Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-8421	(6.5)	Sta	tement covers period	Date of election if applicable:	MECETYPE DITY CLE	RK	CALIFORNIA 460 FORM
		from _	09/25/2022	(Month, Day, Year) 2	OCT 26 PM	2: 43 P	age 1 of 10
						parties &	For Official Use Only
SEE INSTRUCTIONS ON REVERSE		through	10/22/2022	11/08/2022	TY OF COSTA P	134	
1. Type of Recipient Committe	e: All Committees -	- Complete Par	ts 1, 2, 3, and 4.	2. Type of Statement:	THE WATER PROPERTY.		
Officeholder, Candidate Controller State Candidate Election Composer Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	mittee	Committee Controll Sponso (Also Complete Primarily Fo	red Part 6) ormed Candidate/ r Committee	▼ Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	이 경기 하는 것 같아 보면 되었다.	Special C	A Statement Odd-Year Report ental Preelection nt - Attach Form 495
3. Committee Information		I.D. NUMBER 1441548		Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S N				NAME OF TREASURER			
Chavez for City Council 202	2			Jen Slater			
				MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
Control Contro				Irvine	CA	92618	(949)858-7448
CITY	STATE ZIF	CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY		
Costa Mesa		2627	(949)274-2305				
MAILING ADDRESS (IF DIFFERENT) NO.	AND STREET OR P.	O. BOX		MAILING ADDRESS			
CITY	STATE ZIP	CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDR	ESS		
chavez4costamesa@gmail.com							
. Verification							
I have used all reasonable diligence in under penalty of perjury under the laws				owledge the information contained her	ein and in the attache	d schedules i	s true and complete. I certify
Executed on10/24/20			Ву		A		:
Date	200			Signature of Treasurer or Assistant 7	reasurer		
Executed on	22		BySignature of Co	ontrolling Officeholder, Candidate, State Measure Prop	conent or Responsible Officer	of Sponsor	
Executed on			Ву	Signature of Controlling Officeholder, Candidate, St.	ate Measure Proponent		→ 2;
Executed on			Ву				
Date	· · · · · · · · · · · · · · · · · · ·		ν ₁	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent		FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

	COVERF	AGE	- PART 2
CALIF FC	ORNIA ORM	4	60
Page	2	of	10

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Manuel Chavez							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
City Council Member City of Costa Me	esa District 4						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR			Identify the controlling off	ficeholder, ca	andidate, or s	tate measure	proponent, if an
	Costa Mesa CA 92627		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in not included in this statement that are controlled contributions or make expenditures on behalf	ed by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		-	DISTRICT NO.	F ANY
COMMITTEE NAME	I.D. NUMBER		7-1				
		7.	Primarily Formed Can	didate/Offi	ceholder C	ommittee 1	st names of
IAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)				
	☐ YES ☐ NO	7.		s) for which th	is committee i		
OMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)	7.	officeholder(s) or candidate(s	s) for which th	OFFICE SOL	s primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS SITY STATE	(NO P.O. BOX)	7.	NAME OF OFFICEHOLDER OR	s) for which the	OFFICE SOL	s primarily form	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
	(NO P.O. BOX) ZIP CODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR O	candidate Candidate Candidate Candidate	OFFICE SOL	S primarily form	SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Chavez for City Council 2022

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 09/25/2022

Calendar Year Summary for Candidates

Running in Both the State Primary and

1/1 through 6/30

from _ Page ___3 ___ of ___10 10/22/2022 through

I.D. NUMBER

General Elections

20. Contributions

21. Expenditures Made

Received

1441548

SUMMARY PAGE

7/1 to Date

Contributions Received		COLUMN A OTAL THIS PERIOD ATTACHED SCHEDULES)	
1. Monetary Contributions Schedule A, Line	з \$	7,474.00	\$
2. Loans Received Schedule B, Line	3	0.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 +	2 \$	7,474.00	\$
4. Nonmonetary Contributions Schedule C, Line	3	0.00	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 +	4 \$	7,474.00	\$
Expenditures Made			
6. Payments Made Schedule E, Line		9,195.94	\$
7. Loans Made Schedule H, Line	3	0.00	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 +	7 \$	9,195.94	\$
9. Accrued Expenses (Unpaid Bills)Schedule F, Line	3	0.00	
10. Nonmonetary Adjustment	3	0.00	
11. TOTAL EXPENDITURES MADE	0 \$	9,195.94	\$
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 1		18,088.57	То
13. Cash Receipts	'e	7,474.00	am
14. Miscellaneous Increases to Cash Schedule I, Line		0.00	fro
14. Wilderlandeds increases to Cash Schedule I, Line	10	9,195.94	rep
15. Cash Payments		are branchings	fir.
		16,366.63	figu
15. Cash Payments		16,366.63	sub per
15. Cash Payments	5 \$	0.00	sub
15. Cash Payments	2 \$		sub per the for

calculate Column B, add nounts in Column A to the rresponding amounts m Column B of your last ort. Some amounts in lumn A may be negative ures that should be btracted from previous riod amounts. If this is first report being filed this calendar year, only rry over the amounts m Lines 2, 7, and 9 (if y).

Column B CALENDAR YEAR

TOTAL TO DATE

41,405.22

41,405.22

41,405.22

25,591.91 0.00

25,591.91

25,591.91

0.00 0.00

0.00

0.00

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
	\$

FPPC Form 460 (Jan/2016)

^{*}Amounts in this section may be different from amounts reported in Column B.

	ON REVERSE				022	CALIFORNIA 460		
Chavez for Cit				through10/22/20	Page	e4	of	
					I.D. N	IUMBER		
DATE F	cy Council 2022				1441	548		
RECEIVED F	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)	T	ELECTION TO DATE REQUIRED)	
	ocal Union 105 Sheet Metal Air Rail ransportation Workers (ID# 962809)	□IND INCOM □OTH □PTY □SCC		4,900.00	4,900.00	G2022	\$4,900.00	
10/07/2022	A Real Estate PAC (CREPAC) (ID# 890106)	□IND ⊠COM □OTH □PTY □SCC		249.00	249.00	G2022	\$249.00	
	partmentAssn of Orange County PAC (ID# 80470)	□IND ICOM □OTH □PTY □SCC		500.00	500.00	G2022	\$500.00	
10/10/2022 Re	obert J. Ooten	IND COM OTH PTY SCC	Retired Retired	200.00	300.00	G2022	\$300.00	
10/11/2022 CH	hris Hoskins	IND □ COM □ OTH □ PTY □ SCC	Winery Owner Silver Hawk Vineyards	100.00	100.00	G2022	\$100.00	
			SUBTOTAL	\$ 5,949.00				

2. Amount received this period – unitemized monetary contributions of less than \$100\$ 50.00 3. Total monetary contributions received this period. 7,474.00

(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.)

CALIFORNIA ACO

Statement covers period

				from09/25/	2022	FORM	-100
				through 10/22/	2022 Pag	e5 o	of10
NAME OF FILER					I.D. I	NUMBER	
Chavez for C	ity Council 2022				144	1548	
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)	TC	ELECTION DATE EQUIRED)
10/17/2022	Building a Stronger CA sponsored by Southwest Regional Council of Carpenters Small Contributor PAC (ID# 870169)	□IND INCOM □OTH □PTY □SCC		975.00	975.0	0 G2022	\$975.00
10/17/2022	United Union of Roofers Waterproofers & Allied Workers PAC (ID# 1399166)	□IND XCOM □OTH □PTY □SCC		500.00	500.0	0 G2022	\$500.00
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 1,475.00			

*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

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

 Statement covers period

 from
 09/25/2022

 through
 10/22/2022

 Page
 6

 I.D. NUMBER

SEE INSTRUCTIO	ONS ON REVERSE			through		rage	<u> </u>
NAME OF FILER						I.D. NUM	BER
Chavez for C	City Council 2022					144154	8
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION	TYPE OF PAYMENT	DESCRIPTION	AMOUNT THIS	CUMULATIVE		PER ELECTION TO DATE

D ATE	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)
10/05/2022	Costa Mesa Democratic Club X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		4,000.00	4,200.00	
10/07/2022	Democratic Party of Orange County X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		500.00	500.00	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	•		SUBTOTAL \$	4,500.00		

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	4,500.00
2. Unitemized contributions and independent expenditures made this period of under \$100	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	4,500.00

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 09/25/2022 from 10/22/2022 Page __7 ___ of ___10 through _

ID NUMBER

1441548

SCHEDULE E

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.

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

FND fundraising events 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 campaign literature and mailings

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
COGS South Signs 3309 S Main St Santa Ana, CA 92707	СМР	Outdoor Signs	918.53
Foley for Supervisor 2022 (ID# 1435506) 249 E Ocean Blvd, Ste 670 Long Beach, CA 90802	FND	9/14 Event Catering Costs	577.00
American Union Printing Inc. 1735 East Wilshire Ave, Ste 803 Santa Ana, CA 92705	LIT		1,761.05

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 3,256.58

Schedule E Summary

1	1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	9,195.94
2	2. Unitemized payments made this period of under \$100	\$	0.00
3	3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4	4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TAL \$	9,195.94

Schedule E				SCHEDULE E (CONT.)
(Continuation Sheet) Payments Made	Amounts may b to whole do		Statement covers period from09/25/2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through10/22/2022	Page8 of10
NAME OF FILER				I.D. NUMBER
Chavez for City Council 2022				1441548
CODES: If one of the following codes accurately desc	cribes the payment, y	you may enter the code. C	Otherwise, describe the payment	t.
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, del	nmunications d appearances nses ulating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and protocommunication trace candidate travel, lodging, a staff/spouse travel, lodging	on costs es oduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Campaign Compliance Group		PRO		350.00

CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PRO		350.00
CNS		1,000.00
WEB		81.86
СТВ		4,000.00
СТВ		500.00
	PRO CNS WEB	PRO CNS WEB

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

SUBTOTAL \$

5,931.86

Schedule E

SCHEDULE E (CONT.)

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460	
Payments Made	to whole dollars.	from09/25/2022	FORM 400	
SEE INSTRUCTIONS ON REVERSE		through10/22/2022	Page 9 of 10	
NAME OF FILER		13	I.D. NUMBER	
Chavez for City Council 2022			1441548	
NACCAMBANAMA AND NACCAM	18 19 19 19 19 19 19 19 19 19 19 19 19 19	a a co con		

Chave	z for City Council 2022						144154	8
CMP C CNS C CTB C CVC C FIL C FND f IND i LEG I	ES: If one of the following codes accurately describes 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	MBR MTG OFC PET PHO POL POS PRO PRT	member commeetings and office expense petition circul phone banks polling and spostage, delir	munication d appearan ses ating urvey rese very and n	s ces	RAD RFD SAL TEL TRC TRS	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production cost candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the sa voter registration	me candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
2831 (olTech/eFundraising Solutions 3 St, Ste 200 mento, CA 95816			OFC				7.50

SUBTOTAL \$

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

Schedule G	
Rayments Made by an Agent or Independer	nt
Contractor (on Behalf of This Committee)	

Amounts may be rounded to whole dollars.

		SCHEDULE G
Stater	nent covers period	CALIFORNIA AGO
from	09/25/2022	FORM 40U
through_	10/22/2022	Page10 of10
		I.D. NUMBER
		1441548

COLIEBILIE

Chavez for City Council 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Cassius Rutherford

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

001	DEG. If one of the following codes accurately	describes trie	payment, you may enter	the code. Otherwis	e, 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

CVC civic donations

OFC office expenses

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

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

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 I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook Inc 1 Hacker Way Menlo Park, CA 94025	WEB		v	54.88
GoDaddy.com, LLC 2155 E GoDaddy Way Tempe, AZ 85284	WEB			26.98
*				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

81.86

^{*} 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.