

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee	
<input type="checkbox"/> State Candidate Election Committee	<input type="checkbox"/> Controlled	
<input type="checkbox"/> Recall	<input type="checkbox"/> Sponsored	
(Also Complete Part 5)		
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee	
<input type="checkbox"/> Sponsored	(Also Complete Part 6)	
<input type="checkbox"/> Small Contributor Committee		
<input type="checkbox"/> Political Party/Central Committee		

3. Committee Information

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

Lopez Mayor 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Ceres CA 95307

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

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 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.

Executed on 9/9/2025
Date

Executed on 9/9/2025
Date

Executed on _____
Date

Executed on _____
Date

Statement covers period from <u>01/01/2025</u>	Date of election if applicable: (Month, Day, Year) <u>11/4/2024</u>
through <u>02/14/2025</u>	

COVER PAGE

CALIFORNIA FORM 460

Date Stamp
Received by
06 NOV 2025
CITY CLERK
Ceres

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For Official Use Only

2. Type of Statement:

<input checked="" type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input checked="" type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input checked="" type="checkbox"/> Termination Statement	
(Also file a Form 410 Termination)	
<input type="checkbox"/> Amendment (Explain below)	

Treasurer(s)

NAME OF TREASURER

Javier Lopez

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Ceres CA 95307

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

By Javier Lopez
Signature of Treasurer or Assistant Treasurer

By Javier Lopez
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Javier Lopez
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Javier Lopez
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

COVER PAGE - PART 2

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FORM**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Javier Lopez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor of the City of Ceres

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED] Ceres CA 95307

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 01/01/24

CALIFORNIA
FORM **460**

through 02/14/24

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Javier Lopez

I.D. NUMBER

1458240

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ <u>0</u>	\$ _____
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ _____
SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ <u>0</u>	\$ _____
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ <u>0</u>	\$ _____

**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

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ <u>1477.74</u>	\$ _____
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ _____
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <u>1477.74</u>	\$ _____
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$ <u>0</u>	\$ _____
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ _____
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ <u>1477.74</u>	\$ _____

**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	<i>Previous Summary Page, Line 16</i>	\$ <u>1,392.80</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ <u>0</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ <u>1477.74</u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>- 84.94</u>

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

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Javier Lopez

Statement covers period
from 01/01/25

through 02/14/25

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I.D. NUMBER

1458240

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

D fundraising events

J independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hashim Makk [REDACTED] Modesto CA 95355	CNS			787.75
Irene Ortiz [REDACTED] Ct Ceres CA 95307	CNS			600

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

SUBTOTAL \$ 1387.75

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>1387.75</u>
2. Unitemized payments made this period of under \$100.....	\$ <u>89.99</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>1477.74</u>

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

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2025CALIFORNIA **460**
FORMthrough 02/14/2025Page 5 of 5SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Javier Lopez

NAME OF AGENT OR INDEPENDENT CONTRACTOR

I.D. NUMBER

1458240**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

FND candidate filing/ballot fees

IND fundraising events

LEG independent expenditure supporting/opposing others (explain)*

LIT legal defense

MIS campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

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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
<i>Hashim Makki</i> [REDACTED] Modesto CA 95355	CNS			<i>787.75</i>
<i>Irene Ortiz</i> [REDACTED] Ceres CA 95307	CNS			<i>600</i>

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ *1387.75*

* 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.

FPPC Form 460 (Jan/2016))

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