# Recipient Committee Campaign Statement

Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from January 1, 2022	Date of election if applicable: (Month, Day, Year)	JUL <b>27</b> 2022	Page 1 of 19  For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>June 30, 2022</u>	November 8, 2022	Redlands City Cle	erk
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored  P	rimarily Formed Ballot Measure ommittee Controlled Sponsored So Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	rt ☐ Spec ermination)	terly Statement sial Odd-Year Report
Contain Contained Contained	fficeholder Committee lso Complete Part 7)			
s committee information	. NUMBER 147444	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	47444	NAME OF TREASURER		
Saucedo for City Council 2022		Maria Whitaker-Saucedo	ř	Part of
		MAILING ADDRESS		* * * * * * * * * * * * * * * * * * * *
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	ODE AREA CODE/PHONE
		Redlands	CA 923	74
CITY STATE ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	- * P
Redlands CA 92374				The state of the s
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
msaucedo1916@gmail.com				
. Verification				HEREN PACED AND ADDRESS OF THE PACED AND ADDRE
I have used all reasonable diligence in preparing and reviewin	ng this statement and to the best of my ki	nowledge the information contained	d herein and in the attached sci	nedules is true and complete. I
certify under penalty of perjury under the laws of the State of				
Executed on 7-27-2022	By Makeat	Destater Successo	3	
Executed on 07-27-2022	By CM	Signature of freasurer or Assistar  August A	lo	sor
Executed on	BySię	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed onDate	BySignal	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	

#### Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM

Page 2 of 19

Officeholder or Candidate Controlled Comm	ittee		6.		Primarily Formed Ballot	Measure C	Committee ————		
NAME OF OFFICEHOLDER OR CANDIDATE				١	NAME OF BALLOT MEASURE				
Mario Saucedo									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF	APPLICABLE	:)		BALLOT NO. OR LETTER	JURISDICTIC	N		] SUPPORT
City Council - District 3									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY Redlands	STATE Z	ZIP 374		Identify the controlling officel	nolder, candid	late, or state	measure prop	onent, if any.
			<del></del>		NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily for				OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER		<del></del>		. ""	·			
NAME OF TREASURER	CONTROLLED	COMMITTEE	7.		Primarily Formed Cand officeholder(s) or candidate(s)	for which this	committee is	ommittee List	d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	вох)		<del>.</del>		NAME OF OFFICEHOLDER OR C	SANDIDATE	OFFICE SU	UGHT OK HELD	SUPPORT OPPOSE
CITY STATE ZIP C		REA CODE/PI	HONE		NAME OF OFFICEHOLDER OR (	CANDIDATE	OFFICE SOL	UGHT OR HELD	☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICEHOLDER OR (	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED  VES		=?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT
CITY STATE ZIP C	·	REA CODE/PI	HONE		Atta	ch continuatio	on sheets if r	necessary	

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period CALIFORNIA 4 from January 1, 2022 through <u>June 30, 2022</u> Page 3 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Maria Whitaker-Saucedo 1447444

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions       Schedule A, Line 3         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	\$\frac{3769.00}{0}\$ \$\frac{3769.00}{0}\$ \$\frac{3769.00}{0}\$	\$\frac{3769.00}{0}\$ \$\frac{3769.00}{0}\$ \$\frac{3769.00}{0}\$	20. Contributions Received \$ 3769.00 \$  21. Expenditures Made \$ \$ \$ \$
Expenditures Made  6. Payments Made	\$\frac{1353.37}{0}\$ \$\frac{1353.37}{0}\$ \$\frac{0}{0}\$ \$\frac{1353.37}{1353.37}\$	\$\frac{1353.37}{0}\$ \$\frac{1353.37}{0}\$ \$\frac{0}{0}\$ \$\frac{1353.37}{1353.37}\$	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy) /
Current Cash Statement  12. Beginning Cash Balance	\$\frac{0}{3769.00} \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	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.  FPPC Form 460 (Jan/2016)  FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedule A	
<b>Monetary Contributions</b>	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

Monetary Contributions Received		to	whole ubhars.	Statement covers period from January 1, 2022 through June 30, 2022		CALIFORNIA <b>460</b> FORM Page 4 of 19	
NAME OF FILER				<u> </u>		I.D. NU	
Maria Whita	iker-Saucedo					144744	4
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 T CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
04/25/2022	Caroline McAllister Redlands, CA 92374	☑IND □COM □OTH □PTY □SCC	None	200.00	200.00		
04/30/2022	Joe Richardson Redlands, CA 92374	☑IND □COM □OTH □PTY □SCC	Attorney McCune, Wright, & Arevalo San Bernardino, Ca	100.00	100.00		
04/25/2022	Jonathan Widjaja San Bernaredino, CA	☑ IND □ COM □ OTH □ PTY □ SCC	Student University of California at Irvine Irvine CA	120.00	120.00		
05/04/2022	Neal Waner Redlands, CA 92373	☑IND □COM □OTH □PTY □SCC	Financial Advisor Stout and Waner 300 E. State Street Ste. 530 Redlands	350.00	350.00		
05/15/2022	Jonathan Peske Redlands, CA 92374	☑ IND □ COM □ OTH □ PTY □ SCC	Teacher Etiwanda School District 6061 East Avenue Etiwanda CA 91739	100.00	100.00		
			SUBTOTAL	\$ 870.00			
1. Amount re (Include a	A Summary eceived this period – itemized monetary contribution all Schedule A subtotals.)eceived this period – unitemized monetary contribut		······································	20.00 9.00	INE CO OT PT	(other) H — Other Y — Politica	ral lent Committee than PTY or SCC) (e.g., business entity)
3. Total mon (Add Line:	netary contributions received this period. ss 1 and 2. Enter here and on the Summary Page, C	Column A, Line	1.)TOTAL \$ 37	69.00	FPPC Advice: ad		C Form 460 (Jan/2016))

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)
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CALIFORNIA 46

Statement covers period

from <u>January 1, 20</u>22

**SUBTOTAL \$ 1050.00** 

NAME OF FILER Maria Whita	ker-Saucedo			through June 30,	2022	Page _5 I.D. NUN 144744	MBER
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
05/21/2022	Rogelio Garcia Redlands, CA	☑ IND □ COM □ OTH □ PTY □ SCC	None	100.00	100.00		
05/21/2022	Dr. Felix Roger Jones III Highland, CA 92346	☑IND □COM □OTH □PTY □SCC	Clergy All People Unity Baptist Church, 92374	200,00	200.00		
05/21/2022	David Ridenour Uplands, CA 91786	☑IND □ COM □ OTH □ PTY □ SCC	None	100.00	100.00		
05/22/2022	Frank Garcia Redlands, CA 92373	☑IND □COM □OTH □PTY □SCC	None	400.00	400.00		
05/22/2022	Karen Bell	☑ IND □ COM □ OTH	None	250.00	250.00		

□ PTY □ SCC

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

Redlands, CA 92373

PTY - Political Party

SCC - Small Contributor Committee

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

### Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from January 1, 2022	CALIFORNIA 460
		through <u>June 30, 2022</u>	Page of
AME OF FILER			I.D. NUMBER
Maria Whitaker-Saucedo			1447444
		- " "	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)	PER ELECTION TO DATE (IF REQUIRED)
05/22/2022	Conrad Guzkowski	☑IND □COM □OTH □PTY □SCC	None	250.00	250.00	
06/07/2022	Larry Burgess	IND COM OTH PTY	None	100.00	100.00	
06/13/2022	Eddie Tejeda	☑IND □COM □OTH □PTY □SCC	Teacher - Rialto Unified School District	500.00	500.00	
06/20/2022	Felipe Albertao	☑IND □ COM □ OTH □ PTY □ SCC	Software Developer Paypal	100.00	100.00	
06/22/2022	Edward Millican	☑ IND □ COM □ OTH □ PTY □ SCC	Professor San Bernardino District Community College	100.00	100.00	
			SUBTOTAL	\$ 1050.00		

\*Contributor Codes

IND - Individual

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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.

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CALIFORNIA

Statement covers period

,				from January 1, 20	)22	FO	RM 46U
				through June 30, 2	2022		of
NAME OF FILER Maria Whita	aker-Saucedo		·			1.D. NUM 1447444	·
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
06/17/2022	Edward Serros	☑IND □COM □OTH □PTY □SCC	Self Employed Edward Serros MD, Inc.	500.00	500.00		
06/24/2022	Renee Kerns	☑ IND □ COM □ OTH □ PTY □ SCC	Self Employed Hitdna LLC	150.00	150.00		
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □ COM □ OTH □ PTY □ SCC					
			SUBTOTAL S	\$ 650.00			

\*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

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF SELI	IDIVIDUAL, ENTER OUTSTAN ION AND EMPLOYER BALANC	(b)		through June 30,	2022	Page 8	of
Maria Whitaker-Saucedo  FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER  OF LENDER  (IF SELIT	DIVIDUAL, ENTER OUTSTANI	(b)					
OF LENDER  (IF COMMITTEE AND ENTER LE AUTHER)  OF LENDER  (IF SELI	DIVIDUAL, ENTER OUTSTANI	(6)				1447444	
	ION AND EMPLOYER BALANC E-EMPLOYED, ENTER BEGINNING ME OF BUSINESS) PERIO	DING AMOUNT CE RECEIVED THIS THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD:	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
None None			D PAID  \$ D   FORGIVEN	\$ <u>0</u>	0 RATE	\$_0	\$ PER ELECTION
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	\$ 0	<u>* 0</u>	\$ 0	DATE DUE	s_0	DATE INCURRED	SS
			\$	\$	% RATE	\$	\$ PER ELECTION
□IND □ COM □ OTH □ PTY □ SCC	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEA
			\$	\$	RATE	\$	\$PER ELECTION
□IND □COM □CTH □PTY □SCC	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	SUBTOTA	LS \$ 0 :	\$ 0	<b>\$</b> 0	\$ 0 (Enter (e) on Scher		

S	chedule B Summary	0
1.	Loans received this period\$	V
	(Total Column (b) plus unitemized loans of less than \$100.)	0
۷.	Loans paid or forgiven this period\$	
	(Total Column (c) plus loans under \$100 paid or forgiven.)	
	(Include loans paid by a third party that are also itemized on Schedule A.)	Λ
3.	Net change this period. (Subtract Line 2 from Line 1.)	<u> </u>
	Enter the net here and on the Summary Page, Column A, Line 2.	

†Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

(May be a negative number)

SCC - Small Contributor Committee

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

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

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.			ment covers period mary 1, 2022		NIA 460				
SEE INSTRUCTIONS ON REVERSE				through	June 30, 2022	Page9	of				
NAME OF FILER Maria Whitaker-Saucedo						I.D. NUMBER 1447444					
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE				
None	□IND □COM		LENDER			CALENDAR YEAR					
	□ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)					
	□IND □ COM		LENDER			CALENDAR YEAR					
	□ OTH □ PTY □ SCC	□OTH □PTY	□ОТН □РТҮ	□ ОТН □ РТҮ	□ ОТН □ РТҮ		DATE			PER ELECTION (IF REQUIRED)	
	□ IND		LENDER			CALENDAR YEAR					
	□ OTH □ PTY □ SCC		DATE		:	PER ELECTION (IF REQUIRED)					
	□IND □COM		LENDER			CALENDAR YEAR					
	□ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)					
			SUI	BTOTAL	\$ 0	Enter on Summary Page, Line 17 only.					

Schedu Nonmo			Amounts may be rounded to whole dollars.					CALIFO	SCHEDULE C DRNIA 460 RM
	Statement covers period from January 1, 2022   Page 10 of 19								
	****								
DATE RECEIVED	ZIP CODE OF CONTRIBUTOR		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER			FAIR MARKET	DA CALENDA	TE AR YEAR	TO DATE
	None	□ COM □ OTH □ PTY							
		☐ COM ☐ OTH ☐ PTY							
		□COM □OTH □PTY							·
		□COM □OTH □PTY							
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$ 0			
1. Amount	t received this period itemized nonmonetar				\$ _	0	IND	– Individua VI – Recipie	nt Committee
			ions of less than \$100		\$ _	0	PT\	H – Òther (e Y – Political	.g., business entity) Party
	onmonetary contributions received this period ses 1 and 2. Enter here and on the Summar		mn A. Lines 4 and 10 )	TOT	Δ1 \$	0	_	· · · · · ·	

PS and Committees  NDIDATE, OFFICE, AND DISTRICT, OR MBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT    Monetary   Contribution   Nonmonetary   Contribution   independent   Expenditure	DESCRIPTION (IF REQUIRED)	through June 30, 20  AMOUNT THIS PERIOD	CUMULATIV CALEND/ (JAN. 1 -	AR YEAR	<b>01</b> BER
MBER OR LETTER AND JURISDICTION, OR COMMITTEE	Monetary Contribution Nonmonetary Contribution Independent		1	CALEND/	1447444 VE TO DATE AR YEAR	BER     PER ELECTION   TO DATE
MBER OR LETTER AND JURISDICTION, OR COMMITTEE	Monetary Contribution Nonmonetary Contribution Independent		1	CALEND/	/E TO DATE AR YEAR	PER ELECTION TO DATE
MBER OR LETTER AND JURISDICTION, OR COMMITTEE	Monetary Contribution Nonmonetary Contribution Independent		1	CALEND/	AR YEAR	TO DATE
ıpport □ Oppose	Contribution  Nonmonetary Contribution  Independent					
ipport 🔲 Oppose	Contribution  Independent					
ipport Dppose	· —			1		
	Exportantare					
	Monetary Contribution					
	Nonmonetary Contribution					
upport Dppose	Independent Expenditure					
	☐ Monetary Contribution					
	☐ Nonmonetary Contribution					i
upport Dppose	Independent Expenditure					
		SUBTOTAL	\$ 0			
		Contribution    Independent	Contribution  Independent Expenditure  Monetary Contribution Nonmonetary Contribution Independent Expenditure  Poport Oppose  Expenditure	Contribution Independent Expenditure  Monetary Contribution Nonmonetary Contribution Independent Independent Independent Independent Independent	Contribution Independent Expenditure  Monetary Contribution Nonmonetary Contribution Independent Expenditure  Nonmonetary Contribution Expenditure	Contribution Independent Expenditure  Monetary Contribution Nonmonetary Contribution Independent Expenditure  Nonmonetary Contribution Independent Expenditure

Maria Whitaker-Saucedo  NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE  NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE  None  Monetary Contribution	Statement covers period from January 1, 2022 through June 30, 2022		SCHEDULE D (C  CALIFORNIA 46  FORM  Page 12 of 19  I.D. NUMBER 1447444	
None	AMOUNT THIS PERIOD	CUMULATIVE 1 CALENDAR (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
Nonmonetary Contribution   Independent   Expenditure   Monetary Contribution   Nonmonetary Contribution   Nonmonetary Contribution   Independent   Expenditure   Independent   Expenditure   Independent   Expenditure   Monetary Contribution   Oppose   Expenditure   Oppose   Oppose				
Contribution    Nonmonetary				

Schedule E Payments Made		unts may b o whole do			Statement covers period from January 1, 2022	california 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Maria Whitaker-Saucedo					through Jume 30, 2022	Page 13 of 19 I.D. NUMBER 1447444
CODES: If one of the following codes accurately descricted campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filling/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR m MTG m OFC of PET pe PHO pl POL po POS po PRO pi	ember come eetings and fice expens etition circulation none banks obling and su ostage, delive	munications I appearances es ating urvey research very and mess	3	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and staff/spouse travel, lodging, a	uction costs d meals and meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE C	DR E	DESCRIPTION OF PAYMENT	AMOUNT PAID
Citrograph Printing Co 113 E. State Street	, ,		Lit	Campaign Rem Design/Layout	it Envelopes and Business Cards	\$473.06

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Citrograph Printing Co 113 E. State Street Redlands, 92373	Lit	Campaign Remit Envelopes and Business Cards Design/Layout	\$473.06
Citrograph Printing Co 113 E. State Street Redlands, 92373	Lit	Candidate Prospectus Flyers	\$527.44
Citrograph Printing Co 113 E. State Street Redlands, 92373	Lit	Campaign Banner Design/Layout	\$130.50

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

**SUBTOTAL** \$ 1131.00

#### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	303.37
2. Unitemized payments made this period of under \$100	50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	3_0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	1353.37

FPPC Form 460 (Jan/2016))

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

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Schedule E			•
(Continuation	S	he	eet)
<b>Payments Mad</b>	de	ļ	-

Amounts may be rounded to whole dollars.

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Statement covers period  January 1, 2022 from	CALIFORNIA 460
through June 30, 2022	Page of
	I.D. NUMBER
	1447444

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Maria Whitaker-Saucedo

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 imember communications CNS campaign consultants MTG meetings and appearances RFD returned contributions OFC 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 TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks FND: fundraising events POL polling and survey research. TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services

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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT AMOUNT	NT PAII
Citrograph Printing Company 113 E. State Street Redlands, 92373	Lit District Map sign and printed materials for buttons Design/Layout 172.37	
Redlands Fourth of July Committee  Redlands, 92373	Reserved a space for a booth to disseminate campaign 50.00 literature on 7/4/2022	

44 - 25

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**SUBTOTAL \$ 222.37** 

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

Schedule F Accrued Expenses (Unpaid Bills)  Accrued Expenses (Unpaid Bills)		led		Statement covers period from January 1, 2022		CALIFORNIA 460	
OFF INCTINICATIONS ON DEVENOE			through June 30,	2022	Page	of	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					I.D. NUMBER		
Maria Whitaker-Saucedo					1447444		
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 IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearar OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime ai RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production co- butions ters' salaries time and product al, lodging, and n avel, lodging, and on committees of	tion costs neals I meals f the same candida	ite/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	(c) AMOUNT P THIS PERI (ALSO REPORT	OD BALAN	(d) STANDING CE AT CLOSE HIS PERIOD	
None	None	0	0	0	0		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0		
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized	Schedule F, Column (b) sul accrued expenses under S	btotals for \$100.)	INCU	RRED TOTA	ALS.\$		
<ol><li>Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total unitemized</li></ol>	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		PAID TOTA	ALS \$		
3. Net change this period. ( <b>Subtract</b> Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	İ			NET \$	gative number	
					•	gative number 60 (Jan/2016))	

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

**CALIFORNIA** Statement covers period from January 1, 2022 **FORM** 

through June 30, 2022 of 19Page  $\underline{^{16}}$ 

I.D. NUMBER

1447444

SCHEDULE F (CONT.)

Maria Whitaker-Saucedo

NAME OF FILER

**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 fundraising events

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

campaign literature and mailings

MBR member communications

MTG meetings and appearances OFC office expenses

PET petition circulating phone banks PHO

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 campaign workers' salaries SAL

TEL t.v. or cable airtime and production costs

candidate travel, lodging, and meals TRC staff/spouse travel, lodging, and meals TRS

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
None	·	0	0	0	0
	·				
				,	
	SUBTOTALS S	\$ 0	\$ 0	\$ 0	\$ 0

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee	to whole dellare	Statement covers period from January 1, 2022	california 460		
SEE INSTRUCTIONS ON REVERSE		through <u>June 30, 2022</u>	Page 17 of 19		
NAME OF FILER			I.D. NUMBER		
Maria Whitaker-Saucedo			1447444		
NAME OF AGENT OR INDEPENDENT CONTRACTOR					
None					
CODES: If one of the following codes accurately de	escribes 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	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod			

C	ODES: If one of the following codes accurately of	describes the	payment, you may enter the code.	Otherwise,	describe the payment.
CI	IP campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
C1	IS campaign consultants	MTG	meetings and appearances	RFD	returned contributions
C1	B contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
C/	C civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FII	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
F١	ID fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IN	<ul> <li>independent expenditure supporting/opposing others (expla</li> </ul>	in)* POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LE	G legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LI.	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

<sup>\*</sup> 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 C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
None			0

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$ 0

<sup>\*</sup> 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 H
Schedule H	Amounts may be rounded			Statement cove	rs period	CALIFORN	1A 460	
Loans Made to Others*		to whole dollars.			from January 1, 2022		FORM 400	
					June 30,	2022	_ 18	of <sup>19</sup>
SEE INSTRUCTIONS ON REVERSE					through		Page 18	of19
NAME OF FILER							I.D. NUMBER	
Maria Whitaker-Saucedo							1447444	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d) OUTSTANDING	(e)	(f)	(g)
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	AMOUNT LOANED THIS	REPAYMENT OF FORGIVENES:	BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF	CUMULATIVE LOANS
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIOD	PERIOD	RECEIVED	LOAN	TO DATE
None				☐ PAID				CALENDAR YEAR
				\$ 0	ş. <u>0</u>	0	<u> </u>	\$ 0
				FORGIVEN		RATE		PER ELECTION**
		0	0	. 0		s 0		s 0
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	,			<b>-</b>				· CALENDAR YEAR
				PAID \$ 0	<sub>\$</sub> 0	0 ,,	0 .	
				\$	\$ <del></del>	RATE	\$	s <u>0</u>
		0		FORGIVEN				PER ELECTION**
		\$	ş	\$		\$		\$ <u>0</u>
		<u> </u>			DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive	n must also be							
reported on Schedule E.	11111001 2100 200	SUBTOTALS	\$0	\$ 0	\$ 0	\$ 0		
				<u> </u>		(Enter (e) on		
						Schedule I, Line 3)		
Schedule H Summary					. 0			
1. Loans made this period			***************************************		\$ —		. г	
(Total Column (b) plus unitemized loans					, 0			**If Required
<ol><li>Payments received on loans (Total Column (c) plus unitemized payn</li></ol>	nonte of loss than \$100 \				4			
3. Net change this period. (Subtract Line 2	2 from Line 1.)				NET \$ 0			
(Enter the net here and on the Summa								

(May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460	
			from January 1, 2022	FORM TOO	
			through June 30, 2022	Page 19 of 19	
SEE INSTRUCTIONS NAME OF FILER	S ON REVERSE			I.D. NUMBER	
Maria Whitaker-	Saucedo			1447444	
DATE	FULL NAME AND ADDRESS OF SOURCE		DESCRIPTION OF RECEIPT	AMOUNT OF	
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			INCREASE TO CASH	
1	None			0	
<b>_</b>					
Attach addition	nal information on appropriately labeled continuation shee	ets.	SUBTOTA	.L <b>\$</b> n	
Schedule I S					
	eases to cash this period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ <u>0</u>		
	ncreases to cash of under \$100 this period		0		
	•				
<ol><li>Total of all int</li></ol>	erest received this period on loans made to others.	(Schedule H, Column (e).)	\$ <u>~</u>		
	neous increases to cash this period. (Add Lines 1, 2 ge, Line 14.)		TOTAL \$	FPPC Form 460 (Jan/2016))	
•				(12015);ivice@fppc.ca.gov (866/275-3772)	

www.fppc.ca.gov