	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BOX  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX/E-MAIL ADDRESS  OPTIONAL: FAX/E-MAIL ADDRESS  4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the baccertify under penalty of perjury under the laws of the State of California that the foregoing is  Executed on 1/22/2026  By  Executed on 1/22/2026  By			СПУ		DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS  A Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the become certify under penalty of perjury under the laws of the State of California that the foregoing is  Executed on 10/22/2026  By  Executed on 10/22/2026  By	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		4	ER, IF ANY	
OPTIONAL: FAX / E-MAIL ADDRESS  It is the attached schedules is true and complete certify under penalty of perjury under the laws of the State of California that the foregoing is  Executed on   10 / 22 / 2020   By			WAILING ADDRESS	• *	
OPTIONAL: FAX / E-MAIL ADDRESS  4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the become certify under penalty of perjury under the laws of the State of California that the foregoing is  Executed on			CITY	STATE ZIP COI	E AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing this statement and to the becomplete certify under penalty of perjury under the laws of the State of California that the foregoing is  Executed on		5.	OPTIONAL: FAX/E-MAILADDRE	ss	
Executed on 10/22/2026 By	I have used all reasonable diligence in preparing and reviewi			td in the attached sche	dules is true and complete. I
Executed on By	10/02 /2026	Ву			<u>.                                    </u>
Executed on	Executed on	BySigna		esponsible Officer of Sponsor	
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent	Date	ву		ate Measure Proponent	
Executed onBy	Executed on	Ву		ate Measure Proponent	

Schedule I Miscellaneous Increases to Cash		Amounts n to who	nay be rounded ble dollars.	Statement covers period from 2\25(25	CALIFORNIA 460
SEE INSTRUCTION	S ON REVERSE		*	through 15/17/20	Page 2 of 3
NAME OF FILER	S ON NEVERSE				I.D. NUMBER
Re	use Officer's A	son of Peto	Quema		1259158
DATE RECEIVED	FULL NAME AND ADDR (IF COMMITTEE, ALSO EN	ESS OF SOURCE		SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/36/20	Boul of Ma	vi.	Dur	erest	1.29
*		• • • • • • • • • • • • • • • • • • • •			
Attach addition	onal information on appropriately labeled co	ntinuation sheets.		SUBTOTAL	\$ 1.29
Schedule 13 1. Itemized inc	Summary reases to cash this period			\$ 1.29	
2. Unitemized	increases to cash of under \$100 this pe	riod		\$	_
3. Total of all in	nterest received this period on loans ma	de to others. (Schedule H. Co	olumn (e).)	\$	<u>.</u>
4. Total miscell	laneous increases to cash this period. (a	Add Lines 1, 2, and 3. Enter h	nere and on the		EDDC Form 460 (lan/2016))

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 460

Statement covers period

from 9/20/20

Contributions Received  Column A TOTAL HISPERSON  Column A TOTAL HISPERSON  Column B CALIDIAN YEAR  COLUMN B COLUMN B COLUMN B COLUMN B CALIDIAN YEAR  COLUMN B COLUMN B CALIDIAN YEAR  COLUMN B COLUMN B CALIDIAN YEAR  COLUMN B CALIDIAN YEAR  COLUMN B CALIDIAN YEAR  COLUMN B CALIDIAN YEAR  Running in Both the State Primary and General Elections  1. Monetary Contributions  Schedule A, Line 3  S. Substotal C, Line 3  S. Substotal C, Line 3  S. Substotal C, Line 3  TOTAL CONTRIBUTIONS RECEIVED  Add Lines 9 + 4  S. Schedule E, Line 4  S. Substotal C, Line 3  Accrused Expenses (Unpaid Bills)  Schedule F, Line 3  Add Lines 8 + 9 + 10  S. Substotal C, Line 3  Add Lines 8 + 9 + 10  S. Schedule C, Line 3  Current Cash Statement  12. Seginning Cash Balance  Recolved  S. Schedule E, Line 4  S. Schedule C, Line 3  To calculate Column B, add amounts in Column A to the corresponding amounts from Column B, add amounts in Column B, and amounts in Column B, add amounts in Column B, and amounts in Column B, add amounts in Column B, add amounts in Column B, and amounts in Column B,	· Para	1	* *			1 1 4 .	Page 3 of 3
Column B Col				-	through.	117120	
Contributions Received    Column A   Column B   Column							
1. Monetary Contributions Schedule A, Line 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	touce Officer's Asson D	6	Betaleur	we_			1259158
2. Loans Received	Contributions Received	. (	TOTAL THIS PERIOD	CALENDAR	ÆAR	Running in Both the	
2. Loans Received. 3. SUBTOTAL CASH CONTRIBUTIONS. Add Lines 1 + 2 \$ 4. Nonmonetary Contributions. 5. TOTAL CONTRIBUTIONS RECEIVED. Add Lines 3 + 4 \$ 5. TOTAL CONTRIBUTIONS RECEIVED. Add Lines 3 + 4 \$ 6. Payments Made. 5. Loans Made. 5. Substitutes Made. 6. Payments Made. 7. Loans Made. 8. SUBTOTAL CASH PAYMENTS. Add Lines 6 + 7 \$ 9. Accrued Expenses (Unpaid Bills). 7. Schedule F, Line 3 \$ 10. Nonmonetary Adjustment. 8. Substitutes Made Schedule F, Line 3 \$ 11. TOTAL EXPENDITURES MADE. Add Lines 8 + 9 + 10 \$ 12. Beginning Cash Balance.  Previous Summary Page, Line 16 \$ 13. Cash Receipts.  Cotumn A, Line 9 above 16. Exponding Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.  Cash Equivalents and Outstanding Debts 18. Cash Equivalents and Outstanding Debts 18. Cash Equivalents.  See instructions on reverse \$  20. Contributions Received \$ \$ 21. Expenditures Limit Summary For State Candidates  22. Curulative Expenditures Made* (if Subject to Voluntury Expenditures Made* (if Subject to Voluntury Expenditures Limit)  Date of Election (minddiyy).  To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some and add amounts in Column A naw be negative figures that should be subtracted from previous period amounts. If this is a termination statement, Line 16 must be zero.  Cash Equivalents and Outstanding Debts 18. Cash Equivalents.  See instructions on reverse \$  See	1. Monetary Contributions Schedule A, Line 3	\$		\$		4/4 #	erough 6/30 7/4 to Date
3. SUBTOTAL CASH CONTRIBUTIONS.  Add Lines 3+2 \$  Nonmonetary Contributions.  Schedule C, Line 3  TOTAL CONTRIBUTIONS RECEIVED.  Add Lines 3+4 \$  Semblid E, Line 4  Received \$  1. Expenditures Made  Expenditures Made  Received \$  1. Expenditures Made  Schedule E, Line 4  Semblid H, Line 3  Subtotal CASH PAYMENTS.  Add Lines 6+7 \$  Subtotal CASH PAYMENTS.  Add Lines 6+7 \$  Subtotal CASH PAYMENTS.  Add Lines 6+7 \$  Subtotal CASH PAYMENTS.  Add Lines 8+9+10 \$  Current Cash Statement  12. Beginning Cash Balance.  Previous summary Page, Line 16  Schedule I, Line 4  Line 3 above  14. Miscellaneous Increases to Cash.  Schedule I, Line 4  Schedule I, Line 16  Schedule I, Line 18  Schedule I, Lin	2. Loans Received						llough 6/30 1/1 to Date
Expenditures Made 6. Payments Made 7. Loans Made 8. Subtrotal Cash Payments 9. Accrued Expenses (Unpaid Bills) 9. Accrued Expenses (Unpaid Bills) 11. TOTAL EXPENDITURES MADE 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. ENDING CASH BALANCE 17. Loans Guarantees and Outstanding Debts 18. Cash Equivalents 18. Cash Equivalents 19. Add Lines 8 be less twice on reverse 19. Add Lines 8 be less twice on reverse 19. Schedule 8. Line 4 19. Substitute Limit Summary for State Candidates  Expenditure Limit Summary for State Candidates  20. Cumulative Expenditures Made* (If subject to Voluntary Expenditures Made* (If subject to Vol	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$		\$			\$·
Expenditures Made 6. Payments Made 8. Subtotal Cash Payments Made 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE 12. Column A, Line 3 above 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. ENDING CASH BALANCE 16. Holling Cash Balance 17. LOAN GUARANTEES RECEIVED 18. Cash Equivalents 18. Cash Equivalents 19. Schedule B, Part 2 19. Cash Equivalents 19. Cash Equivalents 19. Schedule B, Part 2 19. Cash Equivalents 19. Cash Equivalents 19. Cash Equivalents 19. Cash Equivalents 20. Cumulative Expenditures Made 19. Cumulative Expenditures Made 19. Calmidates 22. Camulative Summary 19.	4. Nonmonetary Contributions		* *		<u> </u>	21. Expenditures	
6. Payments Made	5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	- de -	\$		Made \$	\$
6. Payments Made	Expenditures Made					Expenditure Limit :	Summary for State
8. SUBTOTAL CASH PAYMENTS.  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment.  11. TOTAL EXPENDITURES MADE  Add Lines 8 + 9 + 10  Schedule C, Line 3  11. TOTAL EXPENDITURES MADE  Add Lines 8 + 9 + 10  Schedule C, Line 3  12. Gurrent Cash Statement  12. Beginning Cash Balance  Previous Summary Page, Line 16  3. Cash Receipts  Column A, Line 3 above  14. Miscellaneous Increases to Cash  Schedule I, Line 4  15. Cash Payments  Column A, Line 8 above  16. ENDING CASH BALANCE  Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED  Schedule B, Part 2  See Instructions on reverse  \$	6. Payments Made Schedule E, Line 4	\$	ф	\$			
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule F, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8+9+10 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 9 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 18. Cash Equivalents and Outstanding Debts 18. Cash Equivalents Schedulents Schedule B, Part 2 19. Accrued Expenses (Unpaid Bills) Date of Election Total to Date (mm/dd/yy)  10. 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 filled for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	7. Loans Made Schedule H, Line 3	(			-		
10. Nonmonetary Adjustment	8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$		\$			
11. TOTAL EXPENDITURES MADE	9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	ļ		3 ( <del>************************************</del>	•	Date of Election	Total to Date
Current Cash Statement  12. Beginning Cash Balance	10. Nonmonetary AdjustmentSchedule C, Line 3			***	· · · · · ·	(mm/dd/yy)	
12. Beginning Cash Balance	11. TOTAL EXPENDITURES MADE	\$	<b>P</b>	\$			_ \$
13. Cash Receipts	Current Cash Statement			,			_ \$
13. Cash Receipts	12. Beginning Cash Balance Previous Summary Page, Line 16	\$	3493447	To calculate Colum	nn B		
14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  18. Cash Equivalents and Outstanding Debts  18. Cash Equivalents See Instructions on reverse  Schedule I, Line 4  Add Lines 4  Column A, Line 8 above  3 4 5 5 7 6  Teported in Column B.	13. Cash Receipts Column A, Line 3 above			add amounts in Co	olumn	4 <u>-</u>	8 4 4
15. Cash Payments	14. Miscellaneous Increases to Cash Schedule I, Line 4		1,29				nay be different from amounts
16. ENDING CASH BALANCE	15. Cash Payments					reported in Coldinin B.	
previous period amounts. If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED	16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	34,935.76	be negative figures	s that		
this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).  this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	If this is a termination statement, Line 16 must be zero.						×
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See Instructions on reverse \$				this is the first repo	ort being		
18. Cash Equivalents	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		only carry over the	amounts	* '	
18. Cash Equivalents	Cash Equivalents and Outstanding Debts				d 9 (if		
19. Outstanding Debts	18. Cash Equivalents See Instructions on reverse	\$					
FPPC Advice: advice@fppc.ca.gov (866/275-3772	19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		ž. <sup>2</sup>		FPPC Advice: adv	FPPC Form 460 (Jan/2016) ice@fppc.ca.gov (866/275-3772