Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			RECEIVED Alameda County	CALIFORNIA 460
	Statement covers period from09/22/2024	Date of election if applicable: (Month, Day, Year)	OCT 25 2024	Page1 of19 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/19/2024	11/05/2024	Reg. of Voters	
○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ☑ General Purpose Committee	rimarity Formed Ballot Measure ommittee) Controlled) Sponsored Jiso Complete Part 6) rimarity Formed Candidate/	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	Spec Supp State	rterly Statement ial Odd-Year Report plemental Preelection ement - Attach Form 495
O Small Contributor Committee	fficeholder Committee Iso Complete Part 7)			
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) REVITALIZE EAST BAY COMMITTEE	470222	Treasurer(s) NAME OF TREASURER STEVEN S. LUCAS MAILING ADDRESS	STATE ZIP C	ODE AREA CODE/PHONE
CITY STATE ZIP CO SAN RAFAEL CA 9490 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	1	SAN RAFAEL NAME OF ASSISTANT TREASU KIRA SIMON MAILING ADDRESS	CA 949	
OPTIONAL: FAX / F-MAIL ADDRESS	DE AREA CODE/PHONE	SAN RAFAEL OPTIONAL: FAX / E-MAIL ADD	STATE ZIP CO CA 949	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	BySignature of Cont	wledge the information contained he trolling Officeholder, Candidate, State Measure Pr Signature of Controlling Officeholder, Candidate, S	roponent or Responsible Officer of Sponsor	tles is true and complete. I certify
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	EDDO Form 100 (low/0010)

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

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAG	E - PA	RT 2
CALIF FC	ORNIA ORM	4	16	0
Page	2	of _	19	

Officeholder or Candidate Contro	olled Committee	6.	Primarily Formed Bal	lot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATI	ON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. ANI	O STREET) CITY STATE ZIP		Identify the controlling o	fficeholder, ca	andidate, or state measure	proponent, if any.
			NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT	
	d in this Statement: List any committees strolled by you or are primarily formed to receive shalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate			
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY S	TATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)					
CITY	TATE ZIP CODE AREA CODE/PHONE		Att	ach continuat	ion sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded

St	J١	ЛΝ	ſΑ	RY	PA	GE
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Summary Page	to whole dollars.	State	ment covers period	CALIFORNIA 460
		from	09/22/2024	FORM TOO
SEE INSTRUCTIONS ON REVERSE		through	10/19/2024	Page3 of19
NAME OF FILER				I.D. NUMBER
REVITALIZE EAST BAY COMMITTEE				1470222
	Column A	Column B	Calendar Year Sur	nmary for Candidates

REVITALIZE EAST BAY COMMITTEE					14/0222
Contributions Received	(COlumn A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	501,450.00	\$	803,050.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1 through 6/30 //1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	501,450.00	\$	803,050.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions		0.00		1,287.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	501,450.00	\$	804,337.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	545,756.68	\$	765,605.41	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	545,756.68	\$	765,605.41	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		-69,340.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		1,287.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	476,416.68	\$	766,892.41	\$
Current Cash Statement				, , ,	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	81,925.32	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		501,450.00		nounts in Column A to the rresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		183.50	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		545,756.68		oort. Some amounts in blumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	37,802.14	fig	ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.			ре	riod amounts. If this is a first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse	\$	0.00			1
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			
			•		FPPC Advice: advice@fppc ca.gov (866/27

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

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

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0	21 1		0	-	

CALIFORNIA AGO

Statement covers period

				from09/22/20	024	FORM 400
SEE INSTRUCTION	ONS ON REVERSE			through _10/19/20	024 Pag	e4 of19
NAME OF FILER					I.D. I	NUMBER
REVITALIZE	EAST BAY COMMITTEE				147	0222
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/23/2024	LINDA H. HUBER PIEDMONT, CA 94611	⊠IND □COM □OTH □PTY □SCC	RETIRED	3,000.00	3,000.0	
09/27/2024	OAKLAND, CA 94618	⊠IND □COM □OTH □PTY □SCC	NOT EMPLOYED	1,000.00	1,000.0	0
09/27/2024	ILYA SUKHAR BERKELEY, CA 94705	□ IND □ COM □ OTH □ PTY □ SCC	INVESTOR MATRIX	50,000.00	50,000.0	0
10/01/2024	RYAN GRACIANO OAKLAND, CA 94607	□ IND □ COM □ OTH □ PTY □ SCC	CO-FOUNDER CREDIT KARMA	100,000.00	100,000.0	0
10/01/2024	JOHN WAYLAND DANVILLE, CA 94526	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	EXECUTIVE MANAGING DIRECTOR HOLLAND PARTNER GROUP	5,000.00	5,000.0	0
			SUBTOTAL \$	159,000.00		
1. Amount re	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	501,450.00		
	eceived this period – unitemized monetary contributions			0.00	· ·	er (e.g., business entity)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A. Line 1.) TOTAL \$	501,450.00		I Contributor Committee

FPPC Form 460 (Jan/2016)

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from09/22/	2024	FORM 400		
				through 10/19/	2024 Page	5 of 19		
NAME OF FILER					I.D. N	UMBER		
REVITALIZE E	AST BAY COMMITTEE				1470	0222		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
10/02/2024	CAKLAND, CA 94610	☑IND □COM □OTH □PTY □SCC	PARTNER PORTAL A	1,000.00	1,000.00			
10/03/2024	OAKLAND, CA 94605	COM COM OTH PTY	ENTREPRENEUR ZARU SYSTEMS	200.00	200.00			
10/04/2024	PHILIP DAVID DREYFUSS PIEDMONT, CA 94611	☑IND □COM □OTH □PTY □SCC	MANAGING MEMBER FARALLON CAPITAL MANAGEMENT	105,000.00	340,000.00			
10/08/2024	PHILIP DAVID DREYFUSS PIEDMONT, CA 94611	IND COM OTH PTY SCC	MANAGING MEMBER FARALLON CAPITAL MANAGEMENT	175,000.00	340,000.00			
10/12/2024	CHARLES KLINEDINST OAKLAND, CA 94611	☑IND □COM □OTH □PTY □SCC	NOT EMPLOYED	1,000.00	1,000.00			
			SUBTOTAL	\$ 282,200.00				

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

09/22/2024

				through 10/19/	2024 Page	6 of19
NAME OF FILER REVITALIZE E	EAST BAY COMMITTEE				I.D. N 1470	UMBER 222
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2024	PHILIP DAVID DREYFUSS PIEDMONT, CA 94611	IND COM OTH PTY	MANAGING MEMBER FARALLON CAPITAL MANAGEMENT	60,000.00	340,000.00	
10/19/2024	MICHELE TANZA OAKLAND, CA 94610	IND COM OTH PTY	CHIEF PEOPLE OFFICER IDEO	250.00	250.00	
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	\$ 60,250.00		

*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

REVITALIZE EAST BAY COMMITTER DATE RECEMED PULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTE, ALSO ENTER ID. NAMBER) PS/30/2024 REVITALIZE EAST BAY SAN MAPARL, CA 94901 DATE RECEMED SAN MAPARL, CA 94901 CONTRIBUTOR CODE ** CONTRIBUTOR CODE ** CONTRIBUTOR CODE ** CONTRIBUTOR COCUPATION AND EMPLOYER GOODS OR SERVICES FAIR MARKET VALUE SERVICES BY SPONSOR PAYMENT OF PAC ADMINISTRATIVE SERVICES BY SPONSOR SPONSOR DIND COM OTH PTY SCC IND COM OTH PTY SCC SCC IND COM OTH PTY SCC SCC SCC SCC SCC SCC SCC S	Schedule Nonmone	etary Contributions Received		Amounts may be rounded to whole dollars.		Sta from_	09/22/2024		CALIFO FOR	
NAME OF FILER REVITALIZE EAST BAY COMMITTEE LID, NUMBER 1470222 DATE RECEIVED DATE RECEIVED AND COMPTON AND EMPLOYER OCOUPATION AND EMPLOYER OF GOODS OR SERVICES FAIR MARKET VALUE COMPTON AND EMPLOYER OF DESCRIPTION OF GOODS OR SERVICES FAIR MARKET VALUE CALENDAR YEAR (JAN 1 - DEC 31) OTH PTY SCC IND COM OTH PTY SCC	SEE INSTRUCTIO	NS ON PEVERSE				throu	gh10/19/202	14	Page7	7 of 19
DATE RECEMED FULL NAME, STREET ADDRESS AND ZIP CODE of CONTRIBUTOR CODE * CODE * CONTRIBUTOR CODE * CODE * COLUMN AND DEMPLOYER GOODS OR SERVICES TO DATE CALENDARY YEAR (JAN 1 - DEC 31) (IF AN INDIVIDUAL ENTER GOODS OR SERVICES VALUE SAN RAPAEL, CA 94901 SAN RAPAEL, CA 94901 CONTRIBUTOR CODE * CONTRIBUTOR CODE * COLUMN AND DEMPLOYER GOODS OR SERVICES VALUE SAN RAPAEL, CA 94901 DESCRIPTION OF GOODS OR SERVICES VALUE SAN RAPAEL, CA 94901 SOCOM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC		NO ON REVERSE							I.D. NUMBE	R
DATE RECEMB ZIP CODE OF CONTRIBUTOR CODE * CONTRIBUTOR CODE * COLONATION AND EMPLOYER GOODS OR SERVICES FAIR MARKET VALUE CALADDAR YEAR (JAN 1 - DEC 31) (IF RED 2) (REVITALIZE E	CAST BAY COMMITTEE							1470222	
SAN RAPAEL, CA 94901 COM SERVICES BY SPONSOR PTY SCC IND COM OTH PTY SCC		ZIP CODE OF CONTRIBUTOR		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER			FAIR MARKET	DATE CALENDAR	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
COM			□COM ②OTH □PTY		ADMINISTRATIVE SERVICES BY				,000.00	
COM			□COM □OTH □PTY							
□COM □OTH □PTY □SCC			□COM □OTH □PTY							
			□COM □OTH □PTY							
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 0.00	Attach addit	ional information on appropriately lab	eled continuati	ion sheets.	SUBTO	TAL \$	0.00	1000		

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

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www.fppc.ca.gov

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

PTY - Political Party

0.00

0.00

3. Total nonmonetary contributions received this period.

Schedule D **Summary of Expenditures** Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D Statement covers period **CALIFORNIA FORM** 09/22/2024 from through __10/19/2024 Page 8 of 19 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/27/2024	RECALL OF PAMELA PRICE District Attorney ALAMEDA COUNTY X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		45,000.00	255,500.00	
09/30/2024	RECALL OF PAMELA PRICE District Attorney ALAMEDA COUNTY	Monetary Contribution Nonmonetary Contribution Independent		50,000.00	255,500.00	
10/02/2024	Support Oppose RECALL OF PAMELA PRICE District Attorney ALAMEDA COUNTY NON-MONETARY CONTRIBUTION Support Oppose	Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure	NON-MONETARY CONTRIBUTION; PARTIALLY PAID IN PRIOR PERIOD	55,500.00	255,500.00	

Schedule D Summary

 Contributions and independen 	it expenditures made th	is period of \$100 or	more. (Include a	Il Schedule D	subtotals.)	 \$	663,140.00

2. Unitemized contributions and independent expenditures made this period of under \$100\$ ___

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 09/22/2024

through 10/19/2024

Page 9 of 19

I.D. NUMBER

				throughthrough	-	
NAME OF FILER	EAST BAY COMMITTEE				I.D. NUMB	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE		E OF PAYMENT DESCRIPTION (IF REQUIRED)		CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/2024	RECALL OF PAMELA PRICE District Attorney ALAMEDA COUNTY	Monetary Contribution Nonmonetary Contribution Independent		72,500.00	255,500.00	
10/03/2024	Support Oppose RECALL OF PAMELA PRICE District Attorney ALAMEDA COUNTY	Expenditure Monetary Contribution		2,500.00	255,500.00	
		Nonmonetary Contribution Independent				
		Expenditure				
10/07/2024	SUPPORT: WARREN LOGAN; OPPOSE: CARROLL FIFE City Council Member CITY OF OAKLAND District 3	Monetary Contribution Nonmonetary Contribution Independent		15,000.00	15,000.00	
	Support Oppose	Expenditure				
10/07/2024	WARREN LOGAN City Council Member CITY OF OAKLAND District 3	Monetary Contribution Nonmonetary Contribution Independent		90,000.00	200,000.00	
		Independent Expenditure				
			SUBTOTAL	\$ 180,000.00		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 09/22/2024

through 10/19/2024

Page 10 of 19

I.D. NUMBER

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/07/2024	WARREN LOGAN City Council Member CITY OF OAKLAND District 3 Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	REFUND OF CONTRIBUTION	-90,000.00	200,000.00	
10/07/2024	WARREN LOGAN City Council Member CITY OF OAKLAND District 3	Monetary Contribution Nonmonetary Contribution Independent		90,000.00	200,000.00	
10/09/2024	Support Oppose FAMILIES FOR A VIBRANT OAKLAND, SPONSORED BY ABUNDANCE NETWORK GENERAL PURPOSE COMMITTEE CITY OF OAKLAND Support Oppose	Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure		60,000.00	100,000.00	
10/09/2024	JOHN BAUTERS County Supervisor ALAMEDA COUNTY District 5 Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	SLATE MAILER PAYMENT	9,800.00	9,800.00	

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 09/22/2024

through 10/19/2024

Page 11 of 19

I.D. NUMBER

City Council Member CITY OF OAKLAND Contribution	AMOUNT THIS	147022	4
City Council Member CITY OF OAKLAND Monetary Contribution	PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Nonmonetary Contribution Independent	105,000.00	112,840.00	
Support Oppose Expenditure 10/14/2024 WARREN LOGAN	ON; 90,000.00	200,000.00	
LERONNE ARMSTRONG City Council Member CITY OF OAKLAND NON-MONETARY CONTRIBUTION Monetary Contribution Nonmonetary Contribution Independent Expenditure	ON 7,840.00	112,840.00	
FAMILIES FOR A VIBRANT OAKLAND, SPONSORED BY ABUNDANCE NETWORK GENERAL PURPOSE COMMITTEE CITY OF OAKLAND Support Oppose Monetary Contribution Independent Expenditure	40,000.00	100,000.00	
SUBTOTAL	L \$ 242,840.00		

Schedule D (Continuation Sheet) SCHEDULE D (CONT.) **Summary of Expenditures** Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. Supporting/Opposing Other **FORM** 09/22/2024 from Candidates, Measures and Committees through. 10/19/2024 Page _____ of ____ 19 NAME OF FILER I.D. NUMBER REVITALIZE EAST BAY COMMITTEE 1470222 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 10/16/2024 WARREN LOGAN 20,000.00 200,000.00 City Council Member Monetary CITY OF OAKLAND Contribution District 3 Nonmonetary Contribution ☐ Independent Expenditure X Support Oppose Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support □ Oppose Monetary Contribution Nonmonetary Contribution Independent Support Oppose Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Support Oppose SUBTOTAL \$ 20,000.00

SCHEDULE E Schedule E Statement covers period **CALIFORNIA** Amounts may be rounded **Payments Made FORM** to whole dollars. 09/22/2024 from 10/19/2024 Page 13 through. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER REVITALIZE EAST BAY COMMITTEE 1470222 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)* TSF transfer between committees of the same candidate/sponsor IND POS postage, delivery and messenger services

PRO

PRT

print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT		AMOUNT PAID
ACTBLUE SOMERVILLE, MA 02144		CREDIT CARD PROCESSING FEE		17.78
ON THE GROUND, INC WHITTIER, CA 90603		DATA		33,750.00
SUPPORTERS OF RECALL PAMELA PRICE (ID# 1462844) OAKLAND, CA 94607	CTB			45,000.00
Payments that are contributions or independent expenditures must	also be summarized on	Schadula D	SUBTOTAL \$	78,767.7

professional services (legal, accounting)

VOT

voter registration

WEB information technology costs (internet, e-mail)

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Summary

LEG

legal defense

campaign literature and mailings

25.00 0.00

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

		OUT LEBULE L (OUT!!)
Statement	covers period	CALIFORNIA 460
from09	/22/2024	FORM 400
through10	/19/2024	Page 14 of 19
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
REVITALIZE EAST BAY COMMITTEE

through 10/19/2024 Page 14 of 19
I.D. NUMBER
1470222

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 com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey resear	es	RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and production TRC candidate travel, lodging, a TRS staff/spouse travel, lodging TSF transfer between committee VOT voter registration WEB information technology cos	s oduction costs and meals a, and meals ses of the same ca	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT	A	MOUNT PAID
ACTBLUE SOMERVILLE, MA 02144	•		CREDIT CARD PROC	ESSING FEE		39.50
SUPPORTERS OF RECALL PAMELA PRICE (ID# 1462844) OAKLAND, CA 94607		CTB				50,000.00
EMC RESEARCH UARLAND, CA 94612 NON-MONETARY CONTRIBUTION TO SUPPORTERS OF RECALL PAMELA 1462844 OAKLAND, CA 94607);			SEE SCHEDULE G			27,750.00
SUPPORTERS OF RECALL PAMELA PRICE (ID# 1462844) OAKLAND, CA 94607	10.14.75.4	CTB				72,500.00
SUPPORTERS OF RECALL PAMELA PRICE (ID# 1462844) OAKLAND, CA 94607		CTB				2,500.00
* Payments that are contributions or independent expenditures must als	so be summarized on	Schedule D.		S	SUBTOTAL \$	152,789.50

Schedule I	E
(Continuat	ion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

	OONEBOLL E (OON)
Statement covers period	CALIFORNIA 460
from09/22/2024	FORM 400
through 10/19/2024	Page15 of19
	I.D. NUMBER
	1470222

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

REVITALIZE EAST BAY COMMITTEE

COD	ES: If one of the following codes accurately describes	the	payment, yo	ou may	enter th	e code.	Otherwise,	describe the payment.	
CMP	campaign paraphernalia/misc.	MBR	member comr	munication	s		RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings and	d appearar	ices		RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expens	ses				campaign workers' salaries	
CVC	civic donations	PET.	petition circula	ating			TEL	t.v. or cable airtime and production cost	S
FIL	candidate filing/ballot fees	PHO	phone banks				TRC	candidate travel, lodging, and meals	
FND	fundraising events	POL	polling and s	urvey rese	arch			staff/spouse travel, lodging, and meals	
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, deliv	very and r	nessenge	r services	TSF	transfer between committees of the sai	me candidate/sponsor
LEG	legal defense	PRO	professional :	services (egal, acc	ounting)	VOT	voter registration	
LIT	campaign literature and mailings	PRT	print ads				WEB	information technology costs (internet,	e-mail)
	NAME AND ADDRESS OF PAYEE			CODE	OR		DESCRIPTION	N OE PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
ON THE GROUND, INC WHITTIER, CA 90603		DATA REFUND	-33,750.00
ACTBLUE SOMERVILLE, MA UZI44		CREDIT CARD PROCESSING FEE	244.90
OAKLANDERS FOR COMMON SENSE, UNITED TO FIRE CARROLL FIFE AND ELECT WARREN LOGAN FOR CITY COUNCIL 2024 (ID# 1474607) SAN RAFAEL, CA 94901	СТВ		15,000.00
TOGETHER FOR OAKLAND'S FAMILIES, IN SUPPORT OF WARREN LOGAN FOR CITY COUNCIL 2024 (ID# 1475778) OAKLAND, CA 94607	СТВ		90,000.00
TOGETHER FOR CAKLAND'S FAMILIES, IN SUPPORT OF WARREN LOGAN FOR CITY COUNCIL 2024 (ID# 1475778) OAKLAND, CA 94607	CTB	REFUND OF CONTRIBUTION	-90,000.00
* Payments that are contributions or independent expenditures must also be summarized or	Schedule D	SUBTOTA	LS -18,505.10

Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ -18,505.10

Schedule F

SCHEDULE E (CONT.)

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460			
Payments Made	to whole dollars.	from09/22/2024	FORM TOO			
SEE INSTRUCTIONS ON REVERSE		through10/19/2024	Page 16 of 19			
NAME OF FILER			I.D. NUMBER			
REVITALIZE EAST BAY COMMITTEE			1470222			
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						

CMP CNS CTB CVC FIL FND IND LEG LIT	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings		d appearance lating s survey resea ivery and m		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 s VOT voter registration WEB information technology costs (internet,	s ame candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR I	DESCRIPTION OF PAYMENT	AMOUNT PAID
COUN	THER FOR OAKLAND'S FAMILIES, IN SUPPORT OF WARREN (CIL 2024 (ID# 1475778) AND, CA 94607	LOGAN FOR CITY	CTB			90,000.00
	ELEY DEMOCRAT CLUB PAC (ID# 1412567) ELEY, CA 94707		IND	SLATE MAILER PA	AYMENT/SUPPORT/J. BAUTERS/ALAMEDA SOR, DIST. 5	9,800.00
1469	LIES FOR A VIBRANT OAKLAND, SPONSORED BY ABUNDANCE 547) FRANCISCO, CA 94118	NETWORK (ID#	CTB			60,000.00
COUN	LIES FOR A SAFER OAKLAND, IN SUPPORT OF LERONNE ARE CIL 2024 (ID# 1475776) AND, CA 94607	MSTRONG FOR CITY	CTB			105,000.00
ACTB	LUE RVILLE, MA 02144			CREDIT CARD PRO	OCESSING FEE	39.50
* Pay	ments that are contributions or independent expenditures must	also he summarized on	Schedule D		SUBTOTAL	\$ 264.839.50

Schedule E

SCHEDULE E (C	ON	(T.)
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(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460			
Payments Made	to whole dollars.	from09/22/2024	FORM 400			
SEE INSTRUCTIONS ON REVERSE		through10/19/2024	Page 17 of 19			
NAME OF FILER	I.D. NUMBER					
REVITALIZE EAST BAY COMMITTEE			1470222			
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment						

CNS CTB CVC FIL FND	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO	member commeetings and office expenseptition circul phone banks polling and spostage, deli	appearances ses SAL campaign workers' salaries t.v. or cable airtime and production TEL candidate travel, lodging, and me staff/spouse travel, lodging, and transfer between committees of very and messenger services Services (legal, accounting) RFD returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and me staff/spouse travel, lodging, and transfer between committees of voter registration		radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production cost candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the sa	eals e same candidate/sponsor	
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
	M STRATEGIES SON, MS 39110				SEE SCHEDULE	G		7,840.00
1469	LIES FOR A VIBRANT OAKLAND, SPONSORED BY ABUNDANCE NE 547) FRANCISCO, CA 94118	ETWORK	(ID#	CTB				40,000.00
COUN	THER FOR OAKLAND'S FAMILIES, IN SUPPORT OF WARREN LOC CIL 2024 (ID# 1475778) AND, CA 94607	GAN FO	R CITY	CTB				20,000.00

SUBTOTAL \$

67,840.00

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

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be round to whole dollars.	ded	Statement cover from 09/22/2 through 10/19/2	FO FO	
CODES: If one of the following codes accurately described 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 communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services of	ns nces earch messenger services	RAD radio airtime an RFD returned contrib SAL campaign work TEL t.v. or cable airt TRC candidate travel Staff/spouse tra TSF transfer betwee VOT voter registration	d production costs putions ers' salaries ime and production costs l, lodging, and meals vel, lodging, and meals n committees of the san	ne candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
EMC RESEARCH OAKLAND, CA 94612	SEE SCHEDULE G	27,750.00	0.00	27,750.00	0.00
MADISON, MS 39110	SEE SCHEDULE G	7,840.00	0.00	7,840.00	0.00
ON THE GROUND, INC WHITTIER, CA 90603	DATA	33,750.00	0.00	33,750.00	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 69,340.00	0.00\$	69,340.00\$	0.00
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized accrued expenses paid this period. (Include all Schedaccrued expenses of \$100 or more, plus total unitemized).	accrued expenses under sedule F, Column (c) subto	\$100.)tals for payments on			0.00
3. Net change this period. (Subtract Line 2 from Line 1. En	ter the difference here and	d			40.040.05

on the Summary Page, Column A, Line 9.) NET \$ -69,340.00 May be a negative number

Schedule	I .			SCHEDULE I
	eous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from09/22/2024	CALIFORNIA 460
			through10/19/2024	Page 19 of 19
NAME OF FILER	INS ON REVERSE			
WINE OF FIEER				I.D. NUMBER
REVITALIZE E	AST BAY COMMITTEE			1470222
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	DE	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
09/30/2024	BANK OF MARIN	INTEREST EARNED		183.50
_	CORTE MADERA, CA 94925			
		1		
		- A - A - A - A - A - A - A - A - A - A		17000
Attach add	litional information on appropriately labeled continuation sheets.		SUBTOTA	L \$ 183.50
Schedule	Summary			
	ncreases to cash this period.		\$183.	50
	ed increases to cash of under \$100 this period			00
	I interest received this period on loans made to others. (Sch			00
			Ψ	_
	cellaneous increases to cash this period. (Add Lines 1, 2, a Page, Line 14.)		TOTAL \$183.	50