

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 9

For Official Use Only

Statement covers period  
from 10/23/2022  
through 12/31/2022

Date of election if applicable:  
(Month, Day, Year)  
11/08/2022

RECEIVED

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CITY OF SAN FERNANDO  
CITY CLERK

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:

- ☐ 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

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 12/30/22

Date

Executed on 12/30/22

Date

Executed on

Date

Executed on

Date

By Cyndi Lopez

Signature of Treasurer or Assistant Treasurer

By Mary 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))

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

www.fppc.ca.gov

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

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?

☐ YES ☐ 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?

☐ YES ☐ 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

☐ SUPPORT  
☐ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 10/23/2022  
through 12/31/2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mendoza for City Council 2022

I.D. NUMBER

1443082

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ 3,100   | \$ 14,350.00                               |
| 2. Loans Received..... Schedule B, Line 3            | 0  | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ 3,100   | \$ 14,350.00                               |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0.00   | 120.00                                     |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 3,100   | \$ 14,470.00                               |

## 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                   | \$ 6,930.26 | \$ 14,350.00 |
| 7. Loans Made..... Schedule H, Line 3                      | 0.00        | 0.00         |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ 6,930.26 | \$ 14,350.00 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0.00        | 0.00         |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | 0.00        | 120.00       |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ 6,930.26 | \$ 14,470.00 |

## Expenditure Limit Summary for State Candidates

|  |               |
|--|---------------|
| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
| Date of Election<br>(mm/dd/yy)   | Total to Date |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |

## Current Cash Statement

|  |             |
|--|-------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ 3,830.26 |
| 13. Cash Receipts..... Column A, Line 3 above                              | 3,100.00    |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | 0.00        |
| 15. Cash Payments..... Column A, Line 8 above                              | 6,930.26    |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 0.00     |

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

|  |      |
|--|------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0 |
|--|------|

## 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 10/23/2022  
through 12/31/2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mendoza for City Council 2022

I.D. NUMBER

1443082

| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF<br>CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                     | CONTRIBUTOR<br>CODE *   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|------------------|--|---|---|-----------------------------------|---|--|
| 10/24/2022       | Peace Officers Research Association of CA PAC<br>Committee ID# 810830<br>2940 Advantage Way, Sacramento, CA 95834      | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500                               | 500   |  |
| 11/02/2022       | Southern California District Council of Laborers<br>ID # 1358150<br>555 East Ocean Blvd Suite 420 Long Beach, CA 90802 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500                               | 500   |  |
| 11/03/2022       | Luz Rivas for Assembly 2022<br>ID# 1434959<br>c/o 728 West Edna Place Covina, CA 91722                                 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500                               | 500   |  |
| 12/09/2022       | Heli Vision Consultants<br>3900 W Alameda Ave Ste 1200<br>Burbank, CA 91505-4317                                       | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 350                               | 350   |  |
| 10/25/2022       | Gerardo Jerry Ascencio   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Broker @ San Fernando<br>Realty   | 150                               | 150   |  |

SUBTOTAL \$ 2,000

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) ..... \$ 3,100

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

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... TOTAL \$ 3,100

\*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.)

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>10/23/2022</u><br>through <u>12/31/2022</u> | CALIFORNIA<br>FORM <b>460</b> |
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|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Mendoza for City Council 2022</b> | I.D. NUMBER<br><b>1443082</b> |
|---|-------------------------------|

| DATE<br>RECEIVED         | FULL NAME, STREET ADDRESS AND ZIP CODE OF<br>CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME)<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|--------------------------|--|---|--|-----------------------------------|---|--|
| 11/05/2022               | Cindy Montanez   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO of Tree People   | 500                               | 500   |  |
| 11/23/2022               | Mary Mendoza   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | City of San Fernando Mayor   | 600                               | 600   |  |
|                          |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                   |   |  |
|                          |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                   |   |  |
|                          |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                   |   |  |
| SUBTOTAL \$ <u>1,100</u> |  |   |  |                                   |   |  |

\*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 E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |  |                               |
|--|--|-------------------------------|
| Statement covers period<br>from <u>10/23/2022</u><br>through <u>12/31/2022</u> |  | CALIFORNIA<br>FORM <b>460</b> |
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| NAME OF FILER<br><br>Mendoza for City Council 2022                             |  | I.D. NUMBER<br><br>1443082    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mendoza for City Council 2022

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

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)              | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Professional Printing Center<br>1203 San Fernando Road<br>San Fernando ,CA 91340 | LIT     |                        | 1125.41     |
| Professional Printing Center<br>1203 San Fernando Road<br>San Fernando ,CA 91340 | LIT     |                        | 710.65      |
| Professional Printing Center<br>1203 San Fernando Road<br>San Fernando ,CA 91340 | LIT     |                        | 200.00      |

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

**SUBTOTAL \$ 2,036.06**

## Schedule E Summary

|  |                          |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 6,825.77              |
| 2. Unitemized payments made this period of under \$100   | \$ 104.49                |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ 8                     |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 6,930.26</b> |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>10/23/2022</u><br>through <u>12/31/2022</u> | <b>CALIFORNIA FORM 460</b>    |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mendoza for City Council 2022

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

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)              | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Professional Printing Center<br>1203 San Fernando Road<br>San Fernando, CA 91340 | LIT     |                        | 432.36      |
| Professional Printing Center<br>1203 San Fernando Road<br>San Fernando, CA 91340 | LIT     |                        | 2059.73     |
| Professional Printing Center<br>1203 San Fernando Road<br>San Fernando, CA 91340 | LIT     |                        | 874.54      |
| Professional Printing Center<br>1203 San Fernando Road<br>San Fernando, CA 91340 | LIT     |                        | 260.67      |
| Mary Mendoza   |         | Loan Repayment         | 162.41      |

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

**SUBTOTAL \$ 3789.71**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |  |   |
|--|--|---|
| Statement covers period<br>from <u>10/23/22</u><br>through <u>12/31/22</u> |  | <b>CALIFORNIA</b><br><b>FORM</b> <b>460</b> |
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| NAME OF FILER<br><br>Mendoza for City Council 2022                         |  | I.D. NUMBER<br><br>1443082                  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mendoza for City Council 2022

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

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT              | AMOUNT PAID |
|---|------|----|-------------------------------------|-------------|
| California Bank and Trust   | RFD  |    | Bank Returned - Check was not valid | 1,000       |
|   |      |    |                                     |             |
|   |      |    |                                     |             |
|   |      |    |                                     |             |
|   |      |    |                                     |             |
|   |      |    |                                     |             |

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

**SUBTOTAL \$ 1,000**