

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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Type or print in ink.

2020-3 400 12/3/20
COVER PAGE

RECEIVED BY LOS ANGELES COUN	CALIFORNIA FORM 460
Date of election if applicable: 2020 DEC -3 PM 4:52 (Month, Day, Year)	Page <u>1</u> of <u>4</u>
CAMPAIGN FINANCE	For Official Use Only 015551 C11305

Statement covers period
from Oct 18, 2020
through Nov 27, 2020

Date of election if applicable:
11/3/2020
(Month, Day, Year)

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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

John Mendoza
Mendoza for Water Board

CITY STATE ZIP CODE AREA CODE/PHONE

Pomona CA 91768

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

mendozajohn2016@gmail.com

Treasurer(s)

NAME OF TREASURER

John Mendoza

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Pomona CA 91768 (626) 483-0045

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 and belief, 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.

herein and in the attached schedules is true and complete. I certify

Executed on Dec 3, 2020
Date

By _____

Executed on Dec 3, 2020
Date

By _____
Signature

Executed on _____
Date

By _____

Executed on _____
Date

By _____

Treasurer

Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

mv

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>Oct 18, 2020</u>	CALIFORNIA FORM 460
through <u>Nov 27, 2020</u>	
Page <u>2</u> of <u>4</u>	I.D. NUMBER <u>1727442</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John Mendoza for Water Board

2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>200,00</u>	\$ <u>200,00</u>
2. Loans Received..... Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ _____	\$ _____
4. Nonmonetary Contributions..... Schedule C, Line 3	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ _____	\$ _____

**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..... Schedule E, Line 4	\$ _____	\$ _____
7. Loans Made..... Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ _____	\$ _____
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment..... Schedule C, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ _____	\$ _____

**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..... Previous Summary Page, Line 16	\$ _____
13. Cash Receipts..... Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	_____
15. Cash Payments..... Column A, Line 8 above	_____
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>

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

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

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

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 E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>11/18/2020</u> through <u>11/21/2020</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>4</u>
	I.D. NUMBER <u>1427442</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John Mendoza for Water Board 2020

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 |
| END fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IG independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LG 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>AMAC</u> <u>TORRANCE</u> <u>CALIF</u>			<u>Political</u> <u>Flyers</u>	<u>\$253.28</u>

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

SUBTOTAL \$ 200.00

2020-3

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met 2020 DEC 9 / 11 / 09 / 19 Date qualification threshold met

RECEIVED BY
 LOS ANGELES COUNTY
 2020 DEC 9 11 09 19
 CAMPAIGN FINANCE

Termination - See Part 5

Date of termination
11 / 27 / 20

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
DEC 03 2020

CALIFORNIA FORM 410
 For Official Use Only
 015551
 C11305

1. Committee Information				I.D. Number (If applicable)				2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE <i>Mendoza for Water Board 2020</i>				NAME OF TREASURER <i>John Mendoza</i>				STREET ADDRESS (NO P.O. BOX)					
STREET ADDRESS (NO P.O. BOX)				CITY <i>Pomona CA</i>				STATE <i>CA</i>		ZIP CODE <i>91768</i>		AREA CODE/PHONE <i>(626) 483-4835</i>	
CITY <i>Pomona CA</i>				STATE <i>CA</i>		ZIP CODE <i>91768</i>		NAME OF ASSISTANT TREASURER, IF ANY					
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <i>mendoza.john2016@gmail.com</i>				STATE				ZIP CODE		AREA CODE/PHONE			
COUNTY OF DOMICILE <i>San Bern Co</i>		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)					
Attach additional information on appropriately labeled continuation sheets.				CITY				STATE		ZIP CODE		AREA CODE/PHONE	

3. Verification

I have used all reasonable diligence in preparing this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under

Executed on Nov 30, 2020 By _____
 Executed on Nov 30, 2020 By _____
 Executed on _____ By _____
 Executed on _____ By _____

 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

RECEIVED BY
LOS ANGELES COUNTY

400C 12/13/20

2020 DEC 3 PM 4:52

CAMPAIGN FINANCE

Statement of Organization
Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	____/____/____	11/27/20

CALIFORNIA FORM 410

C11305
015551

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		I.D. NUMBER		NAME OF OFFICER	
Mendoza for Water Board 2020				John Mendoza	
CITY	STATE	CITY	STATE	CITY	STATE
Pomona CA	CA	Pomona CA	CA	Pomona CA	CA
FULL MAILING ADDRESS (IF DIFFERENT)		APR. 2021		APR. 2021	
		91768 (626) 438-0043		91768 (626) 438-0043	
E-MAIL ADDRESS (PLEASE SET PREFERRED)		APR. 2021		APR. 2021	
mendoza.john.2016@gmail.com					
COUNTY OF RESIDENCE	COUNTY OF BUSINESS OR PROFESSIONAL RESIDENCE	APR. 2021		APR. 2021	
Unincorporated					
Attach additional information on appropriately labeled continuation sheets.					

3. Verification

I have used all reasonable diligence in preparing this statement
penalty of perjury under the laws of the State of California if

information contained herein is true and complete. I swear under

Executed on Nov 30, 2020 by _____

Executed on Nov 30, 2020 by _____

Executed on _____ by _____

Executed on _____ by _____

✓

MLV