

**Recipient Committee  
Campaign Statement  
Cover Page**

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

CALIFORNIA **460**  
FORM

Date Stamp

**RECEIVED**

OCT 24 2024

**City of Banning  
City Clerk's Office**

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For Official Use Only

**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	

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER

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

ALBERTO SANCHEZ FOR BANNING CITY COUNCIL 2024

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
BANNING	CA	92220	951-543-7739

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
BANNING	CA	92220	

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

ROSELIA GONZALEZ B

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
BEAUMONT	CA	92223	951-312-7751

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 10/24/2024  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

Executed on 10/24/2024  
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

FPPC Form 460 (Jan/2016)

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

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

ALBERTO SANCHEZ FOR BANNING CITY COUNCIL 2024

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

BANNING CITY COUNCIL DISTRICT 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] BANNING CA 92220

**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

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

**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 09/22/2024  
through 10/22/2024

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERTO SANCHEZ FOR BANNING CITY COUNCIL 2024

I.D. NUMBER

**Contributions Received**

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ <u>1000.00</u>	\$ <u>3225.00</u>
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ _____	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ _____	\$ _____
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ _____	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ <u>1000.00</u>	\$ <u>3225.00</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	\$ _____	\$ <u>3225.00</u>
21. Expenditures Made	\$ _____	\$ <u>2879.74</u>

**Expenditures Made**

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ <u>1452.45</u>	\$ <u>2879.74</u>
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ _____	\$ _____
9. Accrued Expenses (Unpaid Bills) .....	<i>Schedule F, Line 3</i>	\$ _____	\$ _____
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ _____	\$ _____
11. TOTAL EXPENDITURES MADE .....	<i>Add Lines 8 + 9 + 10</i>	\$ <u>1452.45</u>	\$ <u>2879.74</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>	\$ _____
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	\$ _____
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	\$ _____
15. Cash Payments .....	<i>Column A, Line 8 above</i>	\$ _____
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ _____

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

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

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

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 09/22/2024

CALIFORNIA FORM 460

through 10/22/2024

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SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

ALBERTO SANCHEZ FOR BANNING CITY COUNCIL 2024

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)
10/15/2024	MORONGO BAND OF MISSION INDIANS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1000.00	1000.00	11/05/2024
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1000.00

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 1000.00**

- \*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 E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERTO SANCHEZ FOR BANNING CITY COUNCIL 2024

I.D. NUMBER

**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
BEAUMONT HOME CENTER [REDACTED]	OFF		GRADE/SRVEY STAKE, NAILS, SCREWS	97.51
CASA CRUZ RESTAURANT [REDACTED]	TRS		STAFF MEALS	254.64
R SQUARED BROADCASTING INC [REDACTED] [REDACTED]	RAD		PODCAST	250.00

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

**SUBTOTAL \$ 602.15**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1452.45
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.)	<b>TOTAL \$ 1452.45</b>

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERTO SANCHEZ FOR BANNING CITY COUNCIL 2024

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period  
9/22/2024  
from \_\_\_\_\_  
through 10/22/2024 \_\_\_\_\_

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I.D. NUMBER

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

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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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
RITE AID [REDACTED]	OFC		CAMPAIGN EVENT SUPPLIES	112.19
TAQUERIA OROZCOS [REDACTED]	TRC		STAFF LUNCH	70.75
STATER BROS [REDACTED]	OFF		CAMPAIGN EVENT SUPPLIES	35.34
ONO HAWAIIAN RESTAURANT [REDACTED]	TRC		STAFF LUNCH	26.91
NOSOTROS CAFE [REDACTED]	TRC		STAFF LUNCH	134.28

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

**SUBTOTAL \$ 379.47**

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

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period  
9/22/2024  
from \_\_\_\_\_  
through 10/22/2024

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NAME OF FILER

ALBERTO SANCHEZ FOR BANNING CITY COUNCIL 2024

I.D. NUMBER

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

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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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
TAIYOS SUSHI & POKI [REDACTED]	TRC		STAFF DINNER	259.86
JUAN POLLO [REDACTED]	TRC		STAFF LUNCH	63.53
OYSTER BAR MORONGO RESTAURANT [REDACTED]	OFF		STAFF DINNER	76.84
STARBUCKS STORE 5831 [REDACTED]	TRC		COFFEE MEETING STAFF	52.90
DONUT FACTORY [REDACTED]	TRC		STAFF DONUTS MEETING	17.70

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

**SUBTOTAL \$ 470.83**

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