

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA FORM 460

Date Stamp

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For Official Use Only

Statement covers period
from 01/01/2022

through 06/30/2022

Date of election if applicable:
(Month, Day, Year)

NOV 8, 2022

RECEIVED

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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored

(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:

CITY OF SAN FERNANDO
CITY CLERK

- ☐ Preelection 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

1443082

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Mendoza for City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Fernando CA 91340

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Cyndi Lopez

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

San Fernando CA 91340

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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 07-29-22

Date

Executed on 7/29/2022

Date

Executed on

Date

Executed on

Date

By Cyndi Lopez

Signature of Treasurer or Assistant Treasurer

By Maur Mendoza

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mary Mendoza

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Councilmember

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
San Fernand CA 91340

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? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 01/01/2022
through 06/30/2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mendoza for City Council 2022

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Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 7,000	\$ 7,000
2. Loans Received..... Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 7,000	\$ 7,000
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 7,000	\$ 7,000

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..... Schedule E, Line 4	\$ 139.95	\$ 139.95
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 139.95	\$ 139.95
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 139.95	\$ 139.95

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 0
13. Cash Receipts..... Column A, Line 3 above	7,000
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	139.95
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6,860.05

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0

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).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 01/01/2022
through 06/30/2022

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/25/2022	LAURA ROMO	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR @ UCSB	\$500	\$500	
03/10/22	LABORERS' LOCAL 300 SMALL CONTRIBUTOR COMMITTEE ID#950674 2005 W. PICO BLVDD LOS ANGELES, CA 90006	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500	\$500	
03/02/22	ATHENS SERVICES 14048 VALLEY BLVD CITY OF INDUSTRY, CA 91746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500	\$500	
05/04/22	SOUTHERN CALIFORNIA DISTRICT COUNCIL OF LABORERS PAC ID# 1358150 555 EAST OCEAN BLVD SUITE 420 LONG BEACH CA 90802	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500	\$500	
06/16/22	Adan Ortega	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant @ OSG	\$500	\$500	
SUBTOTAL \$ 2,500						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 7,000
- Amount received this period – unitemized monetary contributions of less than \$100\$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 7,000

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

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NAME OF FILER

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/21/22	Alex Chaves	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner/CEO @ Upward Housing / PCAM LLC	\$500	\$500	
06/21/22	Joe Valdes	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive @ PCAM LLC	\$500	\$500	
06/21/22	Eric Chaves	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President @ PCAM LLC	\$500	\$500	
02/08/22	Mary Mendoza	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Current Mayor of the City of San Fernando	\$3,000	\$3,000	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$ 4,500						

***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

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Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>0/01/2022</u> through <u>06/30/2022</u>	CALIFORNIA FORM 460
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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

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	
2. Unitemized payments made this period of under \$100	\$	139.95
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 \$	139.95