AAME OF FILER Mario DiPrisco fo	or Lafayette City Cour	ncil 2024		Date of 10	0/25/24	Date Stamp	CALIFO	RNIA 497
AREA CODE/PHONE N	JMBER	I.D. NUMBER (if applicable) 1470660		Report No. 1		RECEIVED		Official Use Only
STREET ADDRESS				Amendment to Report No.	t	OCT 25 2024		
CITY Lafayette		STATE CA	ZIP CODE 94549	(explain below) No. of Pages .	1	CITY OF LAFAYETTE		
1. Contribution	s) Received							
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND 2 (IF COMMITTEE, ALSO ENTE		TOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
10/25/24	California Real Es	tate Political Action C 90071	committee, #89010	6	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC			\$1,000  Check if Loan  O  Provide interest rate
					IND COM OTH PTY SCC			☐ Check if Loan  ———————————————————————————————————
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan

Reason for Amendment: \_\_\_\_

\* 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

D 11 10 111				COVER PAGE
Recipient Committee Campaign Statement Cover Page		1	Date Stamp	
	Statement covers period from 9/22/24	Date of election if applicable: (Month, Day, Year)	OCT 23 2024	Page of
SEE INSTRUCTIONS ON REVERSE	through <u>10/19/24</u>	11/5/24	CITY OF LAFAYETT	E
1. Type of Recipient Committee: All Committees - Col	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	☐ S <sub>I</sub>	uarterly Statement becial Odd-Year Report
3 Committee information	NUMBER 470660	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	470000	NAME OF TREASURER		
Mario DiPrisco for Lafayette City Council 2024		Mario DiPrisco		
		MAILING ADDRESS	12	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
		Lafayette	CA 94	4549
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURI	ER, IF ANY	
Lafayette CA 9454 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	
4. Verification				
I have used all reasonable diligence in preparing and review			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 or	correct.		
Executed on 10/23/24	Ву	Signature Preasurer or Assistant	Treasurer	
Executed on 16/23/24 Date	By — Signature of Control	filing Officeholder, Candidate, State Measure Pro		onsor
Executed onDate	By —————————Si	gnature of Controlling Officeholder, Candidate, S	State Measure Proponent	
Executed on	By —————————	gnature of Controlling Officeholder Candidate S	State Measure Proponent	

FPPC Form 460 (Jan/2016))

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

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
Page 2 of 8

Officeholder of Candidate Controlle	Officeholder or Candidate Controlled Committee				Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Mario DiPrisco									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER	R IF APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Lafayette City Council (2 year term)									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	TREET) CITY	STATE	ZIP					,	
	Lafayette	CA	94549		Identify the controlling office	holder, candi	date, or state	measure propo	nent, if any.
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in	this Statement: /	iet any cor	nmittage						
not included in this statement that are controlled	d by you or are primarily				OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
contributions or make expenditures on behalf o	f your candidacy.								
COMMITTEE NAME	I.D. NUMBE	R							
	- 1								
				7.	Primarily Formed Can	didate/Offic	eholder Co	mmittee Lis	t names of
NAME OF TREASURER	CONTROLL				officeholder(s) or candidate(s	for which this	committee is	primarily formed	l.
COMMITTEE ADDRESS STREET ADDRESS	YES	□ ис	)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	1_
STREET ADDRESS	3 (NO F.O. BOX)								SUPPORT
CITY STATE	E ZIP CODE	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	055105.001	IOUT OR UELD	OPPOSE
	2,11 0002	, iii Liii Oo	DEN NONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
COMMITTEE NAME	Lin william								OPPOSE
COMMITTEE NAME	I.D. NUMBE	:K			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
									OPPOSE
			ITTEE2		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	UGHT OR HELD	1=
NAME OF TREASURER	CONTROL	LED COMM							
NAME OF TREASURER	CONTROLI	LED COMM						JOHN ON HEED	SUPPORT
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRES	☐ YES								☐ SUPPORT ☐ OPPOSE
	☐ YES								_

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from 9/22/24 CALIFORNIA 460 FORM 460 through 10/19/24 Page 3 of 8

Mario DiPrisco for Lafayette City Council 2024			1.D. NUMBER 1470660
Contributions Received  1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  \$\frac{1,655}{15,000}\$ \$\frac{16,655}{0}\$ \$\$\frac{16,655}{0}\$	**Signature	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$\$  21. Expenditures Made \$\$
Expenditures Made  6. Payments Made	\$ _38,468	\$ 55,233	Expenditure Limit Summary for State Candidates
7. Loans Made	\$ 38,468	\$ 55,233	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
10. Nonmonetary Adjustment	\$ 38,468	\$ _55,233	Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. 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.	\$ 39,773.91 16,655 38,468 \$ 17,961	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	this is the first report being filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents	\$ <u>34,000</u>		FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A	Amounts may be rounded		SCHEDULE
Monetary Contributions Received	to whole dollars,	Statement covers period	CALIFORNIA 46
•		from 9/22/24	FORM 400
SEE INSTRUCTIONS ON REVERSE		through	Page 4 of 8
NAME OF FILER		•	I.D. NUMBER

NAME OF FILER

Mario DiPrisco for Lafayette City Council 2024

1470660

	, , , , , , , , , , , , , , , , , , , ,					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
9/25/24	Peter Werner, 94549	IND COM OTH PTY	Attorney, Cooley LLP	\$1,000	\$1,000	\$1,000
9/26/24	Douglas McKenzie,	IND COM OTH PTY SCC	Self-employed, CRE appraiser	\$100	\$100	\$100
10/6/24	Jennifer Ruhl,	IND COM OTH PTY	Account Executive, Tangoe	\$250	\$250	\$250
10/19/24	Richard Kamrath, 94549	▼IND □ COM □ OTH □ PTY □ SCC	Retired	\$250	\$250	\$250
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	1100	01400	41 600

### SUBTOTAL \$ 1,600 \$1,600

#### Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)

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

| 1,600 | |

 \*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

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

	Am	ounts may be ro	unded				SCHED	ULE B - PART 1	
Schedule B – Part 1 Loans Received	7111	to whole dollars	S.		Statement coverage from 9/22/24	ers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through _10/19/2	4	Page_5	of	
NAME OF FILER							I.D. NUMBER		
Mario DiPrisco for Lafayette City Council 202	4						1470660		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
Mario DiPrisco, 3959 Happy Valley Rd 94549	Finance, Dodge & Cox			PAID  S  FORGIVEN	ş <u>34,000</u>	0 %	\$_15,000	s 64,025	
<sup>†</sup> ☑ IND □ COM □ OTH □ PTY □ SCC		\$	s_15,000	\$_0	1/1/25 DATE DUE	\$	10/15/24 DATE INCURRED	s 64,025	
				\$ FORGIVEN	\$	RATE	\$	\$PER ELECTION**	
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s	
				\$FORGIVEN	\$	RATE	\$	\$PER ELECTION**	
†   IND   COM   OTH   PTY   SCC		\$	\$	5	DATE DUE	\$	DATE INCURRED	\$	
	S	SUBTOTALS S	;	\$	\$	\$	15,000	64,02	
Schedule B Summary  1. Loans received this period		************		\$ _15	,000	(Enter (e) on Sched	ule E, Line 3)		

	chedule B Summary	15.000
1.	Loans received this period	\$ 15,000
	(Total Column (b) plus unitemized loans of less than \$100.)	0
2.	Loans paid or forgiven this period	\$ 0
	(Total Column (c) plus loans under \$100 paid or forgiven.)	
	(Include loans paid by a third party that are also itemized on Schedule A.)	15 000
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$ 15,000
	Enter the net here and on the Summan Page Column A Line 2	

OTH – Other (e.g., business entity) PTY – Political Party

COM - Recipient Committee

†Contributor Codes IND – Individual

(May be a negative number)

SCC - Small Contributor Committee

(other than PTY or SCC)

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

\*\* If required.

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

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA FORM 9/22/24

			irom					
SEE INSTRUCTIONS ON REVERSE			through	Page _	6 of 8			
NAME OF FILER				I.D. NUM	MBER			
Mario DiPrisco for Lafayette City Council 2024	147066	60						
CODES: If one of the following codes accurately describes the payment, y  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  MBR member commeterings and office expensions.  MTG meetings and office expensions.	nmunications d appearance ses		RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries					
FIL candidate filing/ballot fees PHO phone banks FND fundraising events POL polling and s IND independent expenditure supporting/opposing others (explain)* POS postage, deli	PET petition circulating TEL t.v. or cable airtime and product fees PHO phone banks TRC candidate travel, lodging, and more supporting/opposing others (explain)* POS postage, delivery and messenger services PRO professional services (legal, accounting) VOT voter registration							
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID			
Raymond Ehrlich, 4200 Park Blvd #312, Oakland CA 94602	CNS	Campaign Consult	ant		\$6,750			
Copyworld, 1375 University Avenue, Berkeley CA 94702	LIT	Mailings			\$3,539			
Careful Design, 531 Scudero Circle, Pittsburg CA 94565	LIT	Mailings			\$17,891			
* Payments that are contributions or independent expenditures must also be summarized on Sche	edule D.		SUE	BTOTAL	\$ 28,180			
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule E subtotals.)								
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.)								

SCH	EDI	II =	CON	IT!
SUT	EUU		COL	MII.

#### Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

01-1	
Statement covers period	CALIFORNIA AGO
from 9/22/24	FORM 400
through <u>10/19/24</u>	Page 7 of 8

I.D. NUMBER

1470660

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mario DiPrisco for Lafayette City Council 2024

\_\_\_\_

CODES: If one of the following codes accurately describe	s 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
CTB contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
CVC civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
FND fundraising events		polling and survey research		staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
LEG legal defense	PRO	professional services (legal, accounting)		voter registration
LIT campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Google, 1600 Ampitheatre Parkway, Mountain View CA 94043	WEB	Advertisements	\$1,100
Lamorinda Weekly, 452 Center Street #A, Moraga CA 94556	PRT	Advertisement	\$1,730
Facebook, 1 Hacker Way, Menlo Park CA 94025	WEB	Advertisements	\$142
Costco (on-line). 999 Lake Dr, Issaquah WA 98027	POS	Postage	\$4,729
US Postal Service, 3641 Mt. Diablo CA 94549	POS	Postage	\$365

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 8,066

SCHEDULE E (	CONT
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#### Schedule E (Continuation Sheet) Payments Made

#### Amounts may be rounded to whole dollars.

	CONEDULE E (CONT.
Statement covers period 9/22/24 from	CALIFORNIA 460
through <u>10/19/24</u>	Page <b>8</b> of <b>8</b>
	I.D. NUMBER

1470660

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mario DiPrisco for Lafayette City Council 2024

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
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Fox Nakai, 732 Apgar St. Oakland CA 94609	TEL	Video recording and production	\$1,500
Nationbuilder, 520 South Grand Ave, 2nd floor, Los Angeles CA 90071	WEB	Database, technology	\$524
Stripe, 354 Oyster Point Blvd, SF CA 94080	WEB	Financial Processing Fees	\$80

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,104

### 497 Contribution Report

### Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Mario DiPrisco for	Lafayette City Coun	cil 2024		Date of This Filing	10/23/24	Date Stamp	CALIFO	
AREA CODE/PHONE NUM		I.D. NUMBER (if applicab.	le)	J				Official Use Only
		1470660		Report No		RECEIVED		o moidi ese o m
STREET ADDRESS					.			
				to Report No.		OCT 2 3 2024		
CITY		STATE	ZIP CODE	(explain below)	1	CITY OF LAFAYETTE		
Lafayette		CA	94549	No. of Pages		CITT OF LAFATETTE		
1. Contribution	n(s) Received							
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AN (IF COMMITTEE, ALSO E	ND ZIP CODE OF CONTRIBUT ENTER I.D. NUMBER)	OR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
8/12/24	Mario DiPrisco,		94549					20,000  Check if Loan
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Check if Loan
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
**Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Codes  SCC - Small 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								

	or Lafayette City Council 2024	Date of This Filing	/15/24	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE N	UMBER I.D. NUMBER (if applicable) 1470660	Report No		RECEIVED	For	Official Use Only
STREETADDRESS		Amendment to Report No.		OCT 15 2024		
CITY Lafayette	STATE ZIP CODE CA 94549	(explain below) No. of Pages	1	CITY OF LAFAYETTE		
1. Contribution	(s) Received			***	A	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ror	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMS (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
10/15/24	Mario DiPrisco, Lafayette CA 9454	9	☑ IND □ COM □ OTH □ PTY □ SCC	Finance, Dodge & Cox		\$15,000  Check if Loan  Provide interest rate
			IND COM OTH PTY SCC			☐ Check if Loan
			IND COM OTH PTY SCC			☐ Check if Loan

Reason for Amendment:

\* 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

Provide interest rate

				COVER PAGE
Recipient Committee Campaign Statement Cover Page		RE	Date Stamp  CEIVED	CALIFORNIA 460
	Statement covers period from 7/1/24	Date of election if applicable: (Month, Day, Year)	EP 2 6 2024	Page 1 of 10 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>9/21/24</u>	November, 5, 2024 CITY	OF LAFAYETTE	
1. Type of Recipient Committee: All Committees - Com	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5)	rimarily Formed Ballot Measure committee Controlled Sponsored	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminat Amendment (Explain below)	☐ Spec	rterly Statement cial Odd-Year Report
Sponsored P Small Contributor Committee	rimarily Formed Candidate/ officeholder Committee			
3. Comminee information	NUMBER 470660	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	11 0000	NAME OF TREASURER		
Mario DiPrisco for Lafayette City Council 2024		Mario DiPrisco		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	8	OLTM	6T4TE 715 0	ADEL AGDEDUGUE
STREET ADDRESS (NO P.O. BOX)		Lafavette	STATE ZIP CO	
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A		
Lafavette CA 9454	19			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	8	OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				
I have used all reasonable diligence in preparing and reviewing			and in the attached scl	hedules is true and complete. I
certify under penalty of perjury under the laws of the State of	Calliornia that the foregoing is true and o	M/a L		
Executed on Date	Ву	Signature of Treasurer or Assistant Treasurer	er.	
Executed on	BySignature of Control	iling Officeholder, Candidate, State Microsofte Proponent of	or Responsible Officer of Spons	or -
Executed on	BySi	gnature of Controlling Officeholder, Candidate, State Mea	asure Proponent	
Executed on	By ————————————————————————————————————	gnature of Controlling Officeholder, Candidate, State Mea	asure Proponent	_

#### Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORN FORM	HA 460
Page 2	of 10

Officeholder or Candidate Controlled Committee				6.	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE					
Mario DiPrisco										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER I	FAPPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT	
Lafayette City Council (2 year term)									OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP			,11				
	Lafayette	CA	94549		Identify the controlling office			measure prop	onent, if any.	
					NAME OF OFFICEHOLDER, CAI	NDIDATE, OR P	ROPONENT			
Related Committees Not Included in this St	atement: Lis	t any com	mittees							
not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily f				OFFICE SOUGHT OR HELD			DISTRICT NO.	. IF ANY	
	didacy.									
COMMITTEE NAME	I.D. NUMBER									
NAME OF TREASURER	CONTROLLE	D COMMI	TTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office	eholder Co	mmittee Li	st names of	
	YES	□ №			- Candidate(3)	ioi winch ans	committee is	primarny ronne		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	. BOX)				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT	
									OPPOSE	
CITY STATE ZIP	CODE	AREA COL	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD		
									SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICE HOLDER OR	CANDIDATE	ALLIOE SOL	ICUT OF UELD		
					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	☐ SUPPORT	
	- CONTROLLE								OPPOSE	
NAME OF TREASURER	CONTROLLE				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	☐ YES	□ NO							OPPOSE	
CHILLIADINESS (NO F.O.	. 55/									
CITY STATE ZIP	CODE	AREA COL	DE/PHONE		Atto	ch continuatio	an chaota it =	00000001		
					Atta	cn conunuauc	ni siieets II N	ecessary		

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period from 7/1/24	CALIFORNIA 460
through 9/21/24	Page of (D
	I.D. NUMBER

Mario DiPrisco for Lafayette City Council 2024			1.D. NUMBER 1470660
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         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$ 37,539 19,000 \$ 56,539 \$ 56,539	\$ \$ \$	1/1 through 6/30 7/1 to Date  20. Contributions Received \$\$  21. Expenditures Made \$\$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ _16,765	\$	Candidates
7. Loans Made Schedule H, Line 3			22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ _16,765	\$	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3			Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3			(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 16,765	\$	\$
Current Cash Statement			\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0	To calculate Column B,	
13. Cash Receipts Column A, Line 3 above	-	add amounts in Column A to the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4		amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		of your last report. Some amounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$ 39,773.91	be negative figures that should be subtracted from	
If this is a termination statement, Line 16 must be zero.		previous period amounts. If this is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _0	filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents	\$ 39,773.91	51.77.	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0		FPPC Form 460 (Jan/2016))
		I	FPPC Advice: advice@fppc.ca.gov (866/275-3772)
			www.fppc.ca.gov

Amounte may be rounded

Schedule	<b>:</b> A		its may be rounded				SCHED	ULE
<b>Monetary</b>	Contributions Received	to	whole dollars.	Statement cov	ers period	CALL	FORNIA A	20
,				from 7/1/24		F	FORNIA 46 ORM	טפ
		6					, 1 /**	_
SEE INSTRUCTI	IONS ON REVERSE			through <u>9/21/24</u>		Page	4of_/2	
IAME OF FILER						I.D. NL	JMBER	
Mario DiPri	isco for Lafayette City Council 2024					14706	60	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTIO	N
DATE	CONTRIBUTOR	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR Y	EAR	TO DATE	
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OF BUSINESS)	PERIOD	(JAN. 1 - DEC	. 31)	(IF REQUIRED	(د
7/16/24	Mario DiPrisco,	☑ IND □ COM	Finance, Dodge & Cox	***	\$10,000			
	CA 94549	□отн		\$10,000				
		□ PTY □ SCC						
8/12/24	Mario DiPrisco,	<b>☑</b> IND	Finance, Dodge & Cox	\$20,000	\$30,000			
	CA 94549	□сом □отн	, manes, beage a sex	φ20,000	400,000			
		PTY						
		□scc						
7/23/24	Mario DiPrisco,	☑IND □ COM	Finance, Dodge & Cox	\$25.00	\$30,025			
	CA 94549	□отн						
		PTY						
		SCC						
7/23/24	Joseph Di Prisco,	☑ IND	Retired	\$5,000	\$5,000			
	Lafayette CA 94549	□отн						
		□ PTY						
		SCC						
		☐ IND ☐ COM						
		□отн						
		□ PTY □ SCC						
			OUDTOTAL A		05 -5		y- v man i i	
			SUBTOTAL	•	35,025	1	CHI, DWA STAR	iu mi
	A Summary					tributor C		
	eceived this period – itemized monetary contributions			37,425		– Individu I – Recipi	ıal ient Committee	
(Include a	all Schedule A subtotals.)	****************	\$ <u>-</u>	31/100		(other	than PTY or SCC)	· .
Δ mount re	eceived this period – unitemized monetary contribution	one of loce that	s \$100 c 11	4.00		<ul><li>Other of the point of t</li></ul>	(e.g., business ent al Party	ity)
. Amount le	scewed this period – uniternized monetary contribution	ons or less than		-			Contributor Comm	ittee
3. Total mon	etary contributions received this period.		4	1 539				
(Add Line	letary contributions received this period. is 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	l.)TOTAL \$ <u>-</u> -	77001		FPP	C Form 460 (Jan/2	2016)

FPPC Form 460 (Jan/2016))

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

#### Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from 7/1/24

				through 9/20/24			5 of \$10
Mario DiPri	isco for Lafayette City Council 2024					1.D. NU	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/12/24	Brendan McShane, 94549	ZIND COM OTH PTY SCC	Attorney, Latham & Watkins	\$250	\$250		
8/12/24	Alex Szidon,	☑IND □COM □OTH □PTY □SCC	Consultant, Monticola	\$100	\$100		
9/5/24	Sharon Simpson, 94563	☑IND □COM □OTH □PTY □SCC	Retired	\$1,000	\$1,000		
9/11/24	Robert Gotelli, 94549	IND COM OTH PTY	Retired	\$100	\$100		
9/11/24	Christine Paige, 94549	☑IND □COM □OTH □PTY □SCC	Retired	\$100	\$100		
			SUBTOTAL	\$	1,550		

\*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)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

wonetary	from 7/1/24		F		FORM 460		
				through <u>9/20/24</u>		Page_	6 of 10
Mario DiPri	isco for Lafayette City Council 2024		,			1.D. NU	MBER 660
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
7/25/24	Melissa Tidwell, Road, 22202	☑IND □COM □OTH □PTY □SCC	Attorney, self-employed	\$250	\$250		
7/30/24	Jeremy Roberts, 94549	✓ IND  ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance, Woodruff Sawyer	\$100	\$100		
7/31/24	Ted Schaefer, 94549	✓ IND  ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$250	\$250		
9/20/24	Ryan Hattersley, 94549	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate, Hattersley Real Estate Partners	\$250	\$250		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL	\$	850		

\*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 Receive	ved

Amounts may be rounded

SCHEDULE B - PART 1

Loans Received		to whole dollars	<b>5.</b>		from 7/2/24	ers period	CALIFORN FORM	<sup>™</sup> 460
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Mario DiPrisco for Lafayette City Council:	2024				through <u>9/20/2</u> 4	1	Page <b>7</b> I.D. NUMBER 1470660	of_ <b>10</b>
Iviario DiPrisco for Larayette City Council:	2024							
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVEI THIS PERIOD	N BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Mario DiPrisco, Rd., Lafayette CA 94549	Finance, Dodge & Cox			\$ PAID  \$ FORGIVEN	ş_19,000	O%	s_19,000	\$ 49,025
<sup>†</sup> ☑IND □ COM □ OTH □ PTY □ SCC		ş <u>0</u>	s_19,000	\$	1/1/25 DATE DUE	\$	9/16/24 DATE INCURRED	\$ 49,025
				\$ FORGIVEN	s	RATE	s	\$PER ELECTION**
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				\$ PAID  \$ FORGIVEN	s	RATE	s	\$PER ELECTION**
TO IND COM OTH PTY SCC		,	,		DATE DUE	<b>V</b>	DATE INCURRED	,
	8	SUBTOTALS \$	;	\$	\$	\$	19,000	
1. Loans received this period	ns of less than \$100.)  Of paid or forgiven.)  It are also itemized on Sche e 2 from Line 1.)	edule A.)		\$ 0	9,000		†Contributor Codes IND – Individual COM – Recipient C	ommittee PTY or SCC) business entity)
				(1	May be a negative number)			

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

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded

Statement covers period from 7/1/24	CALIFORNIA 460
through_9/20/24	Page of 10
	I.D. NUMBER

COLLEGIALE

Payments Made	to whole dollars.	from _7/1/24	FORM	460
SEE INSTRUCTIONS ON REVERSE		through <u>9/20/24</u>	Page 🖁 o	of_[0]
NAME OF FILER			I.D. NUMBER	
Mario DiPrisco for Lafayette City Council 2024			1470660	

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 CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees TRC candidate travel, lodging, and meals PHO phone banks FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor VOT voter registration PRO professional services (legal, accounting) LEG legal defense LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Raymond Ehrlich, 4200 Park Blvd #312, Oakland CA 94602	CNS	Campaign Consultant	\$4,500.00
Belleci Signs, 3721 Railroad Avenue, Pittsburg CA 94565	LIT	Yard Signs, T-shirts	\$4,657.13
Copyworld, 1375 University Avenue, Berkeley CA 94702	LIT	Walk-piece	\$3,472.88

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

SUBTOTAL \$ 12,630

#### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	5 _ <sup>1</sup>	16,519
2. Unitemized payments made this period of under \$100	5_2	246
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$_0	)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)		

FPPC Form 460 (Jan/2016))

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded

SCHEDULE E (CONT.)

Continuation Sheet) Payments Made	to whole dollars.	Statement covers period from	CALIFORNIA 460
EE INSTRUCTIONS ON REVERSE		through <u>9/20/24</u>	Page 9 of 10
AME OF FILER		-	I.D. NUMBER
Mario DiPrisco for Lafayette City Council 2024			1470660

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 CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor VOT voter registration LEG legal defense PRO professional services (legal, accounting) WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Google, 1600 Ampitheatre Parkway, Mountain View CA 94043	WEB	Google Ads	\$286.28
City of Lafayette, 3675 Mt. Diablo Blvd, Lafayette CA 94549	FIL	Candidate filing/ballot fees	\$529
Contra Costa County Elections, 555 Escobar St., Martinez CA 94553	FIL	Voter registration information	\$200
NationBuilder, 520 South Grand Ave., 2nd Floor Los Angeles CA 90071	WEB	Database, technology	\$341
Lamorinda Weekly, 452 Center St #A, Moraga CA 94556	PRT	Print Advertisement	\$1,730

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL\$ 3,086.23

Schedule E
(Continuation Sheet)
Payments Made

A -------

IEDU		

(Continuation Sheet) Payments Made	to whole dollars.	Statement covers period from	california 460		
SEE INSTRUCTIONS ON REVERSE		through 9/20/24	Page [0 of [0		
NAME OF FILER			I.D. NUMBER		
Mario DiPrisco for Lafayette City Council 2024			1470660		

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 CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)\* IND POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Ted Schaefer, 849 McEllen Way, Lafayette CA 94549	RFD	Inadvertent duplication of contribution	\$250
Stripe, 354 Oyster Point Blvd, SF CA 94080	WEB	Financial processing fees	\$374.83
Garbo Graphics, 3332 Stagecoach Dr, Lafayette CA 94549	СМР	Buttons	\$177.58

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL\$ 802.41

ZIP 94104 \$ 010.990 02 4W 0000370981 SEP 26 2024

3675 Mt. Diable Blvd \*210 Lafey. 14 94549 Joanne Robbins, CHC City of Lafayeth City clerk



#### 497 Contribution Report

### Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER			Date of	9/25/24	Date Stamp CALI	FORM 497		
Mario DiPrisco fo AREA CODE/PHONE NU	r Lafayette City Coun	I.D. NUMBER (if applica	blo)	This Filing			or Official Use Only	
STREET ADDRESS 1470660		Amendment to Report No.		SEP 25 2024				
city Lafayette		STATE	ZIP CODE 94549	(explain below) No. of Pages	1	CITY OF LAFAYETTE		
1. Contributio	n(s) Received							
DATE RECEIVED	FULL NAM	ME, STREET ADDRESS A (IF COMMITTEE, ALSO	ND ZIP CODE OF CONTRIE	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
9/25/24	Peter Werner,		94549		IND     COM     OTH     PTY     SCC	Attorney, Cooley LLP	\$1,000  Check if Loan  Provide interest rate	
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan	
				Vi	IND COM OTH PTY SCC		Check if Loan	
Reason for Amendn	nent:					"Contributor Codes IND - Individual COM - Recipient Committee (o OTH - Other (o.g., business er PTY - Political Party SCC - Small Contributor Comm	itity)	

### 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER				T		T 0		remain to the last of the last
			Date of 9/	16/24	Date Stamp	CALIFO FOR		
AREA CODE/PHONE NUI	MBER	1.D. NUMBER (if applicable) 1470660	le)	Report No		RECEIVED	For C	Official Use Only
STREET ADDRESS		STATE	ZIP CODE	Amendment to Report No. (explain below)	1	SEP 16 2024		
Lafayette	\ Danahard	CA	94549	No. of Pages	L	CITY OF LAFAYETTE		
1. Contribution(s	s) Received							
DATE RECEIVED	FULL NAME	, STREET ADDRESS AN (IF COMMITTEE, ALSO E	ID ZIP CODE OF CONTRIBUT	ΓOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
9/16/24	Mario DiPrisco,		Lafayette CA 9454	9	IND COM OTH PTY SCC	Finance, Dodge & Cox		\$19,000  Check if Loan  % Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Check if Loan
					IND COM OTH PTY SCC			☐ Check if Loan  ———————————————————————————————————
Reason for Amendm	ent:					* Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor	ess entity)	

NAME OF FILER Mario DiPrisco for Lafayette City Council 2024			Date of 9/	6/24	Date Stamp	CALIFO	RNIA	497	
AREA CODE/PHONE N	IUMBER (if applicable) 1470660		le)	Report No		RECEIVED	-0.00	Official Us	e Only
STREET ADDRESS				Amendment to Report No.	t	SEP 0 \$ 2024			
CITY Lafayette		STATE CA	ZIP CODE 94549	(explain below)  No. of Pages	_1	CITY OF LAFAYETTE			
1. Contribution	(s) Received								
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AN (IF COMMITTEE, ALSO E	ID ZIP CODE OF CONTRI NTER I.D. NUMBER)	BUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMI (IF SELF-EMPLOYED, ENTER NAME OF			MOUNT CEIVED
9/5/24	Sharon Simpson,	Orino	da CA 94563		IND COM OTH PTY SCC	Retired			00 ck if Loan 
					IND COM OTH PTY SCC				ck if Loan
					IND COM OTH PTY SCC				ck if Loan

Reason for Amendment: \_

\* 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

### 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Mario DiPrisco for Lafayette City Council 2024			8/24	Date Stamp C	ALIFORNIA 497
AREA CODE/PHONE NUI		This Filing A	97	RECEIVED	For Official Use Only
STREET ADDRESS  CITY  Lafayette	STATE ZIP CODE CA 94549	Amendmen to Report No. (explain below)	t	AUG 12 2024  CITY OF LAFAYETTE	
1. Contribution(s	) Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	BUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLO (IF SELF-EMPLOYED, ENTER NAME OF BUS	
8/8/24	Mario DiPrisco, Lafayette CA 945	549	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Finance	20,000  Check if Loan  Provide interest rate
			IND COM OTH PTY SCC		Check if Loan  Provide interest rate
			IND COM OTH PTY SCC		Check if Loan Provide Interest rate
Reason for Amendm	ent:			* Contributor Codes IND - Individual COM - Recipient Committee OTH - Other (e.g., business PTY - Political Party SCC - Small Contributor Co	s entity)

### 497 Contribution Report

Amounts may be rounded to whole dollars.

			Date of This Filing 8/	5/24	_	Date Stamp	CALIFO FOR		
AREA CODE/PHONE NUI	MBER	I.D. NUMBER (if applicable 1470660	ble)	Report No. 49	97	R	ECEIVED	For C	Official Use Only
STREET ADDRESS				Amendment to Report No.	t		AUG 0 5 2024		
CITY Lafayette		STATE CA	ZIP CODE 94549	(explain below)  No. of Pages		CI	TY OF LAFAYETTE		
1. Contribution(s	s) Received								
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AN (IF COMMITTEE, ALSO E	ND ZIP CODE OF CONTRIBUTENTER I.D. NUMBER)	TOR	CONTRIBUT CODE*	FOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
7/23/24	Joseph DiPrisco,		Lafayette CA 945	549	IND COM		Retired		5,000 Check if Loan % Provide interest rate
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC				Check if Loan  Check if Loan  Provide interest rate
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC				Check if Loan
Reason for Amendm	nent:						* Contributor Codes IND - Individual COM - Recipient Comm OTH - Other (e.g., busi PTY - Political Party SCC - Small Contributo	ness entity)	

	L 0 1							
Statement of C Recipient Com	ımittee #	14	7066	) O REC	Date Stamp  EIVED AND FILED	CALIFORM FORM	IIA '	410
Statement Type	☑ Initial ☑ Not yet qualified	☐ Amen	dment	Termination – See Part 5	CEIVED AND FILED office of the Secretary of State of the State of California	REC	Cary of	VED
	or O Date qualification threshold	I met Date qualifi	ication threshold met	Date of termination	JUN 27 2024	JÜL	15	2024 e/Tay
1. Committee I	nformation I.D. Nur	nber		2. Treasurer and O	ther Principal Officers	CITY OF	LAF	AVEPTE
NAME OF COMMITTEE		:1.2024		NAME OF TREASURER Mario DiPrisco				
Mario DiPrisco	for Lafayette City Cour	1C11 2024		STREET ADDRESS (NO P.O. BOX)	city Lafayette		CA .	ZIP CODE 94549
STREET ADDRESS (NO P.O	. BOX)			EMAIL ADDRESS OF TREASURER	R (REQUIRED)	ARI	EA CODE	/PHONE
CITY Lafayette	STA C		AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	ER, IF ANY		ļ,	h ving
FULL MAILING ADDRESS (		94549		STREET ADDRESS (NO P.O. BOX)	CITY	51	TATE	ZIP CODE
E-MAIL ADDRESS OF COM	IMITTEE (REQUIRED) / FAX (OPTIONA	L)	14	EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AR	EA CODE	E/PHONE
COUNTY OF DOMICILE.		HERE COMMITTEE IS	ACTIVE	NAME OF PRINCIPAL OFFICER(S Mario DiPrisco	)	-	2 - 6	. 5
Contra Costa	Lafayette			STREET ADDRESS (NO P.O. BOX)			TATE	ZIP CODE
Attach additional in	nformation on appropriately	labeled continu	uation sheets.	3959 Happy Valley Rd EMAIL ADDRESS OF PRINCIPAL	Lafayette OFFICER(S) (REQUIRED)		CA REA CODE	94549 E/PHONE
3. Verification								
	onable diligence in preparin under the laws of the State o				n contained herein is true and	d complete. I cer	tify ur	nder
Executed on06/25/	/2024 By		ellolog	E OF TREASURER OR ASSISTANT TREASURER		_	47	
Executed on 06/25/	/2024 By		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE MEA	SURE PROPONENT	_	×	15
Executed on	DATE By —		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE MEA	SURE PROPONENT	_		
Executed on	DATE By		SIGNATURE OF CONTROLLING	GOFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT		****	0-1-1-10000

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www.fppc.ca.gov

#### Statement of Organization Recipient Committee

CALIFORNIA 410

Recipient Committee				FORM	U
INSTRUCTIONS ON REVERSE			Pag	e 2	
COMMITTEE NAME Mario DiPrisco for Lafayette City Council 2024			1.D.	NUMBER	
All committees must list the financial institution where the campaign bank ac	ccount is located and th	ne person(s) authoriz	ed to obtain bank r	ecords.	4
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS		AREA CODE/PHONE	BANK ACCOUNT	NUMBER	
Pending		Pending	Pending		
ADDRESS OF FINANCIAL INSTITUTION	ÇITY		STATE	ZIP CODE	-
Pending	Lafayette	-	CA	94549	
4. Type of Committee Complete the applicable sections.					

#### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PAR CHECK		Charles Carrie
Mario DiPrisco	City Council	2024	Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)-

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK	ONE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

#### Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME Mario DiPrisco for Lafayette City Council 2024 4. Type of Committee (Continued) General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: CITY Committee COUNTY Committee ☐ STATE Committee

CALIFORNIA 41	0

D.				

PROVIDE BRIEF DESCRIPTION OF ACTIVITY			6,9° ± 1 +
Sponsored Committee List additional spo	nsors on an attachment.		
NAME OF SPONSOR	INDUSTRY GROUP O	OR AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND STREET	CITY	STATE ZIP CO	DE AREA CODE/PHONE
Small Contributor Committee			

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;

Date qualified

- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and

5. Termination Requirements

- · This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Statement of C	)rganization	Date Stamp CALIF	ORNIA AAA		
<b>Recipient Com</b>	mittee		ORM 41U		
Statement Type	<b>☑</b> Initial	☐ Amendment	Termination – See Part 5	REGERVE	For Official Use Only
	Not yet qualified			JUN 2 7 2024	
	or			3011 2 . 2021	
	O Date qualification threshold met	Date qualification threshold met	Date of termination	CITY OF LAFAYETTE	
		//		CITTOLE	
1. Committee Ir	nformation I.D. Number		2. Treasurer and O	ther Principal Officers	<b>化原料聚基基基</b>
NAME OF COMMITTEE	(if applicable)		NAME OF TREASURER	Constitution of the state of th	
	C * C C C	2021	Mario DiPrisco		
Mario DiPrisco	for Lafayette City Council	2024	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
				Lafayette	CA 94549
			EMAIL ADDRESS OF TREASURER	(REQUIRED)	AREA CODE/PHONE
STREET ADDRESS (NO P.O.	BOX)		,		
•			NAME OF ASSISTANT TREASURE	R, IF ANY	
CITY	STATE CA	ZIP CODE AREA CODE/PHONE 94549			
Lafayette FULL MAILING ADDRESS (I		94549	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
FOLL MAILING ADDRESS (I	r DIFFERENT)				
F-MAIL ADDRESS OF COM	MITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE
E WINTE ADDRESS OF COM	is the contest of the the	8			
COUNTY OF DOMICILE	JURISDICTION WHERE O	OMMITTEE IS ACTIVE	Mario DiPrisco	1	
Contra Costa	Lafayette		STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
			STREET ADDRESS (NO F.O. BOX)	Lafayette	CA 94549
			EMAIL ADDRESS OF PRINCIPAL O		AREA CODE/PHONE
Attach additional in	formation on appropriately labe	eled continuation sheets.			8
3. Verification					<b>为点型要为是"是"</b>
L baye used all reason	anable diligence in preparing thi	s statement and to the best o	f my knowledge the information	n contained herein is true and complete	Loortifuundor
	inder the laws of the State of Ca			T contained hereit is true and complete	. I certify under
Executed on 06/25/					
Executed on 00/25/	DATE By	2 SIGNA	TORE OF TREASURER OR ASSISTANT TREASURER		
Executed on06/25/		elle	- Little Deposition -		
Executed on	DATE	SIGNATURE OF CONTROL	LING OFFICEROLDER, CANDIDATE, OR STATE MEAS	SURE PROPONENT	
Executed on	Bv				
	DATE	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE MEAS	SURE PROPONENT	
Executed on	Ву	CIGNATURE OF CONTROL	LING DECICEUOI DES CANDIDATE OS STATE MEA	SURE PRODUNENT	

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#### Statement of Organization **Paciniant Committee**

INSTRUCTIONS ON REVERSE					FURINI		
					age 3		
COMMITTEE NAME				1.1	D. NUMBER		
Mario DiPrisco for Lafayette	e City Council 2024						
4. Type of Committee	(Continued)		<b>不是一种原始</b>		<b>建设建设区域区域</b>		
General Purpose Committe	Not formed to support or op	pose specific candidates or meas	ures in a single election. Chec	k only one box:			
	☐ CITY Committee	☐ COUNTY Committee	☐ STATE Comm	ittee ·			
PROVIDE BRIEF DESCRIPTION OF ACTIV	VITY						
Sponsored Committee	List additional sponsors on an atta	chment.					
NAME OF SPONSOR		INDUSTRY GROUP OR	AFFILIATION OF SPONSOR				
STREET ADDRESS NO. AT	ND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
Small Contributor Committe		₩.					
Small contributor committe	·						
	Date qualified						

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- · This committee does not anticipate receiving contributions or making expenditures in the future;
- . This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

# Statement of Organization Recipient Committee

CALIFORNIA	140	
FORM	410	

INSTRUCTIONS ON REVERSE						Page 2		
COMMITTEE NAME Mario DiPrisco for Lafayette City Council 2024						I.D. NUMBER	2	
All committees must list the financial institution where the can	npaign bank account is located	and th	ne person(s) a	sthorized to	o obtain bar	nk records	•	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECOR	RDS	1	AREA CODE/PHONE		BANK ACCOU	UNT NUMBER		
Pending			Pending Pending			g		
ADDRESS OF FINANCIAL INSTITUTION	CITY				STATE	7	ZIP CODE	
Pending	Laf	yette			CA		94549	
4. Type of Committee Complete the applicable sections.								
Controlled Committee								
<ul> <li>List the name of each controlling officeholder, candidate, or state also list the elective office sought or held, and district number, if</li> </ul>			officeholder o	ontrolled,				
<ul> <li>List the political party with which each officeholder or candidate</li> </ul>	e is affiliated or check "nonparti	an." S	tating "No par	ty preferen	ce" is accep	table.		
• If this committee acts jointly with another controlled committee	e, list the name and identificatio	n num	ber of the oth	er controlle	d committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGH (INCLUDE DISTRICT NUMBER			YEAR OF ELECTION	PART CHECK			
Mario DiPrisco	City Council			2024	Nonpartisan	Partisan	(list political p	arty below)
					Nonpartisan	Partisan	(list political p	arty below)
Primarily Formed Committee Primarily formed to support or op	ppose specific candidates or me	asures	in a single ele	ction. List	below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION  (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  CHECK ONE							
							SUPPORT	OPPOSE

OPPOSE

Statement of C	•				ALIFORNIA 410
1. Committee I	☐ Initial ☐ Not yet qualified     or ☐ Date qualification threshold met	07 <u>/ 16  / 2024</u>	2. Treasurer and C	JUL 18 2024  CITY OF LAFAYETTE  Other Principal Officers	FORM + IU  For Official Use Only
Wallo Dil Tisco	101 Eulayette Oity Council	2021	STREET ADDRESS (NO P.O. BOX	Lafayette	CA 94549  AREA CODE/PHONE
CITY Lafayette	STATE CA	ZIP CODE AREA CODE/PHONE 94549 9253570603	NAME OF ASSISTANT TREASURE	RER, IF ANY	
FULL MAILING ADDRESS		94549 9255570005	STREET ADDRESS (NO P.O. BOX		STATE ZIP CODE  AREA CODE/PHONE
COUNTY OF DOMICILE	TEN DESCRIPTOR	COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER( Mario DiPrisco	(S)	
Contra Costa  Attach additional in	Lafayette  nformation on appropriately lab	eled continuation sheets.	EMAIL ADDRESS OF PRINCIPAL	Lafayette	STATE ZIP CODE CA 94549 AREA CODE/PHONE
				on contained herein is true and con	nplete. I certify under
	under the laws of the State of Co 5/2024 By Mario C	C. DiPrisco	Digitally signed by Mario C.  Digitally signed by Mario C. Dale: 2024.07.18 12:03:17 -4  NATURE OF TREASURER OR ASSISTANT TREASURE	07'00'	
Executed on06/25		. DiPrisco	Digitally signed by Mario C. I Dale: 2024.07.18 12:03:37 - DLLING OFFICEHOLDER, CANDIDATE, OR STATE ME	DiPrisco 07'00'	
Executed on	DATE By	SIGNATURE OF CONTRO	DLLING OFFICEHOLDER, CANDIDATE, OR STATE ME	EASURE PROPONENT	,
Executed on	DATE By	SIGNATURE OF CONTRO	OLLING OFFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT	

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www.fppc.ca.gov

Statement of Organization Recipient Committee						CALIF	ORNIA 4	10
INSTRUCTIONS ON REVERSE		2				Page 2	and the same of th	
COMMITTEE NAME Mario DiPrisco for Lafayette City Council 2024						I.D. NUMBER		
<ul> <li>All committees must list the financial institution where the cam</li> </ul>	paign bar	nk account is located and t	he person(s) a	uthorized	to obtain ba	nk records.		
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECOR	DS		AREA CODE/PHONE		BANK ACCO	UNT NUMBER		
Wells Fargo								
ADDRESS OF FINANCIAL INSTITUTION		CITY			STATE	ZI	P CODE	
		Lafayette			CA	9	4549	
4. Type of Committee Complete the applicable sections.								
List the name of each controlling officeholder, candidate, or state also list the elective office sought or held, and district number, if     List the political party with which each officeholder or candidate     If this committee acts jointly with another controlled committee,  NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT  Mario DiPrisco	any, and t is affiliate list the na	he year of the election.  d or check "nonpartisan." !  ame and identification nun  ELECTIVE OFFICE SOUGHT OR H INCLUDE DISTRICT NUMBER IF APPI	Stating "No par ober of the oth	ty prefere		ee.	(list political par	
					wonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee  Primarily formed to support or op  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT  IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.		CANDIDATE(S) OF	s in a single ele FICE SOUGHT OR HE ISTRICT NO., CITY O	LD OR MEASU	IRE(S) JURISDICTI	ON	CHECK	
							SUPPORT	OPPOSE
							SUPPORT	OPPOSE

### Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA 410

ь	۵	3

Mario DiPrisco for Lafayette City Council 2024

I.D. NUMBER

4. Type of Committee (Con	tinued)	To day				
General Purpose Committee	Not formed to support or oppose s  CITY Committee		ndidates or measures in a si UNTY Committee	ingle election. Check	-	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY						
Sponsored Committee	t additional sponsors on an attachmen	t.				
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATION C	DF SPONSOR		
STREET ADDRESS NO. AND S	TREET	CITY		STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committee						

#### 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;

Date qualified

- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Candidate Intention Statement		Date Stem	EIV CALIFORNIA 501
Check One: ☑ Initial ☐ Amendment (Explain)		_   JUN	2 7 2024 For Official Use Only  FLAFAYETTE
1. Candidate Information:		Citt	
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
DiPrisco, Mario C		( )	
STREET ADDRESS	CITY	STATE	ZIP CODE
	Lafayette	CA	94549
OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME		DISTRICT NUMBER, if applicable	NON-PARTISAN OFFICE
City Council			PARTY PREFERENCE:
OFFICE JURISDICTION  State (Complete Part 2.)			(Check one box, if applicable.)  PRIMARY / GENERAL
☐ City ☐ County ☐ Multi-County:		2024 (Year of Ele	— — — — — — — — — — — — — — — — — — —
	(Name of Multi-County Jurisdiction)	(Todi of Ele	
(Check one box)  ☐ I accept the voluntary expenditure ceiling for the election of the voluntary expenditure ceiling for the election of the voluntary expenditure ceiling for the Amendment:  ☐ I did not exceed the expenditure ceiling in the proceiling for the general or special run-off election	he election stated above. imary or special election held on	// and	I accept the voluntary expenditure
(Mark if applicable)	****		, "
On,/I contributed personal funds in	excess of the expenditure ceiling	for the election stated	above.
3. Verification:		An Anna Anna Anna Anna Anna Anna Anna A	•
I certify under penalty of perjury under the laws of the S	tate of California that the foregoin	ng is true and correct.	
Executed on 06 25 2024 Signature (month, day, year)	Octa (Candidate)		EDDC Forms FO1 / Account/



#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

**COVER PAGE** 

Filed Date: 07/30/2024 07:05 AM SAN: FPPC

P	lease type or print in ink.		SAN.TIT C
NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
	DiPrisco	Mario	
1	Office, Agency, or Court		
•	Agency Name (Do not use acronyms)		
	City of Lafayette		
	Division, Board, Department, District, if applicable	Your Position	
	Division, Board, Department, District, ii approcasie	City Council M	1ambor
	HP.	· · · · · · · · · · · · · · · · · · ·	riember
	▶ If filing for multiple positions, list below or on an attachr	ment. (Do not use acronyms)	
	Agency:	Position:	
	Agency.	F OSILIOIT.	
2.	Jurisdiction of Office (Check at least one box)		
	State		dge, Pro Tem Judge, or Court Commissioner
		(Statewide Jurisdi	ction)
	Multi-County	County of	
	▼ City of Lafayette	Other	
3.	Type of Statement (Check at least one box)		
•	Annual: The period covered is January 1, 2023, thro	uigh	Data Laft
	December 31, 2023.	Leaving Office:	Date Left//(Check one circle.)
	The period covered is//	of leaving off	overed is January 1, 2023, through the date ice.
	Assuming Office: Date assumed//	-or-	overed is, through
	Candidate: Date of Election11/05/2024 and		saving onice.
_		3.,	
4.	Schedule Summary (required)	Total number of pages including t	his cover page:2
	Schedules attached		
	Schedule A-1 - Investments – schedule attached	Schedule C - Income, L	oans, & Business Positions – schedule attached
	Schedule A-2 - Investments – schedule attached	Schedule D - Income -	,
	Schedule B - Real Property - schedule attached	Schedule E - Income -	Gifts - Travel Payments - schedule attached
-(	or-		
	☐ None - No reportable interests on any sche	edule	
5.	Verification		
	MAILING ADDRESS STREET	CITY	STATE ZIP CODE
	(Business or Agency Address Recommended - Public Document) 3675 Mt Diablo Blvd Ste 210	Lafayette	CA 94549-3793
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	CA 34349-3793
	( 925 ) 299-3210		
	I have used all reasonable diligence in preparing this statem herein and in any attached schedules is true and complete		ne best of my knowledge the information contained
	I certify under penalty of perjury under the laws of the		rue and correct.
	Date Signed07/30/2024 07:05 AM	Signature	Mario DiPrisco
	(month, day, year)	~	inally signed paper statement with your filing official.)

#### **SCHEDULE A-1 Investments**

# Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements



	Do not attach brokerage of	initiation statements.
<u> </u>	NAME OF BUSINESS ENTITY FIDELITY NATIONAL INFO (FIS)	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Financial Service Software	
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	X \$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT  X Stock Other	NATURE OF INVESTMENT Stock Other
	(Describe)	(Describe)
	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
<u> </u>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE	FAID MARKET VALUE
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000	\$2,000 - \$10,000
	S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other	Stock Other (Danetha)
	(Describe)  Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
<b>&gt;</b>	NAME OF BUSINESS ENTITY	Filer's Verification
	GENERAL DESCRIPTION OF THIS BUSINESS	Print Name_Mario DiPrisco
		Office, Agency City of Lafayette
	FAIR MARKET VALUE	
	\$2,000 - \$10,000 \$10,001 - \$100,000	Statement Type 2023/2024 Annual Assuming Leaving
İ	\$100,001 - \$1,000,000 Over \$1,000,000	Annual Candidate
	NATURE OF INVESTMENT	I have used all reasonable diligence in preparing this statement. I have
	Stock Other (Describe)	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	Partnership O Income Received of \$0 - \$499	·
	Income Received of \$500 or More (Report on Schedule C)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	IF APPLICABLE, LIST DATE:	07/30/2024 07:05 AM
		Date Signed(month, day, year)
	ACQUIRED DISPOSED	
	Į.	Filer's Signature Mario DiPrisco
<b>C</b> -	mments:	



Please type or print in ink.

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filling Received

Filed Date: 07/27/2024 05:36 PM SAN: FPPC

IAME OF FILER (LAST	T) (FIRST)	(MIDDLE)
DiPrisco	Mario	
l. Office, Agen	cy, or Court	
Agency Name (I	Do not use acronyms)	
City of Lafay	rette	
Division, Board, I	Department, District, if applicable	Your Position
		City Council Member
► If filing for mu	ltiple positions, list below or on an attachment.	
Agency:		Position:
2. Jurisdiction	of Office (Check at least one box)	
State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of Lafa	ayette	Othor
3. Type of Stat	tement (Check at least one box)	
	e period covered is January 1, 2023, through	Leaving Office: Date Left/
	ecember 31, 2023.	(Check one circle.)
<b>-or-</b> Th	e period covered is/	_, through
	cember 31, 2023.	of leaving office.
Assuming C	Office: Date assumed/	The period covered is/, through the date of leaving office.
➤ Candidate:	Date of Election11/05/2024 and o	office sought, if different than Part 1:
. Schedule St	ummary (required) ► Total	I number of pages including this cover page:
Schedules		
ズ Schedule	A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
=	A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule	B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
	<ul> <li>No reportable interests on any sched</li> </ul>	lule
5. Verification		
MAILING ADDRESS (Business or Agency A	STREET Address Recommended - Public Document)	CITY STATE ZIP CODE
the state of the s	blo Blvd Ste 210	Lafayette CA 94549-3793
DAYTIME TELEPHON		EMAIL ADDRESS
( 925 ) 299		
	easonable diligence in preparing this statement.	I have reviewed this statement and to the best of my knowledge the information contained cknowledge this is a public document.
I certify under p	enalty of perjury under the laws of the State	e of California that the foregoing is true and correct.
Date Signed	07/27/2024 05:36 PM	Signature Mario DiPrisco
	(month, day, year)	(File the originally signed paper statement with your filing official.)

#### **SCHEDULE A-1 Investments**

# Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Mario DiPrisco

	NAME OF BUSINESS ENTITY	•	NAME OF BUSINESS ENTITY
	Dodge & Cox	l	Intesa San Paolo (ISNPY)
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Investment Manager	1	Italian Bank
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 X Over \$1,000,000		\$100,001 - \$1,000,000 X Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other (Describe)		X Stock (Describe)
	Partnership O Income Received of \$0 - \$499		Partnership O Income Received of \$0 - \$499
	Income Received of \$500 or More (Report on Schedule C)	ľ	O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	at so 196 960		A) A)
	ACQUIRED DISPOSED		ACCUMPED PICPOSED
5			ACQUIRED DISPOSED
	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	NOC	Ι.	UBS
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Defense contractor	١.	Global Bank
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	1	\$2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000	1	<b>▼</b> \$100,001 - \$1,000,000
	NATURE OF INVESTMENT	1	NATURE OF INVESTMENT
	X Stock Other		Stock Other
	(Describe)  Partnership (Income Received of \$0 - \$499	1	(Describe)  Partnership (Income Received of \$0 - \$499
	O Income Received of \$500 or More (Report on Schedule C)	1	Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
		l	
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
_	NAME OF BUSINESS ENTITY	-	NAME OF BUSINESS ENTITY
	BZLYF		MLM
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Insurer		Construction Materials
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000   Over \$1,000,000		<b>▼</b> \$100,001 - \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other (Describe)		Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499		Partnership O Income Received of \$0 - \$499
	☐ Income Received of \$500 or More (Report on Schedule C)		☐ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	II AI LEONDEL, EIGT DATE		II ALL EIGABLE, LIGT DATE.
		1	
	ACQUIRED DISPOSED	Į.	ACQUIRED DISPOSED
Co	mments:		

### **SCHEDULE A-1**

#### **Investments**

# Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Mario DiPrisco

	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	AIG	II ING	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Insurer	Global Bank	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
	X \$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	X Stock ☐ Other	Stock Other	
	(Describe)	(Describe)	
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on School)	dule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
<b>—</b>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	FUJIY	THLLY	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Imaging and technology	Defense contractor	
	FAIR MARKET VALUE	FAID MADIZET VALUE	- 3
		FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000	
	\$2,000 - \$10,000 \$10,000 \$10,000 Over \$1,000,000		
	S 100,001 - \$1,000,000	S \$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	X Stock Other (Describe)	X Stock Other (Describe)	-
	Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499	
	OIncome Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Sched	lule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	711 710 10 10 10 10 10 10 10 10 10 10 10 10 1	II /II LIO/ISEE, EIOT B/II/E	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
<b>•</b>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	ITUB	RY	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Brazilian Bank	Canadian Bank	
	FAIR MARKET VALUE	FAIR MARKET VALUE	_
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
	<b>X</b> \$100,001 - \$1,000,000	X \$100,001 - \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	X Stock Other	X Stock Other	
	Partnership O Income Received of \$0 - \$499	(Describe)  Partnership () Income Received of \$0 - \$499	
	O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Sched	ule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
		1 , , , , , , , , , , ,	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
	Joines Biol Gold	I MORGINED BIOLOGED	
_			
CC	omments:		

#### **SCHEDULE A-1 Investments**

# Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION Name

Mario DiPrisco

Do not attach prokeray	e or imancial statements.
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
SONY	AXAHY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Global Entertainment Company	Insurer
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000   Over \$1,000,000	🔀 \$100,001 - \$1,000,000 🔲 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GBOOY	MMC
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Mexican Bank	Professional Services
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000   Over \$1,000,000	× \$100,001 - \$1,000,000 Over \$1,000,000
=	NATURE OF INVESTMENT
NATURE OF INVESTMENT  X Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
BAYRY	LZRFY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Chemical, crop sciences and pharma	Brazilian Rental Car
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	🕱 \$100,001 - \$1,000,000 🔲 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
- F - T - 1	I = I = I = I
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	#U#4

Comments: \_

#### **SCHEDULE A-1 Investments**

# Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Mario DiPrisco

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
ESLOF	NU
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Eye glass frames, lenses and retail	Brazilian bank
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \ \ \$10,001 - \$100,000
※ \$100,001 - \$1,000,000 ☐ Over \$1,000,000	▼ \$100,001 - \$1,000,000 ☐ Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT    X   Stock	NATURE OF INVESTMENT  Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
II AFT BIOADEL, BIOT DATE.	IF AFFEIGABLE, LIST DATE.
ACCUMPED DISPOSED	ACCUMPED PROPERTY
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SENERAL DESCRIPTION OF THIS BUSINESS	52.12.11.12 52.50.11.11.10 53.51.12.55
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
*	
FAIR MARKET VALUE \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
☐ Stock ☐ Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Olncome Received of \$0 - \$499 Olncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	120 (00)
ACQUIRED DISPOSED	ACQUIRED DISPOSED
, logolited biol odeb	I AGGOINED DIGFOSED
Comments:	

### SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Mario DiPrisco

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Dodge & Cox	5
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
555 California St., 40th Floor	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment Management	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Vice President	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(0	
(Describe)  Dividends, Return of capital	(Describe)
X Other (Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	PERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
<b>\$500 - \$1,000</b>	Ch.
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other(Describe)
Comments:	