

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

CALIFORNIA
FORM
460

Page 1 of 23

For Official Use Only

Date Stamp

2023 JAN - 6 PM 2:44

NOV. 8, 2022

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"/> Quarterly Statement
<input type="checkbox"/> State Candidate Election Committee	<input type="checkbox"/> Controlled	<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Recall	<input type="checkbox"/> Sponsored	<input checked="" type="checkbox"/> Special Odd-Year Report
(Also Complete Part 5)		
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee	<input checked="" type="checkbox"/> Termination Statement (Also file a Form 410 Termination)
<input type="checkbox"/> Sponsored	(Also Complete Part 6)	
<input type="checkbox"/> Small Contributor Committee	<input type="checkbox"/> Amendment (Explain Below)	
<input type="checkbox"/> Political Party/Central Committee	<hr/> <hr/>	

3. Committee Information

I.D. NUMBER **1451571**

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

Mokhbery for City Council 2022

STREET ADDRESS (NO P.O. BOX)

[REDACTED] CITY STATE ZIP CODE AREA CODE/PHONE

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

[REDACTED] CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

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 checked="" type="checkbox"/> Termination Statement (Also file a Form 410 Termination)	
<input type="checkbox"/> Amendment (Explain Below)	

Treasurer(s)

NAME OF TREASURER

Thomas Montgomery

MAILING ADDRESS

[REDACTED] CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

[REDACTED] CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

tom@politicalcommunicationsinc.com

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 **12/23/2022**

DATE

Executed on **12/23/2022**

DATE

Executed on _____

DATE

Executed on _____

DATE

By **Thomas Montgomery**
Signature of Treasurer or Assistant Treasurer
By **Javad Mokhbery**
Signature of 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

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www.fppc.ca.gov

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Javad Mokhberry

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

City Council Member City of Laguna Niguel

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

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

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 PROPOSER

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

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 10/23/2022
through 12/23/2022

CALIFORNIA FORM 460

Page 3 of 23

I.D. NUMBER

1451571

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mokhberry for City Council 2022

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>	\$ 326,293.13	\$ 326,293.13
2. Loans Received	<i>Schedule B, Line 3</i>	\$ -200,000.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ 126,293.13	\$ 326,293.13
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ 126,293.13	\$ 326,293.13

**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	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

Expenditures Made

6. Payments Made	<i>Schedule E, Line 4</i>	\$ 141,451.71	\$ 326,293.13
7. Loans Made	<i>Schedule H, Line 3</i>	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ 141,451.71	\$ 326,293.13
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ 141,451.71	\$ 326,293.13

**Expenditures 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>	\$ 15,158.58
13. Cash Receipts.....	<i>Column A, Line 3 above</i>	\$ 126,293.13
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ 0.00
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$ 141,451.71
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 0.00

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

17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Line 2</i>	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 0.00

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.

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 10/23/2022

through 12/23/2022

Page 4 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mokhberry for City Council 2022

ID. NUMBER

1451571

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
12/23/2022	Javad Mokhberry [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Futek, Inc	6,293.13	0.00	
12/23/2022	Javad Mokhberry [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Futek, Inc	20,000.00	0.00	
12/23/2022	Javad Mokhberry [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Futek, Inc	30,000.00	0.00	
12/23/2022	Javad Mokhberry [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Futek, Inc	30,000.00	0.00	
12/23/2022	Javad Mokhberry [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Futek, Inc	110,000.00	0.00	

SUBTOTAL \$ 196,293.13

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA
FORM

460

Statement covers period
from 10/23/2022
through 12/23/2022

Page 5 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mokhberry for City Council 2022

I.D. NUMBER

1451571

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
12/23/2022	Javad Mokhberry [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Futek, Inc	60,000.00	0.00	
12/23/2022	Javad Mokhberry [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Futek, Inc	40,000.00	0.00	
12/23/2022	Javad Mokhberry [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Futek, Inc	30,000.00	0.00	

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) ----- \$ 326,293.13
- Amount received this period - unitemized monetary contributions of less than \$100 ----- \$ 0.00
- Total monetary contributions received this period.
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ----- **TOTAL \$ 326,293.13**

* 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

SUBTOTAL \$ 130,000.00

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NAME OF FILER		I.D. NUMBER
Mokhberry for City Council 2022		1451571
FORM	REFERENCE	NOTES
F460 Sch A	A-116 Javad Mokhberry 12/23/2022	Additional Contribution Information: Loan forgiven
F460 Sch A	A-117 Javad Mokhberry 12/23/2022	Additional Contribution Information: Loan forgiven
F460 Sch A	A-118 Javad Mokhberry 12/23/2022	Additional Contribution Information: Loan forgiven
F460 Sch A	A-119 Javad Mokhberry 12/23/2022	Additional Contribution Information: Loan forgiven
F460 Sch A	A-120 Javad Mokhberry 12/23/2022	Additional Contribution Information: Loan forgiven
F460 Sch A	A-121 Javad Mokhberry 12/23/2022	Additional Contribution Information: Loan forgiven

NAME OF FILER			I.D. NUMBER
Mokhbery for City Council 2022			1451571
FORM	REFERENCE	NOTES	
F460 Sch A	A-122 Javad Mokhbery 12/23/2022	Additional Contribution Information: Loan forgiven	
F460 Sch A	A-124 Javad Mokhbery 12/23/2022	Additional Contribution Information: Loan forgiven	

Schedule B - Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA FORM 460

Statement covers period
from 10/23/2022

through 12/23/2022

Page 8 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mokhberry for City Council 2022

I.D. NUMBER

1451571

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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
Javad Mokhberry [REDACTED]	Futek, Inc Owner	\$ 10,000.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 3,706.87 <input checked="" type="checkbox"/> FORGIVEN \$ 6,293.13	\$ 0.00	0.00 % RATE	\$ 10,000.00	CALENDAR YEAR \$ 0.00 PER ELECTION**
* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Javad Mokhberry [REDACTED]	Futek, Inc Owner	\$ 20,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 20,000.00	\$ 0.00	0.00 % RATE	\$ 20,000.00	CALENDAR YEAR \$ 0.00 PER ELECTION**
* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Javad Mokhberry [REDACTED]	Futek, Inc Owner	\$ 30,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 30,000.00	\$ 0.00	0.00 % RATE	\$ 30,000.00	CALENDAR YEAR \$ 0.00 PER ELECTION**
* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Javad Mokhberry [REDACTED]	Futek, Inc Owner	\$ 30,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 30,000.00	\$ 0.00	0.00 % RATE	\$ 30,000.00	CALENDAR YEAR \$ 0.00 PER ELECTION**
* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$ 0.00 \$ 90000.00 \$ 0.00 \$ 0.00								

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

** If required.

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

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Schedule B - Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

**CALIFORNIA
FORM 460**

Statement covers period
from 10/23/2022

through 12/23/2022

Page 9 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mokhberry for City Council 2022

I.D. NUMBER

1451571

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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
Javad Mokhberry [REDACTED]	Futek, Inc Owner	\$ 110,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 110,000.00	\$ 0.00 RATE DATE DUE	0.00 % \$ 0.00 \$ 0.00	\$ 110,000.00 10/06/2022 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION**
* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Javad Mokhberry [REDACTED]	Futek, Inc Owner	\$ 0.00	\$ 60,000.00	<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 60,000.00	\$ 0.00 RATE DATE DUE	\$ 60,000.00 10/23/2022 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION**
* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Javad Mokhberry [REDACTED]	Futek, Inc Owner	\$ 0.00	\$ 40,000.00	<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 40,000.00	\$ 0.00 RATE DATE DUE	\$ 40,000.00 11/02/2022 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION**
* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Javad Mokhberry [REDACTED]	Futek, Inc Owner	\$ 0.00	\$ 30,000.00	<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 30,000.00	\$ 0.00 RATE DATE DUE	\$ 30,000.00 11/04/2022 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION**

SUBTOTALS \$ 130,000.00 \$ 240000.00 \$ 0.00 \$ 0.00

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

** If required.

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

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Schedule B - Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA FORM 460

Statement covers period
from 10/23/2022

through 12/23/2022

Page 10 of 23

I.D. NUMBER

1451571

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mokhberry for City Council 2022

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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	
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN					
* <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<input type="checkbox"/> FORGIVEN \$ _____	\$ _____ RATE	\$ _____ RATE	\$ _____ DATE DUE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION**
* <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<input type="checkbox"/> FORGIVEN \$ _____	\$ _____ RATE	\$ _____ RATE	\$ _____ DATE DUE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION**

Schedule B Summary

1. Loans received this period - - - - - \$ 130,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period - - - - - \$ 330,000.00
(Total Column (c) plus loans under \$100 paid or forgiven)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) - - - - - **NET \$ -200,000.00**
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.

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

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Schedule B - Part 2
Loan Guarantors

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

CALIFORNIA
FORM

460

Statement covers period
from 10/23/2022

through 12/23/2022

Page 11 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mokhberry for City Council 2022

I.D. NUMBER
1451571

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (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
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR DATE \$ _____ PER ELECTION (IF REQUIRED)	

SUBTOTAL \$ Enter on Summary
Page. Line 17 only.

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Schedule C
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

460

Statement covers period
from 10/23/2022
through 12/23/2022

CALIFORNIA FORM
Page 12 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mokhberry for City Council 2022

I.D. NUMBER

1451571

DATE RECEIVED	FULL NAME, STREET ADDRESS (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<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					

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) ----- \$ 0.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 ----- \$ 0.00
3. Total nonmonetary contributions received this period.
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ----- **TOTAL** \$ 0.00

* 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

SUBTOTAL \$

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Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures, and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D

CALIFORNIA FORM 460

Statement covers period
from 10/23/2022

through 12/23/2022

Page 13 of 23

NAME OF FILER

Mokhberry for City Council 2022

I.D. NUMBER
1451571

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				

SCHEDULE D SUMMARY

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) - - - - - \$ 0.00
2. Unitemized contributions and independent expenditures made this period of under \$100 - - - - - \$ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) - - - - - **TOTAL \$ 0.00**

SUBTOTAL \$

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**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

**CALIFORNIA
FORM 460**

Statement covers period
from 10/23/2022
through 12/23/2022

Page 14 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mokhberry for City Council 2022

I.D. NUMBER

1451571

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
IND 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
Nexus Engineering Design and Construction, Inc [REDACTED]	CNS	Consulting Fees	3,428.07
Political Communications, Inc [REDACTED]	PRO	Compliance and Accounting	150.00
Political Communications, Inc [REDACTED]	PRO	Compliance and Accounting	150.00
Silverstreak Connect, LLC [REDACTED]	CNS	Precinct Walking	44,500.00

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

SUBTOTAL \$ 48,228.07

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

**CALIFORNIA
FORM 460**

Statement covers period
from 10/23/2022
through 12/23/2022

Page 15 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mokhberry for City Council 2022

I.D. NUMBER

1451571

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
IND 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
U.S. Bank [REDACTED]	OFC	Wire Fees	322.00
U.S. Bank [REDACTED]	OFC	Wire Fees	148.00
Venture Strategic [REDACTED]	WEB		2,253.79
Venture Strategic [REDACTED]	WEB		2,530.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 5,253.79

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**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

**CALIFORNIA
FORM 460**

Statement covers period
from 10/23/2022
through 12/23/2022

Page 16 of 23

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mokhberg for City Council 2022

I.D. NUMBER

1451571

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
IND 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
Venture Strategic [REDACTED]	WEB		4,295.00
Venture Strategic [REDACTED]	WEB		12,717.56
Venture Strategic [REDACTED]	WEB		17,250.00
Venture Strategic [REDACTED]	WEB		8,787.27
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 43,049.83

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

460

Statement covers period
from 10/23/2022
through 12/23/2022

**CALIFORNIA
FORM**

Page 17 of 23

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mokhberry for City Council 2022

I.D. NUMBER

1451571

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
Venture Strategic [REDACTED]	WEB		12,717.56
Venture Strategic [REDACTED]	WEB		5,000.00
Venture Strategic [REDACTED]	WEB		5,973.39
Venture Strategic [REDACTED]	WEB		2,872.65
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 26,563.60

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**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA FORM 460

Statement covers period
from 10/23/2022
through 12/23/2022

Page 18 of 23

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mokhberry for City Council 2022

I.D. NUMBER
1451571

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
IND 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
Venture Strategic [REDACTED]	WEB		12,717.56
Venture Strategic [REDACTED]	WEB	Texting	3,750.72
Venture Strategic [REDACTED]	WEB	Texting	1,791.70
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 18,259.98

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

**CALIFORNIA
FORM 460**

Statement covers period
from 10/23/2022

through 12/23/2022

Page 19 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mokhberry for City Council 2022

ID. NUMBER

1451571

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
IND 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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	-----	\$ <u>141,355.27</u>
2. Unitemized payments made this period of under \$100	-----	\$ <u>96.44</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	-----	\$ <u>0.00</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>141,451.71</u>

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

SUBTOTAL \$ 0.00

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**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

SCHEDULE F

**CALIFORNIA
FORM 460**

Statement covers period
from 10/23/2022
through 12/23/2022

Page 20 of 23

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mokhberry for City Council 2022

I.D. NUMBER
1451571

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
IND 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 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

SCHEDULE F SUMMARY

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 0.00**
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 0.00**
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 0.00**

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

SUBTOTALS \$ \$ \$ \$

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

Amounts may be rounded to whole dollars.

SCHEDULE G

CALIFORNIA FORM 460

Statement covers period
 from 10/23/2022
 through 12/23/2022

Page 21 of 23

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER:

Mokhberry for City Council 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

ID. NUMBER

1451571

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
 IND 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

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

TOTAL * \$

** 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.

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**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

SCHEDULE H

**CALIFORNIA
FORM 460**

Statement covers period
from 10/23/2022

through 12/23/2022

Page 22 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mokhberry for City Council 2022

I.D. NUMBER

1451571

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE	_____ % RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION*

SUBTOTALS \$ \$ \$ \$

*Loans that are contributions to another candidate or committee must also be
summarized on Schedule D. Loans forgiven must also be reported on Schedule E

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Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

CALIFORNIA
FORM

460

Statement covers period
from 10/23/2022
through 12/23/2022

Page 23 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mokhberry for City Council 2022

I.D. NUMBER
1451571

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Schedule I Summary

1. Itemized increases to cash this period. ----- \$ 0.00
2. Unitemized increases to cash of under \$100 this period. ----- \$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ----- \$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ----- \$ 0.00

TOTAL \$ 0.00

SUBTOTAL \$