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# Recipient Committee Campaign Statement Cover Page

Date Stamp: RECEIVED SEP 24 2025 CITY OF LOS BANOS

**CALIFORNIA FORM 460**

Page _____ of _____

For Official Use Only

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**Statement covers period**
from 08/11/2025
through 09/20/2025

**Date of election if applicable:** (Month, Day, Year)
08/26/2025

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

- [X] 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
- [X] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

## 3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Perez for City Council 2025

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Los Banos | CA | 93635

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER
Mitzy Perez

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Los Banos | CA | 93635

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 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 09/24/2025 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

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# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mitzy Perez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council District One (1) Los Banos, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP
Los Banos | CA | 93635

**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? ☐ YES ☐ 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? ☐ YES ☐ 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 | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|---|---|

## 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 | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |

***Attach continuation sheets if necessary***

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# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 08/11/2025 through 09/20/2025

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Perez for City Counsil 2025

I.D. NUMBER

## Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|---|
| 1. Monetary Contributions | *Schedule A, Line 3* | $ 3302.74 | $ 6012.62 |
| 2. Loans Received | *Schedule B, Line 3* | 5000.00 | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | *Add Lines 1 + 2* | $ 8302.74 | $ 11012.62 |
| 4. Nonmonetary Contributions | *Schedule C, Line 3* | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED | *Add Lines 3 + 4* | $ 8302.74 | $ 11012.62 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | *Schedule E, Line 4* | $ 5833.98 | $ 8443.86 |
| 7. Loans Made | *Schedule H, Line 3* | 0 | |
| 8. SUBTOTAL CASH PAYMENTS | *Add Lines 6 + 7* | $ 5833.98 | $ 8443.86 |
| 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* | $ 5833.98 | $ 8443.86 |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | *Previous Summary Page, Line 16* | $ 100.00 |
| 13. Cash Receipts | *Column A, Line 3 above* | 8302.74 |
| 14. Miscellaneous Increases to Cash | *Schedule I, Line 4* | |
| 15. Cash Payments | *Column A, Line 8 above* | 5388.98 |
| 16. **ENDING CASH BALANCE** | *Add Lines 12 + 13 + 14, then subtract Line 15* | $ 3013.76 |

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ _____

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... *See instructions on reverse* $ _____

19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column B above* $ _____

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).

## 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 | $ _____ | $ _____ |

## 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 |
|---|---|
| _____/_____/_____ | $ _____ |
| _____/_____/_____ | $ _____ |

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

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# Schedule A
# Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 01/01/2025
through 08/10/2525

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NAME OF FILER
Perez for City Council 2025

I.D. NUMBER

| 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) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| 08/12/2025 | Mitzy Perez<br>Los Banos CA 93635 | ☒ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N/A | 100.00 | 2682.88 | 2682.88 |
| 08/20/2025 | Mitzy Perez<br>Los Banos CA 93635 | ☒ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N/A | 5000 | 7682.88 | 7682.88 |
| 08/25/2025 | Mitzy Perez<br>Los Banos CA 93635 | ☒ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N/A | 202.74 | 7885.62 | 7885.62 |
| 08/26/2025 | Michael Braa<br>Fresno, CA 93704 | ☒ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Atlantis Private investigations, LLC | 3000 | 10885.62 | 10885.62 |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | |

~~SUBTOTAL~~ $ 8302.74

## Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 8302.74
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ _____
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 8302.74

*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

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SCHEDULE E

# Schedule E
## Payments Made

**Amounts may be rounded to whole dollars.**

**Statement covers period**
from 08/11/2025
through 09/20/2025

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**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) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|
| California Bank & Trust<br>San Diego, California<br>92130 | | Bank Fee | 15.00 |
| Kara Hernandez<br>Fresno CA 93727 | CMP | VistaPrint 256.86 door hanger reimbursement<br>VistaPrint 446.06 door hanger reimbursement | 1148.98 |
| Los Banos Enterprise<br>Fresno CA 93704 | WEB | Paid Advertisement<br>VistaPrint 446.06 door hanger reimbursement | 250.00 |

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

**SUBTOTAL $** 1413.98

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 5833.98
2. Unitemized payments made this period of under $100 ..... $ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 5833.98