## Recipient Committee Campaign Statement Cover Page

Executed on \_\_\_\_\_



Date Stamp

CALIFORNIA 460

FORM

	Statement covers period from 03/27/2022	Date of election if applicable: 22 JUL 32	AM 8:55	Page 1 of 7  For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>06/30/2022</u>			
State Candidate Election Committee Recall (Also Complete Part 5)	rimarily Formed Ballot Measure Committee Controlled Sponsored Liso Complete Part 6)	2. Type of Statement:  ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	Quart	terly Statement ial Odd-Year Report
Sponsored	rimarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)			-
3 Committee automission	NUMBER 443766	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Mercado for Moval City Council District 1 - 2022		NAME OF TREASURER  Gerardo Mercado  MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DDE AREA CODE/PHONE
		Moreno Valley	CA 9255	33
Moreno Valley CA 92553  Mailing address (if different) No. and street or P.O. BOX	3	NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS		N.
CITY STATE ZIP CO	DE AREA CODE/PHONE	СІТУ	STATE ZIP CC	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	-	OPTIONAL: FAX / E-MAIL ADDRESS		STATE STREET, STATE OF STATE OF STATE OF STREET, STATE OF STA
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of   Executed on	California that the foregoing is true and call By			
Date	Sig	nature of Controlling Officeholder, Candidate, State Measure F	roponent	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

	PAGE - PART 2
CALIFORNI	A AGO
FORM	400
Page 2	of 7

i. Officeholder or Candidate Controlled Committe	ee	6. Primarily Formed Ballot	Measure Committee	•			
NAME OF OFFICEHOLDER OR CANDIDATE  Gerardo Mercado		NAME OF BALLOT MEASURE N/A					
Moreno Valley City Council, District 1		N/A		OPPOSE			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY  Moreno		Identify the controlling officeh	older, candidate, or state	measure proponent, if any.			
		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONENT				
Related Committees Not Included in this State not included in this statement that are controlled by you or an contributions or make expenditures on behalf of your candid.	e primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY			
COMMITTEE NAME	.D. NUMBER						
	CONTROLLED COMMITTEE?	7. Primarily Formed Candi officeholder(s) or candidate(s) f	idate/Officeholder Co for which this committee is	ommittee List names of primarily formed.			
N/A	YES NO	NAME OF OFFICEHOLDER OR C	ANDIDATE TOFFICE CO	UGHT OR HELD			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)	N/A	ANDIDATE OFFICE SO	SUPPORT OPPOSE			
CITY STATE ZIP COL	DE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD			
N/A		N/A		SUPPORT OPPOSE			
	.D. NUMBER	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD			
N/A		N/A		SUPPORT OPPOSE			
	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD SUPPORT			
N/A	YES NO	N/A		OPPOSE			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	(X)			Land 2 . I Wall			
N/A							
CITY STATE ZIP COI	DE AREA CODE/PHONE	Attac	ch continuation sheets if i	necessary			
N/A							

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD

(FROM ATTACHED SCHEDULES)

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

**Contributions Received** 

NAME OF FILER

Mercado for Moval City Council District 1 - 2022

1443766 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 **Expenditure Limit Summary for State Candidates** 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date

1.	Monetary Contributions Schedule A, Line 3	\$ 100.00	\$
2.	Loans Received Schedule B, Line 3	0.00	
3.	SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 100.00	_ \$
4.	Nonmonetary Contributions Schedule C, Line 3	239.67	_
5.	TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$ 339.67	\$
E	cpenditures Made		
6.		\$ 69.58	_ \$
7.	Loans Made	0.00	
8.	SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 69.58	\$
9.	Accrued Expenses (Unpaid Bills)	0.00	_
10	Nonmonetary AdjustmentSchedule C, Line 3	239.67	_
	TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 309.25	\$
c	urrent Cash Statement		$\top$
12	. Beginning Cash Balance Previous Summary Page, Line 16	\$ 75.44	<sub>То</sub>
13	. Cash Receipts Column A, Line 3 above	100.00	_ a
14	. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	_   A
15	. Cash Payments Column A, Line 8 above	69.58	0
16	ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$ 105.86	a b
	If this is a termination statement, Line 16 must be zero.		p p
17	. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	tł fi
$\overline{c}$	ash Equivalents and Outstanding Debts		fr a
18	. Cash Equivalents See instructions on reverse	\$ 0.00	_ l
19	. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 2,000.00	

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).

Column B

CALENDAR YEAR

TOTAL TO DATE

1,025.00

2,000.00

3,025.00

302.23

3,327.23

2919.14

2,919.14

0.00

0.00

302.23

3,221.37

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

(mm/dd/yy)

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www.fppc.ca.gov

#### Schedule A Amounts may be rounded SCHEDULE A to whole dollars. **Monetary Contributions Received** Statement covers period **CALIFORNIA** from 03/27/2022 **FORM** through <u>06/30/2022</u> Page 4 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Mercado for Moval City Council District 1 - 2022 1443766 CUMULATIVE TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF AMOUNT PER ELECTION IF AN INDIVIDUAL, ENTER DATE CONTRIBUTOR OCCUPATION AND EMPLOYER CONTRIBUTOR RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED CODE \* (IF SELF-EMPLOYED, ENTER NAME (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) **IND** 04/06/2022 Dwayne G. Lewis Instructor, Embry-Riddle 100.00 100.00 □ COM Aeronautical University □ OTH Moreno Valley, CA 92553 PTY SCC

	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
	□ IND □ COM □ OTH □ PTY □ SCC					
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		SUBTOTAL S	100.00			
Schedule A Summary  1. Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.)		\$ <u>100</u>	0.00	(othe	dual pient Committee er than PTY or SCC)	
2. Amount received this period – unitemized monetary contribution	is of less than	n \$100\$	0	PTY - Politic	r (e.g., business entity)	

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ 100.00

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SCC - Small Contributor Committee

\*\* If required.

Loans Received		to whole dollars	5.		from <u>03/27/2022</u>		CALIFORN FORM	HA 460
SEE INSTRUCTIONS ON REVERSE					through <u>06/30/20</u>	022	Page <u>5</u>	of
NAME OF FILER							1.D. NUMBER	
Mercado for Moval City Council District 1 - 2	022						1443766	
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 FORGIVEI THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD		CUMULATIVE CONTRIBUTIONS TO DATE
Gerardo Mercado Moreno Valley, CA 92553	Director, TAIT & Associates, Inc.			PAID  \$ 0.00  FORGIVEN	\$ 2,000.00	0.00 %	\$ <u>2,000.00</u>	\$ 2,000.00  PER ELECTION**
TWO COM □ OTH □ PTY □ SCC		\$	\$	s 0.00	12/31/22 DATE DUE	\$_0.00	01/26/22 DATE INCURRED	\$
•		\$	\$	\$ PAID  \$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	PAID  \$ FORGIVEN	\$DATE DUE	% RATE	\$  DATE INCURRED	CALENDAR YEAR  \$  PER ELECTION**
		SUBTOTALS S	0.00	\$ 0.00	\$ 2,000.00	\$ 0.00		
Schedule B Summary  1. Loans received this period				\$	00	(Enter (e) on Sch	nedule E, Line 3)	
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha 3. Net change this period. (Subtract Lin Enter the net here and on the Summa	00 paid or forgiven.) It are also itemized on Schee	edule A.)		NET \$ = 0.0	00		†Contributor Codes IND – Individual COM – Recipient C (other than OTH – Other (e.g., PTY – Political Par SCC – Small Contr	Committee PTY or SCC) business entity)
*Amounts forgiven or paid by another party also m	nust be reported on Schedule A.	)		(	May be a negative number)			

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#### Schedule C Amounts may be rounded to whole dollars. SCHEDULE C **Nonmonetary Contributions Received** Statement covers period CALIFORNIA from 03/27/2022 **FORM** through \_\_\_\_\_06/30/2022 Page 6 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Mercado for Moval City Council District 1 - 2022 1443766 IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND CUMULATIVE TO DATE AMOUNT/ PER ELECTION CONTRIBUTOR OCCUPATION AND EMPLOYER DESCRIPTION OF ZIP CODE OF CONTRIBUTOR DATE RECEIVED FAIR MARKET CODE, TO DATE GOODS OR SERVICES (IF SELF-EMPLOYED, ENTER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CALENDAR YEAR VALUE (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) Democratic Club of Moreno Valley 4/11/22 Phone Texts \$239.67 \$239.67 FPPC 1286102 ✓ COM □ OTH 24460 Electra Ct. PTY Moreno Valley, CA 92551 SCC □ IND □ сом OTH PTY Scc COM OTH □ PTY SCC

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 239.67** 

### Schedule C Summary

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

COM OTH □ PTY □scc

\*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

3. Total nonmonetary contributions received this period. 

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## Schedule E Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE F
Statement covers period	CALIFORNIA 460
from 03/27/2022	FORM 400
through <u>06/30/2022</u>	Page of
	I.D. NUMBER
	1443766

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mercado for Moval City Council District 1 - 2022

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

	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances		returned contributions
CTB	contribution (explain nonmonetary)*		office expenses		campaign workers' salaries
CVC	civic donations		petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees		,		candidate travel, lodging, and meals
FND	fundraising events		•	TRS	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
	legal defense				voter registration
LIT	campaign literature and mailings		print ads		
		FIXI	Print ada	AAED	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
Bank of America 204 E 6th St, Corona, 92879		Account Fees	\$54.58
IONOS Inc. 2 Logan Square, 100 N 18th St., Suite 400 Philadelphia, PA 19103	WEB		\$15.00

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

**SUBTOTAL \$** 69.58

## Schedule E Summary

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.)	TOTAL \$ 69.58

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