

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Date Stamp
Received

CALIFORNIA
FORM 460

SEP 23 2026

City Clerk

Page 1 of 8

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from July 1, 2026
through September 19, 2026

Date of election if applicable:
(Month, Day, Year)
November 3, 2026

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

- ☒ 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
☐ 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
1493044

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Jennifer Mendoza for Lemon Grove City Council 2026

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

Jennifer Mendoza

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 9/23/26
Date

Executed on 9/23/26
Date

Executed on _____
Date

Executed on _____
Date

By _____

By _____
or Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>July 1, 2026</u> through <u>September 19, 2026</u>	CALIFORNIA FORM 460 Page <u>2</u> of <u>8</u> I.D. NUMBER <u>1493044</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jennifer L. Mendoza

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>3,475.00</u>	\$ <u>3,475.00</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>1,589.00</u>	\$ <u>1,589.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>5,064.00</u>	\$ <u>5,064.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>5,064.00</u>	\$ <u>5,064.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>5,064.00</u>	\$ <u>5,064.00</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..... Schedule E, Line 4	\$ <u>2,012.00</u>	\$ <u>2,012.00</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>2,012.00</u>	\$ <u>2,012.00</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ _____	\$ _____
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>2,012.00</u>	\$ <u>2,012.00</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>2,012.00</u>	\$ <u>2,012.00</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..... Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>5,064.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>2,012.00</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3,052.00</u>

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

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

18. Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>1,589.00</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 A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from July 1, 2026
through September 19, 2026

CALIFORNIA **460**
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jennifer L. Mendoza

I.D. NUMBER
1493044

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)
08/27/26	AFSCME Local 127 PAC #1461314 [REDACTED]	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	
09/05/26	Mat Kostrinsky [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Kostrinsky Solutions	250.00	250.00	
09/08/26	Brian Polejes [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	25.00	25.00	
09/12/26	Mary Blasv [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Robbins Geller Rudman & Dowd	500.00	500.00	
9/12/26	Amber Eck Duby [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Haegguest & Eck	100.00	100.00	

SUBTOTAL \$ 1,875.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,475.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,475.00

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>July 1, 2026</u> through <u>September 19, 2026</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1493044	

NAME OF FILER
Jennifer L. Mendoza

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)
9/15/26	Karen L. Hartz [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	None	500.00	500.00	
9/16/26	Melinda Vasquez [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Law Office of MK Vasquez	100.00	100.00	
9/16/26	Bonnie Price [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
9/16/26	Meg Moore [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
9/16/26	Jean Paul Sepulvado [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Self	200.00	200.00	
SUBTOTAL \$ 1,000.00						

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>July 1, 2026</u> through <u>September 19, 2026</u>	CALIFORNIA FORM 460
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NAME OF FILER
Jennifer L. Mendoza

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)
09/17/26	Julia Holladay [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Life Coach Self	500.00	500.00	
09/08/26	Joyce James [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Therapist Self	100.00	100.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ 600.00						

*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 B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 7/1/26
through 9/19/26

CALIFORNIA **460**
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jennifer L. Mendoza

I.D. NUMBER

1493044

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jennifer Mendoza [REDACTED]	Retired	1,589.00 \$ <u>0</u>	\$ <u>1,589.00</u>	☐ PAID \$ <u>0</u> ☐ FORGIVEN \$ <u>0</u>	\$ <u>1,589.00</u> <u>12/31/26</u> DATE DUE	<u>0</u> % RATE <u>0</u>	\$ <u>1,589.00</u> <u>8/5/26</u> DATE INCURRED	CALENDAR YEAR \$ <u>0</u> PER ELECTION** \$ <u>0</u>
☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$ <u>1,589.00</u>	\$ <u>0</u>	\$ <u>1,589.00</u>	\$ <u>0</u>			

Schedule B Summary

(Enter (e) on Schedule E, Line 3)

- Loans received this period \$ 1,589.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 1,589.00
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

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

** If required.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>July 1, 2026</u> through <u>September 19, 2026</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jennifer L. Mendoza

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
City of Lemon Grove [REDACTED]	FIL	Campaign filing fees	1475.00
Campaign Partners [REDACTED]	WEB	Website fees	64.00
Secretary of State [REDACTED]	FIL	Campaign filing fees	50.00

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

SUBTOTAL \$ 1,589.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 2,012.00
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).).....	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ 2,012.00

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>July 1, 2026</u> through <u>September 19, 2026</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jennifer L. Mendoza

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
Lemon Grove Bistro [REDACTED]	FND		Food and soft drinks	423.00

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

SUBTOTAL \$ 423.00