Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		CH .	Date Stamp:		ALIFORNIA 460
	Statement covers period	Date of election if applicable:		P	age 1 of 5
	from01/01/2021	(MOIDI, Day, 1667)	,		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2021	11/03/2020			e proposition de la constitución
1. Type of Recipient Committee: All Committees - Co	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 Weo Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Tel Amendment (Explain be	mination)	Special C	Statement htd-Year Report ental Preelection t - Attach Form 495
3. Committee information	D. NUMBER 1430204	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	113,0001	NAME OF TREASURER			
Christian Mendez for City Council 2020		Michelle Moore Sanders	3		
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Inglewood	CA	90301	
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY	×*	
Inglewood CA 9030		Cine D. Ivery			***************************************
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	lox	MAILING ADDRESS			
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OTT STATE OF	AREA GODEF HORE	Inglewood	CA.	90301	AREA CODEFFICIE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS		
4. Verification					
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	g this statement and to the vest of my kind a that the foregoing is true and correct.	viedge the information contained her	ein and in the attache	d schedules i	s true and complete. I certify
Executed on	Ву	September of Language or Josephan I	rgelluner		
Executed on	By Spanned Co	Surfag Chiceholder, Carrelline, State Mipasure Prog	or Responsible Officer	of Sponsor	MP-
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	sta Measure Proponent		•••
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St.	de Measure Proponent	·····	_ FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

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market and a second				***************************************
Page		of_	5	- 1

) <u>.</u>	Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	t Measure Commit	tee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	Christian Mendez							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	Ī	SUPPORT	
	City Council Member				or company		OPPOSE	
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI			Identify the controlling officeholder, candidate, or state measure proponent, if a				
	Ing	glewood CA 9030	21	NAME OF OFFICEHOLDER, CAN				
	Related Committees Not included in this Sta	tamant.	_					
	not included in this statement that are controlled by you o contributions or make expenditures on behalf of your can	r are primarily formed to recei		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY	
	COMMITTEE NAME	I.D. NUMBER						
		Carlo						
	NAME OF TREASURER	CONTROLLED COMMITTEE?	– 7 .	Primarily Formed Cand	fidate/Officeholder	Committee L	ist names of	
		YES NO		officeholder(s) or candidate(s)) for which this committe	e is primarily fon	ned.	
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO)X)	-	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICES	OUGHT OR HELD	SUPPORT OPPOSE	
	CITY STATE ZIP C	ODE AREA CODE/PHOI	VE.	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE	
	COMMITTEE NAME	I.D. NUMBER	medianappe			······································	D 01.00E	
		S. A. B. BERTHER STATE OF THE S		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICES	OUGHT OR HELD	SUPPORT OPPOSE	
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT	
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)	**********			······································	☐ OPPOSE	
	CITY STATE ZIP C	ODE AREA CODE/PHO	NE	Attac	th continuation sheets	if necessary		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM 01/01/2021 from . 06/30/2021 Page __3 __ of __5 I.D. NUMBER

through _ SEE INSTRUCTIONS ON REVERSE NAME OF FILER Christian Mendez for City Council 2020 1430204

1. Monetary Contributions Schedule A, Line 3 \$ 0.00 \$ 0.00 2. Loans Received Schedule B, Line 3 0.00 \$ 0.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 \$ 0.00 \$ 0.00 4. Nonmonetary Contributions Schedule C, Line 3 0.00 \$ 0.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ 0.00 \$ 0.00 6. Payments Made Schedule E, Line 4 \$ 60.50 \$ 60.50 7. Loans Made Schedule H, Line 3 0.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ 60.50 \$ 60.50 \$ 60.50 \$ (gr subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0.00 0.00 1/1 through 6/30 7/1 to Date of Election Total to Date of Election (mm/dd/yy)	contributions Received		Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTALTODATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
2. Loans Received Schedule (Line 3 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	Monetary Contributions Schedule A, Line 3	\$	0.00	\$	0.00	_
3. SUBTOTAL CASH CONTRIBUTIONS Schedule C, Line 3	Loans Received Schedule B, Line 3)	0.00		0.00	1/1 through 6/30 7/1 to Date
4. Nonmonetary Contributions Schedule C, Line 3 0.00 \$ 0.0	. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	: \$	0.00	\$	0.00	20. Contributions
5. TOTAL CONTRIBUTIONS RECEIVED	Nonmonetary Contributions Schedule C, Line 3	1	0.00		0.00	21 Evnanditurae
6. Payments Made Schedule F, Line 4 \$ 60.50 \$ 60.50 \$ Candidates 7. Loans Made Schedule H, Line 3 \$ 0.00 \$ 0.00 \$ Candidates 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 60.50 \$ 60.50 \$ 60.50 \$ Candidates 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 \$ 625.00 \$ 625.00 \$ Candidates 10. Nonmonetary Adjustment Schedule C, Line 3 \$ 0.00 \$ 0.00 \$ Candidates 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 685.50 \$ 685.50 \$ Candidates 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 351.52 \$ Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 \$ 0.00 \$ Column A to the corresponding amounts in Column B and amounts in Column B of your last report. Some amounts in Column B of your last report. Some amounts in Column B.	. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	1	0.00	\$	0.00	
6. Payments Made Schedule E, Line 4 \$ 60.50 \$ 60.50 \$ 7. Loans Made Schedule H, Line 3 \$ 0.00 \$ 0.00 \$ 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ 60.50 \$ 60.50 \$ 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 \$ 625.00 \$ 625.00 \$ 10. Nonmonetary Adjustment Schedule C, Line 3 \$ 0.00 \$ 0.00 \$ 11. TOTAL EXPENDITURES MADE Add Lines 8+9+10 \$ 685.50 \$ 685.50 \$ Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 351.52 \$ 0.00 \$ 14. Miscellaneous Increases to Cash Schedule I, Line 4 \$ 0.00 \$ 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15 \$ 291.02 \$ If this is a termination statement, Line 16 must be zero. Cash Equivalents and Outstanding Debts 18. Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$ 0.00 \$ Candidates Candidates 22. Cumulative Expenditures Made* (If Subject to Vebruinery Expenditures Made* (If Subj	xpenditures Made			=		Expenditure Limit Summary for State
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ 60.50 \$ 60.50 \$ 60.50 \$. Payments Made Schedule E, Line 4	: \$	60.50	\$	60.50	
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ 60.50 \$ 60.50 (# Subject to Voluminy Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 625.00 625.00 0.00 10. Nonmonetary Adjustment Schedule G, Line 3 0.00 0.00 11. TOTAL EXPENDITURES MADE Add Lines 8+9+10 \$ 685.50 \$ 685.50 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 351.52 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 15. Cash Payments Column A, Line 3 above 60.50 16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15 \$ 291.02 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00 Cash Equivalents and Outstanding Debts 18. Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$ 0.00	Loans Made Schedule H, Line 3	•	0.00		0.00	00 0000010400 50000 416000 88040
10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	, \$	60,50	\$	60.50	
11. TOTAL EXPENDITURES MADE	. Accrued Expenses (Unpaid Bills)Schedule F, Line S	ì	625.00		625.00	Date of Election Total to Date
Current Cash Statement 12. Beginning Cash Balance	0. Nonmonetary Adjustment	3	0.00		0.00	(mm/dd/yy)
12. Beginning Cash Balance	1. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	•	685.50	\$	685.50	\$
13. Cash Receipts	Current Cash Statement	·				\$
13. Cash Receipts	2. Beginning Cash Balance Previous Summary Page, Line 16	3 \$	351.52	Т	o calculate Column B. add	NA CARLOS AND
14. Miscellaneous Increases to Cash	3. Cash Receipts Column A, Line 3 above	•	0,00	a	mounts in Column A to the	Marie Constant
15. Cash Payments	4. Miscellaneous Increases to Cash Schedule I, Line 4	ŧ	0.00	fr	om Column B of your last	
16. ENDING CASH BALANCE	5. Cash Payments Column A, Line 8 above	•	60.50			
If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED	6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	5 \$	291.02	fi	gures that should be	No. of Contract of
17. LOAN GUARANTEES RECEIVED	If this is a termination statement, Line 16 must be zero.			P	eriod amounts. If this is	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	7. LOAN GUARANTEES RECEIVED Schedule B, Pert 2	2 5	0.00	fc	or this calendar year, only	
18. Cash Equivalents	Cash Equivalents and Outstanding Debts			fr	om Lines 2, 7, and 9 (if	
19. Outstanding Debts	8. Cash Equivalents See instructions on reverse	9 5	0.00		****	REPRESENTATION OF THE PROPERTY
	9. Outstanding Debts Add Line 2 + Line 9 in Column B above	.	625.00			TEXASON PROPERTY OF THE PROPER

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

Calcadada E								SCHEDULE E
Schedule E Payments Made	Amounts may be rounded to whole dollars.			Si	Statement covers period			RNIA 460
r aymento made				fron	from01/01/2021			M 400
ACT INCTED INTO NO ON DESIGNATION				L.Community A.L.Community A.L.		06/30/2021	_	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ugh _	00/30/2021	Page4	
Christian Mendez for City Council 2020							I.D. NOM	DER
							143020	4
CODES: If one of the following codes accurately describes				therwise, d	lescrit	oe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants		mmunications nd appearan		RAD		airtime and productio	n costs	
CTB contribution (explain nonmonetary)*	OFC office expe		ccs	SAL	RFD returned contributions SAL campaign workers' salaries			
CVC civic donations	PET petition circ			TEL	t.v. or	cable airtime and pro	oduction costs	
FIL candidate filing/ballot fees FND fundraising events	PHO phone band POL polling and	ks I survey rese		TRC		date travel, lodging, a		
ND independent expenditure supporting/opposing others (explain)*			arch nessenger services	TRS TSF	transf	spouse travel, lodging ier between committe	i, and meals es of the san	e randidate/snonsor
LEG legal defense	PRO professiona	al services (l	egal, accounting)	VOT		registration		io odilaldata porisor
LIT campaign literature and mailings	PRT print ads			WEB	inforn	nation technology cos	ts (internet, e	-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTIO	N OF PA	YMENT		AMOUNT PAID
			I					
		YOU THE					ilos cadores de	
			es o y de la calación				g not a constant of the consta	

		disconnection and					45.200	
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			Will share the state of the sta				no) no estados	
		A normal property of the control of	MARKET TO THE PARTY OF THE PART				Appropriate de so	
* Payments that are contributions or independent expenditures m	ust also be sum	marized on	Schedule D.			S	UBTOTAL\$	0.0
Schedule E Summary		<u></u>						
1. Itemized payments made this period. (Include all Schedule E	E subtotals.)		**************	**********		***************************************	\$	0.00
2. Unitemized payments made this period of under \$100								
3. Total interest paid this period on loans. (Enter amount from S								
4. Total payments made this period. (Add Lines 1, 2, and 3. En								

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

					SCHEDULE F
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	led		ORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through 06/30/2	021 Page	5 of 5
NAME OF FILER		Marie III. I am a series of the series of th		I.D. NUM	BER
Christian Mendez for City Council 2020				143020	14
CODES: If one of the following codes accurately described comparing paraphematia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	es the payment, you may MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services of	ns nces earch messanger services	RAD radio alriime and returned contrib SAL campaign work. TEL t.v. or cable airli TRC candidate travel TRS staff/spouse trav TSF transfer betwee VOT voter registratio	e payment. d production costs uris's salaries me and production costs , lodging, and meals rel, lodging, and meals n committees of the sam	ne candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Political Reporting Plus Inglewood, CA 90301	PRO Political Accounting NOV 2020	0.00	250.00	0.00	250,00
Political Reporting Plus Inglewood, CA 90301	PRO Political Accounting DEC 2020	00,00	250.00	0.00	250.00
Political Reporting Plus Inglewood, CA 90301	PRO Political Accounting - Year End Report	0.00	125.00	0.00	125.00
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00\$	625.00\$	0.00\$	625.00
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized	Schedule F, Column (b) su accrued expenses under	btotals for \$100.)	INCU	RRED TOTALS \$	625.00
Total accrued expenses paid this period. (include all Sch accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subto payments on accrued exp	tals for payments on enses under \$100.).	**********************	PAID TOTALS \$ _	0.00
Net change this period. (Subtract Line 2 from Line 1. Er on the Summary Page, Column A, Line 9.)	ter the difference here and	_			