Recipie Committee
Campaign Statement
Cover Page

Statement covers period: July 1, 2019 through December 31, 2019

Date of election if applicable: Nov 8, 2022

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   □ Owner/Candidates
   □ Supported Committee
   □ Unincorporated
   □ Recall (Also Complete Part 5)

2. Type of Statement:
   □ Pre-election Statement
   □ Semi-annual Statement
   □ Termination Statement (Also file a Form 410 Termination)
   □ Amendment (Explain below)
   □ Quarterly Statement
   □ Special Odd-Year Report

3. Committee Information
   I.D. NUMBER
   1406301
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Kenji Yamada for Concord City Council 2022

   STREET ADDRESS (NO P.O. BOX)
   Concord
   CITY
   STATE CA
   ZIP CODE 94520

   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:
   January 27, 2020
   Date
   January 27, 2020
   Date
   January 27, 2020
   Date
   January 27, 2020
   Date

   SIGNED
   By
   Signature of Treasurer or Assistant Treasurer
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   By
   Signature of Candidate, State Measure Proponent

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Kenji Yamada

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Concord City Council, District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  CITY  STATE  ZIP
Concord, CA 94520

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.

COMMITTEE NAME  I.D. NUMBER

NAME OF TREASURER  CONTROLLED COMMITTEE?

COMMITTEE ADDRESS  STREET ADDRESS (NO P.O. BOX)

CITY  STATE  ZIP CODE  AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER  JURISDICTION

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee  List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  JURISDICTION

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD

Attach continuation sheets if necessary
## Campaign Disclosure Statement

### Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>1. Monetary Contributions</td>
<td>57.33</td>
<td>57.33</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>57.33</td>
<td>57.33</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>57.33</td>
<td>57.33</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>6. Payments Made</td>
<td>57.33</td>
<td>107.33</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>57.33</td>
<td>107.33</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>57.33</td>
<td>107.33</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>1267.74</td>
<td>1267.74</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>57.33</td>
<td>57.33</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>57.33</td>
<td>57.33</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>1267.74</td>
<td>1267.74</td>
</tr>
</tbody>
</table>

If this is a termination statement, Line 16 must be zero.

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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).

- **Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**
  - 1/1 through 6/30
  - 7/1 to Date

- **Expenditure Limit Summary for State Candidates**
  - Cumulative Expenditures Made
  - (If Subject to Voluntary Expenditure Limit)
  - Date of Election
  - Total to Date

*Amounts in this section may be different from amounts reported in Column B.
### Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) $57.33
   
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.) $57.33
### Schedule E
Payments Made

**NAME OF FILER**
Kenji Yamada for Concord City Council 2022

**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
- IED independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MNT meetings and appearances
- OTC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger service
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RPT returned contributions
- SAL campaign workers’ salaries
- TEL TV 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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>McCaulou’s</td>
<td></td>
<td>Accidental unauthorized expenditure. Reimbursed by contribution on Schedule A.</td>
<td>14.13</td>
</tr>
<tr>
<td>Lucky</td>
<td></td>
<td>Accidental unauthorized expenditure. Reimbursed by contribution on Schedule A.</td>
<td>43.20</td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

**SUBTOTAL $** 57.33

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................................................................................................................................................. $ 57.33
2. Unitemized payments made this period of under $100........................................................................................................................................................................................................ $
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .................................................................................................................................................................................. $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .................................................................................................................................................................................. TOTAL $ 57.33

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