Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		CITY OF BELL GARDI CITY CLERK'S OF PR	hi Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees – Co	Statement covers period from01/01/2022 through09/24/2022	Date of election if applicable. 9 PM 5 (Month, Day, Year) 7100 GA [FIELD A] 11/08/20 SELL GARD X3, CA 9	VE.	Page 1 of 8 For Official Use Only
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor 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)	Spec	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) CHRISTIAN MENDEZ FOR CITY COUNCIL 2022 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO Inglewood CA 9030		Treasurer(s) NAME OF TREASURER Michelle Moore Sanders MAILING ADDRESS CITY Inglewood NAME OF ASSISTANT TREASURER, IF ANY Cine D. Ivery	STATE ZIP C	WEN CODEN NOILE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B CITY STATE ZIP CO CPTIONAL: FAX / F.MAII ADDRESS 4. Verification	ODE AREA CODE/PHONE	MAILING ADDRESS CITY Inglewood OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP C	001 THE TOTAL TOTA
i have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	By Signature of Contin	wiedge the information contained herein and in) the oling Organization of Controlling Officeholder, State Measure Proposer of Controlling Officeholder, Candidate, State Measure Proposerure	vible Officer of Sponsor	les is true and complete. I certify
	•	To who were property of the second of the se	ment	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2				
CALIFORNIA FORM	460			
Page 2	of8			

	ed Committee			6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Christian Mendez									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	AND DISTRICT NUMBE	R IF APPLICAB	LE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council Member City									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	REET) CITY	STATE	ZIP						
	Inglewood	L CA	90301		identify the controlling off	iceholder, ca	ndidate, or sta	ate measure i	proponent, if an
CONTRACTOR OF THE PARTY			30302		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PE	ROPONENT		
Related Committees Not Included in	n this Statement	l' Liet anu co	en millen o o						
not included in this statement that are controll	lled by you or are pri				OFFICE SOUGHT OR HELD			DISTRICT NO. I	IF ANY
contributions or make expenditures on behalf	of your candidacy.								
COMMITTEE NAME	I.D. NUI	WBER							
				7	Drimarily Formad Con	didata/Offic	nahaldan Ca		
NAME OF TREASURER	CONTR	OLLED COMMIT	TEE?	7.	Primarily Formed Cano	didate/Office	ceholder Co	mmittee Li	ist names of
NAME OF TREASURER	CONTR			7.	Primarily Formed Cano officeholder(s) or candidate(s	didate/Office) for which this	ceholder Co	mmittee Li	ist names of led.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS	□ Y			7.	Primarily Formed Canofficeholder(s) or candidate(s) for which thi	ceholder Co	primarily form	ed.
	□ Y			7.	officeholder(s) or candidate(s) for which thi	is committee is	primarily form	st names of sed.
	S (NO P.O. BOX)	ES NO		7.	officeholder(s) or candidate(s) for which the	OFFICE SOUG	<i>primarily form</i> SHT OR HELD	support
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)	ES NO		7.	officeholder(s) or candidate(s) for which the	is committee is	<i>primarily form</i> SHT OR HELD	SUPPORT DPPOSE
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX) ZIP CODE	ES NO		7.	officeholder(s) or candidate(s) for which the	OFFICE SOUG	<i>primarily form</i> SHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)	ES NO			officeholder(s) or candidate(s	OANDIDATE	OFFICE SOUG	primarily form SHT OR HELD SHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX) ZIP CODE	ES NO			NAME OF OFFICEHOLDER OR O	OANDIDATE	OFFICE SOUG	primarily form SHT OR HELD SHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX) ZIP CODE	AREA COM	DE/PHONE		Officeholder(s) or candidate(s NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	primarily form SHT OR HELD SHT OR HELD SHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME	S (NO P.O. BOX) ZIP CODE I.D. NUI	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	primarily form SHT OR HELD SHT OR HELD SHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME NAME OF TREASURER	S (NO P.O. BOX) ZIP CODE I.D. NUI CONTR	AREA CO	DE/PHONE		Officeholder(s) or candidate(s NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	primarily form SHT OR HELD SHT OR HELD SHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME NAME OF TREASURER	S (NO P.O. BOX) ZIP CODE I.D. NUI CONTR	AREA CO	DE/PHONE		Officeholder(s) or candidate(s NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	primarily form SHT OR HELD SHT OR HELD SHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME NAME OF TREASURER	S (NO P.O. BOX) ZIP CODE I.D. NUI CONTRO Y S (NO P.O. BOX)	AREA COMMER OLLED COMMIT ES NO	DE/PHONE		Officeholder(s) or candidate(s NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C	CANDIDATE CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	primarily form GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2022 CALIFORNIA 460

through 09/24/2022 Page 3 of 8

I.D. NUMBER

NAME OF FILER			thro	ugh 09/24/2022	Page 3 of 8
CHRISTIAN MENDEZ FOR CITY COUNCIL 2022					I.D. NUMBER
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TODATE	Running in Both t	nmary for Candidates he State Primary and
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$	0.0	General Elections	
2. Loans Received Schedule B, Line 3	6,000.00		6,000.0	1/1	through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2		\$	6,000.0	20. Contributions	
4. Nonmonetary Contributions Schedule C, Line 3			0.0	n	\$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	\$ 6,000.00	\$	6,000.0	21. Expenditures Made \$	 \$
Expenditures Made				F	
6. Payments Made Schedule E, Line 4	\$ 3,955.05	\$	3,955.0	Expenditure Limit Candidates	Summary for State
7. Loans Made Schedule H, Line 3	0.00		0.0		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 3,955.05	\$	3,955.0	5 22. Cumulati	ve Expenditures Made* o Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	1,100.00		1,100.0		
10. Nonmonetary Adjustment Schedule C, Line 3	0.00		0.0		Total to Date
11. TOTAL EXPENDITURES MADE	\$ 5,055.05	\$	5,055.0	5	\$
Current Cash Statement					
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0.00	١,,	animulate Out		—
13. Cash Receipts Column A, Line 3 above	6,000.00	an	calculate Column B, a nounts in Column A to	dd the	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	rresponding amounts m Column B of your la	*Amounts in this section	may be different from amounts
15. Cash Payments Column A, Line 8 above	3,955.05	rej	port. Some amounts in	reported in Column B.	
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,044.95	fig	olumn A may be negation to the state of the	I .	
If this is a termination statement, Line 16 must be zero.		su pe	btracted from previous		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	the for	e first report being filed this calendar year, on		
Cash Equivalents and Outstanding Debts		fro	my over the amounts m Lines 2, 7, and 9 (if		
18. Cash Equivalents	\$ 0.00	an	y).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 7,100.00				
				•	FPPC Form 460 (Jania

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B – Part 1 Loans Received	Amo	ounts may be ro to whole dollar					CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through09/2	4/2022	Page4_	ef 8
NAME OF FILER	stopy -	Annual Ministration of the Assertion of	especial system polyroperops qu. st				I.D. NUMBER	DI
CHRISTIAN MENDEZ FOR CITY COUNCIL 2022							1451924	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Christian Mendez (ID# 1451924) Inglewood, CA 90301 LOAN @ 0 % INTEREST	Funeral Director Allen, English & Estrada, Inc.			PAID SO.O FORGIVEN	\$ 6,000.00	OOO%	\$ 5,000,00	CALENDAR YEAR \$6_000_00 PER ELECTION***
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$0_00	\$_6,000_00	\$0_0	08/11/2023 DATE DUE	\$000	08/11/2022 DATE INCURRED	\$G2022 6,000.00
TO IND COM OTH PTY SCC		s	\$	PAID FORGIVEN PAID PAID FORGIVEN S FORGIVEN	DATE DUE	** ** ** ** ** ** ** ** ** **	\$ DATE INCURRED \$ DATE INCURRED	CALENDAR YEAR PER ELECTION *** CALENDAR YEAR PER ELECTION *** \$ PER ELECTION ***
The state of the s		SUBTOTALS \$	6,000.00	0.	6,000.00			
Loans received this period (Total Column (b) plus unitemized loans	s of less than \$100.)					tc	ontributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that Net change this period. (Subtract Line Enter the net here and on the Summan 	Deaid or forgiven.) are also itemized on Sched To from Line 1.)	lule A.)		NET \$	6,000.00 (May be a negative number)	OT PT	D – Individual DM – Recipient Co (other than F H – Other (e.g., Y – Political Party C – Small Contrib	PTY or SCC) business entity)

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

** If required.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER CHRISTIAN MENDEZ FOR CITY COUNCIL 2022	Amounts may to whole (Statement covers period from01/01/2022 through09/24/2022	CALIFO FOR Page 5	of8
CODES: If one of the following codes accurately describes campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CTB candidate filling/ballot fees FND fundraising events independent expanditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MIG memper con MTG meetings ar OFC office exper PET petition circa PHO phone bank POL polling and POS postage, de	nmunications and appearance ases ulating s s survey resea livery and m	es	vise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration WEB information technology cost	n costs s duction costs nd meals , and meals es of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Secretary of State-Political Reform Division Sacramento, CA 95814		PIL	2022 Annual Filing	g Fee		50.00
General Logistics Systems US, Inc San Ramon, CA 94583		POS	Messenger Service			14.65
Political Reporting Plus		PRO	Contract Retainer	and Set-Up Fee		1,250.00
* Payments that are contributions or independent expenditures m	iust also be summ	arized on S	ichedule D.	SL	JBTOTAL\$	1,314.65
Schedule E Summary						-,
Itemized payments made this period. (Include all Schedule is Initemized payments made this period.)	E subtotals.)		\$490-1 490-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		œ	3 055 05
2. Onlientized payments made this period of under \$100	****************		**********			
to the state of the period on loans. (Enter amount from §	Schedule B, Part	1, Column	(e).)		•	
4. Total payments made this period. (Add Lines 1, 2, and 3. En	ter here and on ti	ne Summa	ry Page, Column A, L	ine 6.) 10	TAL \$	3,955.05

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Land to the same of the same o	SCHEDULE E (CONT.
Statement covers period	CALIFORNIA 160
from01/01/2022	FORM 400
through09/24/2022	Page 6 of 8
	LD. NUMBER
	1451924

CHRISTIAN MENDEZ 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 Lv. or cable airtime and production costs FL 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 independent expenditure supporting/opposing others (explain)* ND POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense professional services (legal, accounting) PRO VOT voter registration UT 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** American Express CMP Lawn Signs and Data Source 2,635.58 Los Angeles, CA 90096-8000 General Logistics Systems US, Inc POS Messenger Service 4.82 san Ramon, CA 94583

SUBTOTAL \$

2,640.40

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

Schedule F					SCHEDULE
Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	led	Statement cove		ORNIA 460
SEE INSTRUCTIONS ON REVERSE			through 09/24/	2022	7
NAME OF FILER		71.7		Page	
CHRISTIAN MENDEZ FOR CITY COUNCIL 2022				I.D. NUA	ABER
CODES: If one of the following codes accurately described campaign paraphernalia/misc.	es the payment you may	enter the code Of	handa da n	14519	24
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees fundralsing events independent expenditure supporting/opposing others (explain)* legal defense LIT campaign literature and mailings	MBR member communication meetings and appeara OFC office expenses petition circulating phone banks polling and survey respostage, delivery and professional services oprint ads	ns nces earch messenger services	RAD radio airtime ar RPD returned contri SAL campaign work TEL t.v. or cable air TRC candidate tare TRS staff/spouse tra TSF transfer betwee VOT voter registratie	nd production costs butions ters' salaries time and production cost of, lodging, and meals twel, lodging, and meals arn committees of the sal	me candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(e) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
American Express Los Angeles, CA 90096-8000	CMP Data Source	0.00	1,100.00	0.00	1,100.0

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS :	0.00\$	1,100.00\$	0.00	
Schedule F Summary				0.00	1,100.00
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a 	ACCTUED EXPENSES under \$	100)	INCUI	RRED TOTALS \$ _	1,100.00
 Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized plus	edule F, Column (c) subtoto Dayments on accrued expe	als for payments on			0.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2022 CALIFORNIA 460

through 09/24/2022 Page 8 of 8

I.D. NUMBER

1451924

American Express

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

CHRISTIAN MENDEZ FOR CITY COUNCIL 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FiL candidate filing/ballot fees

FND fundralsing events

IND independent expenditure supporting/opposing others (explain)*
LEG legal defense

UT campaign literature and mailings

MRP member communications

MIGR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks

POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Intelligence	CMP	Data Source	900.00
Long Beach, CA 90806			
Mitchell Publishing and Mailers Los Angeles, CA 90033	СМР	Lawn Signs	1,735.58
Political Data Intelligence Long Beach, CA 90806	CMP	Data Source	1,100.00
Attach additional information on appropriately labeled continuation sheets.	CONTRACTOR AND AND ADDRESS OF THE PARTY OF T	And the state of t	TOTAL* \$ 3,735.58

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.