

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp
CITY OF MORENO VALLEY
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CALIFORNIA FORM 460

Page 1 of 5

For Official Use Only

Statement covers period
from 2/29/22
through 3/28/22

Date of election if applicable:
(Month, Day, Year)
April 12, 22

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 <i>(Also Complete Part 5)</i>	Primarily Formed Ballot Measure Committee Controlled Sponsored <i>(Also Complete Part 5)</i>
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee <i>(Also Complete Part 7)</i>

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
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3. Committee Information

I.D. NUMBER
1444629

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Ramos for City Council 2022

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 94127 [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

Treasurer(s)

NAME OF TREASURER
Rene Ramos

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 94127 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

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 <u>3/31/22</u> Date	By <u>[REDACTED]</u> Treasurer
Executed on <u>3/31/22</u> Date	By <u>[REDACTED]</u> Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Officer, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officer, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Rene Ramos

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

District 1 City Council Moreno Valley

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

██████████ Moreno Valley CA 92553

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
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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
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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
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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	SUPPORT OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>2/29/22</u> through <u>3/28/22</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER 1444629

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rene Ramos

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ 1,300.00	\$ 18,720.00
2. Loans Received <i>Schedule B, Line 3</i>	0	0
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ 1,300.00	\$ 18,720.00
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	0	0
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ 1,300.00	\$ 18,720.00

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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ 8,892.00	\$ 16,192.00
7. Loans Made <i>Schedule H, Line 3</i>	0	0
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ 8,892.00	\$ 16,192.00
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	781	2,661
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	0	0
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ 8,892.00	\$ 16,192.00

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 <i>Previous Summary Page, Line 16</i>	\$ 10,120.00
13. Cash Receipts <i>Column A, Line 3 above</i>	1,300.00
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	0
15. Cash Payments <i>Column A, Line 8 above</i>	8,892.00
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 2,528.00

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

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

18. Cash Equivalents <i>See instructions on reverse</i>	\$ 0
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ 1880

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 <u>2/29/22</u> through <u>3/28/22</u>	CALIFORNIA FORM 460
Page _____ of _____	
I.D. NUMBER 1444629	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ramos for City Council 2022

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)
2/29/22	Steven M. Nunez [REDACTED]	IND COM OTH PTY SCC	Attorney SMN Law Group	100	100	
3/2/22	George Bell [REDACTED]	IND COM OTH PTY SCC	Retired City College of San Francisco	250	350	
3/2/22	Luis Paredes [REDACTED]	IND COM OTH PTY SCC	Marketing Manager Walmart	150	150	
3/2/22	Iiona Paredes [REDACTED]	IND COM OTH PTY SCC	Project Manager UCSF	150	150	
3/2/22	Alla Bell [REDACTED]	IND COM OTH PTY SCC	Retired UCSF	300	300	

SUBTOTAL \$ 950

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1300
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 99
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 1,399

*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 from <u>2/29/22</u> through <u>3/28/22</u>	CALIFORNIA FORM 460
	Page _____ of _____
NAME OF FILER Ramos for City Council 2022	
I.D. NUMBER 1444629	

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)
3/6/22	Sylvia Restrepo [REDACTED]	IND COM OTH PTY SCC	Retired Claims Adjuster	250		
2/29/22	Lionel Recio [REDACTED]	IND COM OTH PTY SCC	Project Manager Construction Management West	250		
		IND COM OTH PTY SCC				
		IND COM OTH PTY SCC				
		IND COM OTH PTY SCC				
SUBTOTAL \$ 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