	from	07/01/2022	Date of election if applicable: (Month, Day, Year) 11/08/2022	RECEIV ITY CLE SEP 29 P	EÓ ERK H 1: 57	CALIFORNIA 460 FORM Page 1 of 15 For Official Use Only
mittoo: All Committoo				MAX.	The date	
ntrolled Committee in Committee e e	Primarily Fo Committee Controlle Sponsor (Also Complete I Primarily Fo Officeholder	ormed Ballot Measure ed Part 6) ormed Candidate/ or Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T	ermination)	☐ Spec	rterly Statement cial Odd-Year Report blemental Preelection ement - Attach Form 495
		-862-25-32	Treasurer(s)			
)			Jen Slater MAILING ADDRESS CITY Irvine			
			NAME OF ASSISTANT TREASU	RER, IF ANY		
	1.501 (1912) (5.105.11)	(949)274-2305	MAILING ADDRESS			*
STATE Z	IP CODE	AREA CODE/PHONE	CITY	s	TATE ZIP C	ODE AREA CODE/PHONE
			OPTIONAL: FAX / E-MAIL ADD	RESS	WES E	
ne laws of the State of Cal	iewing this stater ifornia that the fo	ment and to the best of my kn pregoing is true and correct By			ttached schedu	ales is true and complete. I certify
	ntrolled Committee n Committee n Committee n ittee ommittee NTE'S NAME IF NO COMMIT 1 2022 STATE Z CA NT) NO. AND STREET OR STATE Z ESScom	mittee: All Committees - Complete Parantrolled Committee n Committee Committee Committee Committee Committee Controlle Sponso (Also Complete Primarily Ford Officeholde (Also Complete I.D. NUMBER 1441548 ATE'S NAME IF NO COMMITTEE) STATE STATE ZIP CODE CA 92627 NT) NO. AND STREET OR P.O. BOX STATE STATE ZIP CODE CA 92627 NT) NO. AND STREET OR P.O. BOX STATE S	Statement covers period from	Statement covers period from	Statement covers period from 07/01/2022	Statement covers period from 07/01/2022 Date of election if applicable: (Month, Day, Year) 22 SEP 29 PH I: 57

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	COVERF	PAGE - PART 2
	ORNIA RM	460
Page	2	of 15

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	A.0.		
Manuel Chavez						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR City Council Member City of Costa Mesa Dis		E)	BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT OPPOSE
	CITY STATE	ZIP	Identify the controlling o	fficeholder, ca	ndidate, or state meas	sure proponent, if ar
	Costa Mesa CA	92627	NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PR	OPONENT	
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your c	u or are primarily formed to	nanata and make	OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER)			ļ	
NAME OF TREASURER	CONTROLLED COMMITTE	EE? 7.	Primarily Formed Car officeholder(s) or candidate			
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO	7.		(s) for which thi		formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO	EE?	officeholder(s) or candidate	(s) for which thi	s committee is primarily	ELD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP	BOX)	EE?	officeholder(s) or candidate NAME OF OFFICEHOLDER OR	(s) for which thi CANDIDATE CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP COMMITTEE NAME	BOX) CODE AREA CODE	E/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE ELD SUPPORT OPPOSE ELD SUPPORT OPPOSE ELD SUPPORT SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CODE AREA CODE LD. NUMBER CONTROLLED COMMITTE YES NO	E/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR H OFFICE SOUGHT OR H OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE ELD SUPPORT OPPOSE ELD SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Stater	ment covers period	CALIFORNIA	460
from	07/01/2022	FORM	400

SUMMARY PAGE

Page __3 __ of __15 09/24/2022 through _ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1441548 Chavez for City Council 2022 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 8,983.00 33,931.22 1. Monetary Contributions Schedule A, Line 3 \$ ___ 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions 8,983.00 33,931.22 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures \$ 33,931.22 Made 8,983.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E. Line 4 \$ 9,525-55 \$ 16,395.97 Candidates 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* \$ 16,395.97 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 -1,591.18 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 \$ 16,395.97 Current Cash Statement To calculate Column B, add amounts in Column A to the 8,983.00 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 9,525.55 Column A may be negative 18,088.57 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 0.00 18. Cash Equivalents See instructions on reverse \$ _____ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

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

Schedule	A	725 5	87 N				SCHEDULE A
Monetary Contributions Received			ts may be rounded whole dollars.	Statement coverage from07/01/20	CAL	LIFORNIA FORM	460
SEE INSTRUCTION	ONS ON REVERSE			through09/24/20	022 Pag	e <u>4</u>	of <u>15</u>
NAME OF FILER					I.D. 1	NUMBER	
Chavez for	City Council 2022				144	1548	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)	TO	ELECTION DATE EQUIRED)
07/03/2022	Elizabeth Parker	⊠IND □COM □OTH □PTY □SCC	Retired Retired	249.00	249.00	G2022	\$249.00
07/07/2022	Pierce Law Firm, Inc.	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000.00	G2022	\$1,000.00
07/13/2022	Dennis Ashendorf	⊠IND □COM □OTH □PTY □SCC	Teacher Newport-Mesa Unified School District	20.00	160.00	G2022	\$160.00
07/13/2022	Dennis Ashendorf	☑IND □COM □OTH □PTY □SCC	Teacher Newport-Mesa Unified School District	20.00	160.00	G2022	\$160.00
08/13/2022	Dennís Ashendorf	IND □ COM □ OTH □ PTY □ SCC	Teacher Newport-Mesa Unified School District	20.00	160.0	G2022	\$160.00
4			SUBTOTAL\$	1,309.00			
Amount re (Include al Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)				"Contributor IND – Individ COM – Reci (othe OTH – Othe PTY – Politic SCC – Smal	lual pient Commi er than PTY er (e.g., busi cal Party	or SCC) ness entity)
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)TOTAL \$	8,983.00			

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary (Amounts may be rounded to whole dollars. Statement covers period from 07/01/2022		200		ORNIA ORM	460		
				through 09/24/	2022	Page _	5 (of15
NAME OF FILER						I.D. NUM	MBER	
Chavez for Ci	ty Council 2022		¥.			14415	48	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	T	ELECTION D DATE EQUIRED)
08/18/2022	CJ Segerstrom & Sons	☐IND ☐COM ☑OTH ☐PTY ☐SCC		249.00	24	9.00	G2022	\$249.00
08/19/2022	Dave Min for State Senate 2024 (ID# 1435246)	☐IND IX COM ☐OTH ☐PTY ☐SCC		500.00	50	0.00	G2022	\$500.00
08/29/2022	Planned Parenthood of Orange and San Bernardino Counties' Community Action Fund PAC 1686 (ID# 1282464)	□IND INCOM □OTH □PTY □SCC		500.00	50	0.00	G2022	\$500.00
08/31/2022	Orange County Employees Assoc PAC (ID# 801447)	□IND ☑COM □OTH □PTY □SCC		4,400.00	4,90	0.00	G2022	\$4,900.00
09/13/2022	Dennis Ashendorf	IND COM OTH PTY SCC	Teacher Newport-Mesa Unified School District	20.00	16	0.00	G2022	\$160.00
194975 T 194476 P 1947 GENTLES			SUBTOTAL	\$ 5,669.00				

*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

Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole d		Statement cove from07/01/ through09/24/	2022	Page .	FORNIA ORM	400
NAME OF FILER	ity Council 2022					I.D. NU		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	DATE EAR	PER E	LECTION DATE EQUIRED)
09/21/2022	UFCW324 PAC (ID# 1306048)	□IND ©COM □OTH □PTY □SCC	-	2,000.00	2,0	00.00	G2022	\$2,000.00
		□IND □COM □OTH □PTY □SCC						1
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						

SUBTOTAL\$

2,000.00

□IND □COM □отн PTY

*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

	es, Measures and Committees IONS ON REVERSE			through09/24/20	22 Page _	7 of <u>15</u>
NAME OF FILER Chavez for	City Council 2022				I.D. NUN 14415	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/25/2022	Costa Mesa Democratic Club X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		200.00	200.00	
09/14/2022	Sergio Contreras Sanitation Board Midway City Sanitary District X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		500.00	500.00	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
		, , , , , , , , , , , , , , , , , , ,	SUBTOTAL \$	700.00		

Schedule E Payments Made	Amounts may to whole d		d	from07/01/2022	california 460
SEE INSTRUCTIONS ON REVERSE				through09/24/2022	Page8 of15
NAME OF FILER					I.D. NUMBER
Chavez for City Council 2022					1441548
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearan ses lating survey rese ivery and n	s ces arch	RAD radio airtime and product RFD returned contributions SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodging Staff/spouse travel, lodging staff/spouse travel, lodging TRS	ries production costs , and meals ing, and meals ittees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT	AMOUNT PAID
American Union Printing Inc. 1735 East Wilshire Ave, Ste 803 Santa Ana, CA 92705		LIT			273.1
Cassius Rutherford		CNS	4		500.0
Cassius Rutherford		FND	6/29 Event Recept	tion Costs	1,091.1
* Payments that are contributions or independent expenditures r	nust also be summ	arized on	Schedule D.		SUBTOTAL\$ 1,864.3

1. Itemized payments made this period. (Include all Schedule E subtotals.)

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

9,451.66

9,525.55

73.89

Schedule E (Continuation Sheet)

SCHEDULE E (CONT.)

Statement covers period

(Continuation Sheet) Payments Made	Amounts may be to whole do			State	07/01/2022	CALIFOR FORM	460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Chavez for City Council 2022			10 10 10 10 10 10 10 10 10 10 10 10 10 1	through	09/24/2022	Page	of 15
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member commeetings and office expenient petition circul phone banks POL polling and sepos postage, deliper professional print ads	munications d appearance ses ating urvey resear very and me	s ch ssenger services	RAD ra RFD re SAL ca TEL t.V TRC ca TRS st TSF tra VOT vo	dio airtime and production turned contributions ampaign workers' salaries, or cable airtime and production turned contributions ampaign workers' salaries, or cable airtime and producte travel, lodging, a aff/spouse travel, lodging ansfer between committee the registration formation technology cost	on costs s oduction costs and meals and meals bees of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	DR DES	CRIPTION C	P PAYMENT		AMOUNT PAID
CapitolTech/eFundraising Solutions 2831 G St, Ste 200 Sacramento, CA 95816		OFC					104.5
Costa Mesa Democratic Club (ID# 1359386) 1 W Manchester Blvd Ste 700 Inglewood, CA 90301		CTB					200.0
Drange County Labor Federation 309 N Rampart St, Ste A Drange, CA 92868		cvc			P		1,375.0
Matt Fitt		СМР	Photography Servi	ices			400.0
Cassius Rutherford		CNS			70.30-0420		1,020.9
* Payments that are contributions or independent expenditures must a	also be summarized on	Schedule D.	<u> </u>		S	UBTOTAL \$	3,100.5

Schedule	3	
(Continuat	ion She	eet)
Payments	Made	55.75

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2022 through09/24/2022	FORM 460
SEE INSTRUCTIONS ON REVERSE		tilloagii	Page10 of15
NAME OF FILER			I.D. NUMBER
Chavez for City Council 2022	groomstruit and the	- 401	1441548
CODES: If one of the following codes accur-	ately describes the payment, you may enter the o	code. Otherwise, describe the paymen	it.

COMP CNS CTB CVC FND EG LEG LEG	CES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	member commeetings and office expen petition circul phone banks polling and spostage, deli	munications d appearance ses lating survey reseavery and m	es	RAD RFD SAL TEL TRC TRS	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production cos candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the salvoter registration	s ame candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
9070	aign Compliance Group Irvine Center Drive #150 ne, CA 92618		PRO				350.00
92 F	of Costa Mesa air Dr a Mesa, CA 92626		FIL				450.32
2831	tolTech/eFundraising Solutions G St, Ste 200 amento, CA 95816		OFC				1.90
Matt	Fitt		СМР	Photography	Services		650.00

Lavender Democrats OC 725 S. Parton Santa Ana, CA 92701 CVC 250.00

SUBTOTAL \$

1,702.22

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

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Chavez for City Council 2022	Amounts may be to whole do	() (*) (*) (*) (*) (*) (*) (*) (*) (*) (07/01/2022	CALIFO FOR	11 of 15 ER
CODES: If one of the following codes accurately CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	describes the payment, y MBR member com MTG meetings and OFC office expen	munications d appearan	3		describe the payment radio airtime and production returned contributions campaign workers' salarie	it.	<u>·</u>
CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explicit legal defense LIT campaign literature and mailings		survey reservery and m	arch nessenger services egal, accounting)	TEL TRC TRS TSF VOT WEB	t.v. or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging transfer between committed voter registration information technology contracts.	and meals g, and meals ees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Cassius Rutherford		LIT	See Schedule	G for Deta	ails		592.00
Campaign Compliance Group 9070 Irvine Center Drive #150 Irvine, CA 92618		PRO					295.00

Cassius Rutherford	CNS		1,212.38
Cassius Rutherford	WEB	See Schedule G for Details	183.34
Sergio Contreras for Midway City Sanitary District 2022 (ID# 1448454) 1400 N Harbor Blvd, Ste 550 Fullerton, CA 92835	СТВ		500.00

SUBTOTAL \$

2,782.72

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

Schedule E		8	SCHEDU				
(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA	460			
Payments Made	to whole dollars.	from07/01/2022	FORM	400			
SEE INSTRUCTIONS ON REVERSE		through 09/24/2022	Page	of15			

Chavez for City Council 2022 1441548 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 meetings and appearances RFD returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating CVC civic donations PET TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals polling and survey research TRS fundraising events POL

independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor ND professional services (legal, accounting) VOT voter registration LEG legal defense PRO WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads UT

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
CapitolTech/eFundraising Solutions 2831 G St, Ste 200 Sacramento, CA 95816	OFC		1.90

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

NAME OF FILER

SUBTOTAL \$

I.D. NUMBER

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 07/01/2022 through __09/24/2022 Page 13 of 15 I.D. NUMBER

1441548

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chavez for City Council 2022

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

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications campaign consultants MTG meetings and appearances RFD returned contributions office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)*

CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals

fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND

LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings

WEB information technology costs (internet, e-mail) print ads

	FORES MODERATE				(A. C. T. C.
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
Cassius Rutherford	CNS	500.00	0.00	500.00	0.0
Cassius Rutherford	FND	1,091.18	0.00	1,091.18	0.0
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	1,591.18\$	0.00\$	1,591.18\$	0.0

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)PAID TOTALS \$_____

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

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

Amounts may be rounded to whole dollars.

		SCHEDULE G
Statement covers period		CALIFORNIA ACO
from	07/01/2022	FORM 400
through_	09/24/2022	Page 14 of 15
		I.D. NUMBER
		1441548

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chavez for City Council 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Cassius Rutherford

00	DES. If one of the following codes accurately to	acochibes the	payment, you may enter the	oode. Otherwise	o, 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	
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals	

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings LIT

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

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

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 LD, NUMBER)	CODE OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
GoDaddy.com, LLC 2155 E GoDaddy Way Tempe, AZ 85284	WEB		20.99
Copy4Less 18828 Brookhurst St Fountain Valley, CA 92708	LIT		592.00
GoDaddy.com, LLC 2155 E GoDaddy Way Tempe, AZ 85284	WEB		26.98
City of Costa Mesa 92 Faír Dr Costa Mesa, CA 92626	OFC P	ark Permit Costs	185.40

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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.

Schedule G (Continuation Sheet)	
Payments Made by an Agent or Inde	pendent
Contractor (on Behalf of This Comm	nittee)

Amounts may be rounded to whole dollars.

		SCHEDU	LE G (CONT.
State	ement covers period	CALIFORNIA	460
from	07/01/2022	FORM	400

COULDING O (CONT

SEE INSTRUCTIONS ON REVERSE	through09/24/2022	Page15 of15
NAME OF FILER		I.D. NUMBER
Chavez for City Council 2022		1441548

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Cassius Rutherford

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
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	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)

^{*} 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 LD, NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook Inc 1 Hacker Way Menlo Park, CA 94025	WEB		183.34

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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.