Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from 07/01/2022	Date of election if applicable: (Month, Day, Year)		Page 1 of 16
SEE INSTRUCTIONS ON REVERSE	through	11/08/2022		
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored Moc Complete Part 6)	 Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be 	mination)	Quarterly Statement pecial Odd-Year Report
Small Contributor Committee O Political Party/Central Committee	rimarily Formed Candidate/ Miceholder Committee Iso Complete Part 7)	155 Amendment aperts changes	t: To amond :	erginal filing
	9. NUMBER 411157	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
SHELTON FOR CITY COUNCIL, 2022		SHEILA STARK MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIE	
CITY STATE 7/P COI		NAME OF ASSISTANT TREASURE	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NU. AND STREET UR P.U. BUX		LINSEY JOHNSON MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	СІТҮ	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS				
		OF HORAE. TACTC-MAILADDRES	33	
4. Verification				
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of 0	g this statement and to the best of my kno California that the foregoing is the and co	owledge the information contained t rrect.	herein and in the attached :	schedules is true and complete. I

Executed on	By Signature of Transurde or Assistant Transurge	
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 Dete	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	
		FPPC Form 460 (Jan/2016))

.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

DELRAY SHELTON

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

DISTRICT 6 MERCED CITY COUNCIL

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. NUME	BER
NAME OF TREASURER		CONTRO	LLED COMMITTEE?
		T YES	
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	#*****	I.D. NUMB	ER
NAME OF TREASURER		CONTROL	LED COMMITTEE?
		YES	
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	

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

and the second s	
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	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

Campaign Disclosure Statement	4	Amounts may be round	beb				SUMMARY PAGE
Summary Page		to whole dollars.			4	tement covers period 2/01/2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE					through	09/24/2022	Page_3 of16
NAME OF FILER DELRAY SHELTON				·······	<u> </u>		I.D. NUMBER 1411157
Contributions Received	()	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column CALENDAR TOTAL TO D	YEAR	Running in Both th	mary for Candidates le State Primary and
1. Monetary Contributions	\$	26,755.03	\$	35,355.00)	General Elections	
2. Loans Received	•	969.29	Ψ	5,860.80)	1/1 t	hrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	27,724.32	\$	41,215.80)	20. Contributions	
4. Nonmonetary Contributions Schedule C, Line 3	•		•			Received \$ 21. Expenditures	\$
5. TOTAL CONTRIBUTIONS RECEIVED	\$	27,724.32	\$	41,215.80)		\$\$
Expenditures Made	_					Europe and the second start of	
6. Payments Made Schedule E, Line 4	\$	11,558.87	\$	11,896.87		Expenditure Limit S	summary for State
7. Loans Made Schedule H, Line 3							
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	11,558.87	\$	11,896.87			ve Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3						Date of Election	2
10. Nonmonetary AdjustmentSchedule C, Line 3		• • • • • • • • • • • • • • • • • • •				(mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	11,558.87	\$	11,896.87		//	\$
Current Cash Statement			Т				\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	9,337.00		aleulete Celum	D		
13. Cash Receipts Column A, Line 3 above		27,724.32	add	alculate Colun amounts in Co	olumn		
14. Miscellaneous Increases to Cash Schedule I, Line 4				the correspon		*Amounts in this section n	nay be different from amounts
15. Cash Payments Column A, Line & above		11,558.87	ofy	our last report.	Some	reported in Column B.	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	25,502.45	be r	ounts in Column regative figures	s that		
If this is a termination statement, Line 16 must be zero.			prev	uld be subtract vious period an	nounts. If		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		filed	is the first repo for this calend carry over the	lar year,		
Cash Equivalents and Outstanding Debts			from	Lines 2, 7, an			
18. Cash Equivalents	\$	25,502.36	any				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	5,860.80					FPPC Form 460 (Jan/2016))
			1			FPPC Advice: advi	ce@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov (866/275-3772)

Contributions Received	tc	o whole dollars.	1			FORNIA 46
DNS ON REVERSE			through09/24/20	022	Page	4 of
IELTON			4		I.D. NU	MBER
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF CONMITTEE, 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	CALENDAR Y	EAR	PER ELECTION TO DATE (IF REQUIRED)
Transcounty Title Company	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		\$2,867.15	\$2,867.15		(in redoined)
Yvonne Ayers		Owner Transcounty Title Company	\$716.79	\$716.79		
Peg Larson		Escrow Officer Transcounty Title Company	\$716.79	\$716.79		
Lee & May Pevsner	Ø IND □ COM □ OTH □ PTY □ SCC	Retired	\$100.00	\$100.00		
Bettie Stephens	ØIND □COM □OTH □PTY □SCC	Controller Inter West Insurance Services	\$100.00	\$100.00		
		SUBTOTAL \$	4,500.73	and the second		Ér .
ceived this period – itemized monetary contributions Schedule A subtotals.)				IND - COM- OTH - PTY -	Individual Recipier (other th Other (e Political	nt Committee an PTY or SCC) .g., business entity)
	ELTON FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER) Transcounty Title Company Yvonne Ayers Peg Larson Lee & May Pevsner Bettie Stephens Bettie Stephens CSummary erived this period – itemized monetary contribution Schedule A subtotals.)	ELTON FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * GF COMMITTEE, ALSO ENTER I.D. NUMBER) Transcounty Title Company COM OTH PTY SCC Yvonne Ayers Vonne Ayers Vonne Ayers Vonne Ayers Vonne Ayers Vonne Ayers COM OTH PTY SCC Lee & May Pevsner COM OTH PTY SCC ELee & May Pevsner SCC COM COM OTH PTY SCC ELee & May Pevsner SCC ELEE & May Pevs	DNS ON REVERSE IELTON FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (PCOMMITTEE, ALSO ENTER ID, NUMBER) CONTRIBUTOR CODE * IF AN INDIVIDUAL, ENTER OCCUPATION AND E MPLOYER (PSELFEUROLE, ENTER NAME OF BUDINGE ENTER OF BUDINGE ENTER NAME OF BUDINGE ENTER OF BUDINGE ENTER NAME OF BUD	Transcounty Title Company Ø/001/2022 Yuonne Ayers Ø/000 Yuonne Ayers Ø/000 Øreg Larson Ø/000 Lee & May Pevsner Ø/000 Bettie Stephens Ø/000 Bettie Stephens Ø/000 Still Stephens Ø/000 Still Stephens Ø/000 Still Stephens Ø/000 Bettie Stephens Ø/000 Stephend	from 07/01/2022 through 09/24/2022 through 00/24/2022 through 00/24/2022	trom 07/01/2022 Page. bits through 09/24/2022 Page. through 00/24/2022 Page. through 00/24/2022

Schedule Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole	be rounded dollars.	Statement con from 07/01/2022			RNIA 460
AME OF FILER				through09/24/20	022	Page 5	of
DELRAY SE						I.D. NUMBE 1411157	R
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/18/2022	Doug Fluetsch		Partner Fluetsch & Busby Insurance	\$500.00	\$500.00		
08/18/2022	Citizens for the Betterment of Merced County County Political Action Committee	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		\$1,700.00	\$1,700.00		
08/16/2022	Merced City Fire Fighters PAC # Political Action Committee	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		\$2,000.00	\$2,000.00		
09/21/2022	Kari May	IND COM OTH PTY SCC	Vice President; Branch Manager CVCB Bank	\$150.00	\$150.00		
			SUBTOTAL \$	4,350.00	1.226	<u>e 1946</u>	and the second

*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			ts may be rounded whole dollars.				SCHEDULE A
Monetary C	Contributions Received	10	whole dollars.	Statement cov from07/01	/2022		FORNIA 460
SEE INSTRUCTION	IS ON REVERSE			through09/2	4/2022	Page	<u>6 of 16</u>
NAME OF FILER Delray Shel	ton						UMBER 111157
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/21/2022	Bob Wells	I IND COM OTH PTY SCC	Owner Bob Wells Carpet Cleaning	\$300.00	\$300.00		
09/21/2022	Stephanie Schick, PA	DAIND COM OTH PTY SCC	Physcians Assistant Dr. Harold Schick	\$100.00	\$100.00		
09/21/2022	Udavdeep Bali		Tutor/Owner Bali Learning Center	\$100.00	\$100.00		
09/21/2022	Rosalby Tovar		Escrow Officer First American Title	\$250.00	\$250.00		
09/21/2022	Shinds Singh	☐XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Farming Self Employed	\$100.00	\$100.00		
			SUBTOTAL	\$ 850.00			- Selection
(Include all 2. Amount rec	Summary eived this period – itemized monetary contribution Schedule A subtotals.) eived this period – unitemized monetary contribut ary contributions received this period.					(other – Other – Politic	ual ient Committee than PTY or SCC) (e.g., business entity)
	and 2. Enter here and on the Summary Page, C	Column A, Line 1	.) TOTAL \$		PPC Advice: advi		PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772)

Monetary C	ontributions Received		to whole dollars. Statement covers p from07/01/2022			CALIFORNIA 460
SEE INSTRUCTION	S ON REVERSE			through09/24	/2022	Page 7 of 16
NAME OF FILER Delray Shel	ton					I.D. NUMBER 1411157
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR TO DATE
09/21/2022	Amritpal Singh	DIND COM OTH PTY SCC	Owner Denair Market	\$100.00	\$100.00	
09/20/2022	Surinder Kumar	DIND COM OTH PTY SCC	Self Employed	\$100.00	\$100.00	
09/20/2022	Kasturi Lal	DAIND □ COM □ OTH □ PTY □ SCC	Electrician	\$100.00	\$100.00	
09/21/2022	Parminder Sidler		Physician Serenity Oncology	\$100.00	\$100.00	
09/11/2022	Julia Corbin	DUND COM OTH PTY SCC	Supervisor, Merced County Child Support	\$500.00	\$500.0	D
			SUBTOTAL	\$ 900.00		A.L.
(Include all S	Summary eived this period – itemized monetary contributio Schedule A subtotals.)					htributor Codes - Individual M - Recipient Committee (other than PTY or SCC) I - Other (e.g., business entity) ' - Political Party - Small Contributor Committee

.

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

Monetary	Contributions Received	to	whole dollars.	Statement co	vero desta d		SCHEDULE A
					1/2022	CALI	FORNIA 460
the second secon	ONS ON REVERSE			through09/	24/2022	Page 8_ of 16	
NAME OF FILER Delray She	elton					I.D. NU	MBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT	CUMULATIVE TO	DATE	411157 PER ELECTION
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR Y (JAN. 1 - DEC.		TO DATE (IF REQUIRED)
09/21/2022	Bachtar Singh	IND COM OTH PTY SCC	Truck Driver Self Employed	\$500.00	\$500.00		(**********
09/21/2022	Valley Prime Hospitality DBA Courtyard by Marriott Merced			\$1,000.00	\$1,000.0	0	
09/21/2022	Beverly Schick	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$400.00	\$400.00		
09/21/2022	Ashrir Singh	IND □COM □OTH □PTY □SCC		\$200.00	\$200.00		
09/21/2022	Avtar Singh		Realtor Realty Essentials	\$200.00	\$200.00		
			SUBTOTAL \$	2,300.00			les.
(Include all 3	Summary eived this period – itemized monetary contributions Schedule A subtotals.) eived this period – unitemized monetary contribution ary contributions received this period.				IND - COM - OTH - PTY -	ibutor Co Individua - Recipie (other t Other (e Political	odes al ent Committee han PTY or SCC) e.g., business entity)
(Add Lines	1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1.	.)TOTAL \$		PC Advice: advice	FPPC	Form 460 (Jan/2016)) :a.gov (866/275-3772)

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Schedule A Amounts may be rounded to whole dollars. **Monetary Contributions Received** Statement covers period from_

SCHEDULE A CALIFORNIA 460

07/01/2022

SEE INSTRUCTION		through09/2	24/2022		9 of _	16				
Delray She						I.D. NUN 14	MBER 11157			
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	CALENDAR YEAR TO					
09/21/2022	Mark & Patti Dossetti		Retired	\$200.00	\$200.00		\$200.00		(IF REQU	
09/21/2022	Bassi Brothers, Inc - DBA Brothers Food Mart	SIND COM OTH PTY SCC	Owner - Fuel	\$500.00	\$500.00		\$500.00			
09/21/2022	Dr Jaspreet Nanra	□ IND □ COM ☑ OTH □ PTY □ SCC	Physcian, Golden State Care	\$200.00	\$200.00					
09/21/2022	Merced Hotel & Lodging Association	□IND □COM □OTH □PTY □SCC		\$1,500.00	\$1,500.00					
09/21/2022	Corinne Lucero	☐ HIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Regional Director CVC Foundation	\$100.00	\$100.00					
			SUBTOTAL \$	2,500.00			.			
 (Include all \$ Amount receiption Total monetal 	eived this period – itemized monetary contributions. Schedule A subtotals.) eived this period – unitemized monetary contribution	s of less than	\$100\$		IND COM - OTH PTY	(other the Other (e.) Political P	t Committee an PTY or So a., business	CC) entity)		
	and 2. Enter here and on the Summary Page, Colu	ann A, Line 1.	/TOTAL \$		PC Advice: advice	FPPC F efppc.ca	orm 460 (Ja 1.gov (866/2	n/2016)) 75-3772)		

www.fppc.ca.gov

Schedule A

Amounts may be rounded

ochequie A			its may be rounded			SCHEDULE A		
Monetary Contributions Received			whole dollars.	Statement co from07/01/		CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through09/24	4/2022	Page 10 of 16		
NAME OF FILER							UMBER	
Delray She	lton						11157	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
09/13/2022	Phillip May	I IND □ COM □ OTH □ PTY □ SCC	Real Estate Agent Self Employed	\$200.00 \$200.00				
09/21/2022	Kathleen Crookham	IND COM OTH PTY SCC	Retired	\$100.00	\$100.00			
09/21/2022	Merced Booster Club	□IND □COM ௴OTH □PTY □SCC		\$2,867.15	\$2,867.15			
09/01/2022	Merced Police Officers Association PAC #900972	IND COM OTH PTY SCC		\$1,000.00	\$1,000.0	0		
09/22/2022	Merced City Fire Fighters PAC	☐ IND ☐ COM ☐¥OTH ☐ PTY ☐ SCC		\$867.15 \$867			\$2,867.15	
			SUBTOTAL \$	5,034.30				
(Include all \$ 2. Amount rece	Summary eived this period – itemized monetary contribution Schedule A subtotals.) eived this period – unitemized monetary contribut ary contributions received this period.				IND - COM OTH PTY	(other - Other - Politica	Codes Jal ient Committee than PTY or SCC) (e.g., business entity)	
(Add Lines 1	and 2. Enter here and on the Summary Page, C	olumn A, Line 1.)TOTAL \$		PPC Advice: advic	FPP e@fppc	C Form 460 (Jan/2016)) .ca.gov (866/275-3772)	

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Schedule A

Amounts may be rounded

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Monetary Contributions Received		to	whole dollars.	Statement co	vers period	SCHEDULE /
					01/2022	FORM 460
SEE INSTRUCTIO	NS ON REVERSE			through09/.	24/2022	Page
NAME OF FILER						
Delray She						1.D. NUMBER 1411157
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 CALENDAR YE (JAN. 1 - DEC.)	AR TO DATE
09/16/2022	Ashley Investments	□IND □COM □FOTH □PTY □SCC		\$500.00	\$500.00	
09/15/2022	International Brotherhood of Electrical Workers Local PAC 684	☐ IND ☐ COM X OTH ☐ PTY ☐ SCC		\$750.00	\$750.00	
09/20/2022	Mape's Ranch and Lyon's Investments	□IND □COM □TOTH □PTY □SCC		\$2,500.00	\$2,500.00	
08/30/2022	Northern California Carpenters Regional Council Small Contributor Committee			\$1,000.00	\$1,000.00	
<u></u>			SUBTOTAL \$	4,750.00	rie .	
1. Amount rec (Include all	eived this period – itemized monetary contributions Schedule A subtotals.)		\$		IND 1	butor Codes ndividual Recipient Committee
	eived this period – unitemized monetary contributio	ns of less than	\$100\$	1,570.00	PTY-	(other than PTY or SCC) Other (e.g., business entity) Political Party Small Contributor Committee
	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col	lumn A, Line 1.	.)TOTAL \$		PPC Advice: advice	FPPC Form 460 (Jan/2016)) @fppc.ca.gov (866/275-3772)

Schedule B – Part 1	An	nounts may be ro	unded				SCHED	OULE B - PART 1
Loans Received		Statement cov	CALIFORNIA 4					
Loans Received					from <u>07/01/2022</u>		FORM	400
SEE INSTRUCTIONS ON REVERSE					through09/24/2	022	Page 12	of_16
NAME OF FILER							I.D. NUMBER	
DELRAY SHELTON							1411157	
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 PA OR FORGIVE THIS PERIO	BALANCE AT	(e) INTEREST PAID THIS PERIOD	(7) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
		FERIOD		PAID	PERIOD			CALENDAR YEAR
DELRAY SHELTON	SHERIFF DEPUTY			\$ 1,016.20	\$ 5,860.80	0 *	s 8154.98	
	MERCED COUNTY					RATE		
		4,891.51	969.29		01/01/20		09/05/18	PER ELECTION"
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
								CALENDAR YEAR
				s	s			
						RATE		\$
								PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
				D PAID			DATE INCORRED	CALENDAR YEAR
								CALLIDAR ILAR
					•	RATE	\$	5
				FORGIVEN				PER ELECTION**
		\$	\$	s	DATE DUE	\$		\$
	1						DATE INCURRED	
	S	SUBTOTALS \$	i :	\$	\$ 5	\$		
Schedule B Summary	and the second se		·······			(Enter (e) on Sched	ule E, Line 3)	
1. Loans received this period					969.29			
(Total Column (b) plus unitemized loan	is of less than \$100.)			\$				
2. Loans paid or forgiven this period				\$		(to	Contributor Codes	
(Total Column (c) plus loans under \$10	00 paid or forgiven.)			······································			D - Individual	
(Include loans paid by a third party tha	t are also itemized on Sche	dule A.)			969.29	1	OM - Recipient Co (other than F	PTY or SCC)
3. Net change this period. (Subtract Line Enter the pet here and on the Summer	e 2 trom Line 1.)			.NET \$	307.43	0	TH - Other (e.g., b	ousiness entity)
Enter the net here and on the Summar	y Fage, Column A, Line 2.					s	TY Political Part CC Small Contril	y butor Committee
				(May be a negative number)	C		
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.	ſ						
** If required.							EDDC Form	460 (Jan /2016)

** If required.

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Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF FILER DELRAY SHELTON		Amounts may b to whole do		Statement cover from 07/01/2022 through 09/24/202		SCHEDULE D CALIFORNIA 460 FORM 460 Page 13 of 16 I.D. NUMBER 1411157		
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	CUMULATIV CALENDA (JAN. 1-1	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
08/25/2022	Shane Smith for Merced Council 4	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Expenditure	Cash	\$250.00	\$250.00			
	Support Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL	\$ 250.00				

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	 250.00
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.)	 250.00

Sehedule E	Amounte may be reunded	SCH			
Schedule E	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA ACO		
Payments Made		from07/01/2022	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE		through <u>09/24/2022</u>	Page of		
NAME OF FILER			I.D. NUMBER		
DELRAY SHELTON			1411157		
CODES: If one of the following codes accurately desc	ribes the payment, you may enter the code. Oth	erwise, describe the payment.			
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production of	costs		
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expenses PET petition circulating	SAL campaign workers' salaries			
FIL candidate filing/ballot fees	PHO phone banks	TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and	nd meals		
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		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 C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Kemper CPA Group, LLP 478 E. Yosemite Avenue, Suite A, Merced CA 95340	PRO	Accounting Fees	\$250.00
Jeremiah Greggains	WEB	Advertising	\$750.00
Mike Lynch Consulting 661 9th Street, Modesto, CA 95354	CNS	Consulting	\$500.00

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

SUBTOTAL \$ 1,500.00

Schedule E Summary

States in the second section and second

1. Itemized payments made this period. (Include all Schedule E subtotals.)	11,232.02
2. Unitemized payments made this period of under \$100	326.85
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.)	11,558.87

Schedule E (Continuation Sheet) Payments Made	Amounts may b to whole do			Statement covers period from		CHEDULE E (CONT. DRNIA 460
SEE INSTRUCTIONS ON REVERSE	-			through <u>09/24/2022</u>	Page	5 of <u>16</u>
DELRAY SHELTON					I.D. NUMI 1411157	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC divic 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 com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	imunications d appearance les lating urvey researc very and mes	s sh senger services	rwise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs	costs duction costs id meals and meals s of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	to an	CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Merced County Hispanic Chamber of Commerce 531 W. Main Street, Merced, CA 95340	B	СТВ	Contribution			\$100.00
Park West Community Group 51 Luke Ct, Merced, CA 95340		СТВ	Contribution			2,200.00
CASA of Merced County 2824 Park Avenue A, Merced, CA 95344	Đ	СТВ	Contribution			\$150.00
Merced City Council/Merced County 678 W. 18th Street, Merced, CA 95340		FIL	Campaign Filing			\$725.00
Postal Connections 731 E. Yosemite Ave., Suite B, Merced, CA 95340		POS	PO Box/ Copies			\$106.48
* Payments that are contributions or independent expenditures must also be	summarized on Scheo	lule D.		SU	BTOTAL \$	3.281.48

Schedule E Amounts ma	y be rounded			SCHEDULE E (CONT.)
(Continuation Sneet) to whole	to whole dollars.		Statement covers period	CALIFORNIA AGO
Payments Made			from 07/01/2022	FORM 400
SEE INSTRUCTIONS ON REVERSE			through09/24/2022	Page <u>16</u> of <u>16</u>
DELRAY SHELTON				I.D. NUMBER 1411157
CODES: If one of the following codes accurately describes the payment	You may er	ter the code. Othe		1111107
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions 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 LEG legal defense PRO professional services (fegal, accounting) TSF transfer between committees of the same candidate/sponsor LT campaign literature and mallings PRT print ads WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Dollar Tree 1778 W. Olive Avenue Merced, CA 95348	СМР	Campaign St	ıpplies - Walk Teams	\$197.96
Staples Connect 20 West Olive Avenue Merced, CA 95348	OFC	Office Sup	plies	\$918.30
H & S Signs 418 Neal Street Grass Valley, CA 95945	СМР	Signs		\$4,815.50
Costco 1445 R Street Merced CA 95340	СМР	Campaign	Supplies	\$129.78
EFundraising Connections 2831 G Street Ste 120 Sacramento, CA 95816	WEB	COPS Vote	r Gui de	\$389.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 6,450.54				

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