Recipient Committee				COVER PAGE
Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from $\frac{09/25/2022}{}$	Date of election if applicable: (Month, Day, Year)		Page 1 of 16 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 10/22/2022	11/08/2022		Circi Heed
1. Type of Recipient Committee: All Committees - 0	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ 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)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	Specermination)	rterly Statement cial Odd-Year Report
5. Committee mormation	I.D. NUMBER 1411157	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		
SHELTON FOR CITY COUNCIL, 2022 STREET ADDRESS (NO P.O. BOX)		SHEILA STARK MAILING ADDRESS CITY	STATE ZID CO	AREA COREINIANE
CITY STATE ZIPO	AREA CODE/PHONE	LINSEY JOHNSON	ER, IF ANY	
CITY STATE ZIP C	ODE AREA CODE/PHONE	CHY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OF HOUSE. FAX / E-NIAIL ADDRE	33	
4. Verification				
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of	ving this statement and to the best of my k of California that the foregoing is true and o	nowledge the information contained longert.	herein and in the attached sch	edules is true and complete. I
Executed on	Ву	Signature of Treasurer or Assistant	reasurer	
Executed on	BySignature of Contro	ling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Spanso	
Executed on	By	gnature of Controlling Officeholder, Candidate, St		·
Executed onDate	By	mature of Controlling Officeholder, Candidate, St		

5.

COVER	DACE	DADT	_

CALIFORNIA 460

Page 2 of 16

Officeholder or Candidate Controlled Com	nmittee	6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
DELRAY SHELTON							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	T _C	SUPPORT
DISTRICT 6 MERCED CITY COUNCIL							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling office	holder, candi	date, or state	measure propo	onent, if any.
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OF HELD	NDIDATE, OR F	PROPONENT	DISTRICT NO.	F ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Offic for which this	eholder Co committee is p	mmittee Lis primarily formed	t names of I.
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	CONTROLLED COMMITTEE? YES NO O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	P CODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if ne	ecessary	<u> </u>

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	Statement covers period from 09/25/2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	through 10/22/2022	Page _3 of
NAME OF FILER		I.D. NUMBER
DELRAY SHELTON		1411157

					1411137
Contributions Received		Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	40,087.60	\$	75,442.63	General Elections
2. Loans Received		80.00	7	5,940.80	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	40,167.60	\$	81,383.43	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3			•		21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	40,167.60	\$	81,383.43	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	25,955.15	\$	37,851.93	Candidates
7. Loans Made Schedule H, Line 3					
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	25,955.15	\$	37,851.93	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		2,092.06		2,092.06	Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3					(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	28,047.21	\$	39,943.99	/\$
Current Cash Statement					_
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	25,502.45	To	calculate Column B.	-
13. Cash Receipts Column A, Line 3 above		40,167.60	add	l amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4				the corresponding ounts from Column B	*Amounts in this section may be different from amounts
15. Cash Payments Column A, Line 8 above		25,955.15	of y	our last report. Some	reported in Column B.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	39,714.90	be	ounts in Column A may negative figures that	
If this is a termination statement, Line 16 must be zero.			pre	uld be subtracted from vious period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		filed	is the first report being for this calendar year, carry over the amounts	
Cash Equivalents and Outstanding Debts			fron	n Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	39,714.90	any).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	5,940.80			FPPC Form 460 (Jan/2016))
				;	FPPC Advice: advice@fppc.ca.gov (866/275-3772)
					www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

Monetary	Contributions Received			from 09/25/2022		CAL	orm 460
SEE INSTRUCTION	ONS ON REVERSE			through	022	Page	of
NAME OF FILER DELRAY SH	IELTON					I.D. N 14111	UMBER 57
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	PER ELECTION TO DATE (IF REQUIRED)
09/30/2022	Gallo Cattle Company	□IND □COM ☑OTH □PTY □SCC		\$500.00	\$500.00		
10/02/2022	Mayya Tokman	☑IND □COM □OTH □PTY □SCC	Professor, University of California, Merced	\$500.00	\$500.00		
10/04/2022	Plumbers & Steamfitters Local 442 PAC	☐IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$2,867.15	\$2,867.15		
10/05/2022	U.A. Local 342 PAC Fund FPPC#890268	☐IND ☐COM ☐OTH ☐PTY ☐SCC		\$2,500.00	\$2,500.00		
10/05/2022	UA Local 38 COPE Fund ID#746875	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$1,000.00	\$1,000.00		
			SUBTOTAL \$	7,367.15			
Amount re (Include al Amount re	A Summary eceived this period – itemized monetary contribution II Schedule A subtotals.)				IND COM	othe Other Politic	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1	.)TOTAL \$		FPPC Advice: advi		PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from 09/25/2022

				through	22	Page _	5 of		
DELRAY SH	ELTON					1.D. NU 14111			
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	PER ELECTION TO DATE (IF REQUIRED)		
10/06/2022	Michael Trevino	☑IND □COM □OTH □PTY □SCC	Attorney Self Employed	\$2,800.00	\$2,800.00				
10/06/2022	Plumbers & Steamfitters Local 467 ID #782481	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$2,867.15	\$2,867.15				
10/07/2022	Blossom Land Company	□IND □COM ☑OTH □PTY □SCC		\$2,800.00	\$2,800.00				
10/07/2022	Lee & May Pevsner	☑IND □COM □OTH □PTY □SCC	Retired	\$100.00	\$100.00				
10/07/2022	N & S Tractor	□IND □COM ØOTH □PTY □SCC		\$2,500.00	\$2,500.00				
	SUBTOTAL \$ 11.067.15								

*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 Monetary (Contributions Received		its may be rounded whole dollars.	Statement cov			SCHEDULE FORNIA 460 ORM
SEE INSTRUCTION	IS ON REVERSE			through 10/22	2/2022	Page	6of16
NAME OF FILER DELRAY	SHELTON	The same of the sa		Lucia		1.D. NU	IMBER 1157
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (#F SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	D DATE	PER ELECTION TO DATE (IF REQUIRED)
10/10/2022	Ieanne & Barrv McCauley	⊠IND □COM □OTH □PTY □SCC	McAuley Motors Owner	\$1,400.00	\$1,400.00	0	
10/10/2022	Scott & Marla Pettygrove	⊠IND □COM □OTH □PTY □SCC	Director, Merced Human Resources Agency	\$100.00	\$100.0	0	
10/10/2022	Timothy & Billie Razzari	DIND COM OTH PTY SCC	Owner Razzari Ford, Razzari Nissan & Razzari Chrysler Dodge Jeep Ram	\$500.00	\$500.0)0	
10/10/2022	TRS OP'S LLC	□IND □COM ☑OTH □PTY □SCC	yeep Name	\$500.00	\$500.0	0	
10/10/2022	UA Local 246 Plumbers and Pipefitters COPE Committee	☐IND ☐COM ☐OTH ☐PTY ☐SCC		\$2,867.15	\$2,867.	15	
			SUBTOTAL	\$ 5,367.15			
	A Summary serived this period – itemized monetary contributions Schedule A subtotals.)		\$		CON	(other	

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

. FPPC Form 460 (Jan/2016))
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SCC - Small Contributor Committee

PTY - Political Party

Schedule A	•	Amoun	SCHEDULE A				
Monetary Co	ontributions Received	to:	whole dollars,	Statement covered to 19/25/2		CALI F	FORNIA 460
SEE INSTRUCTIONS	ON REVERSE			through10/22	/2022	Page	
NAME OF FILER	The state of the s					I.D. NI	JMBER
DELRAY SH	ELTON					14	411157
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)
10/11/2022	Razzari Nissan	□IND □COM ☑OTH □PTY □SCC		\$1,500.00	\$1,500.0	0	
10/11/2022	J & H Larson Farms, LLC	□ IND □ COM □ OTH □ PTY □ SCC		\$2,000.00	\$2,000.0	0	
10/11/2022	Lorenzi Stewart & Larson	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$2,867.15	\$2,867.	15	
10/16/2022	Vikram Lakireddy PC	⊠IND □ COM □ OTH □ PTY □ SCC	Doctor Merced Heart Associates	\$2500.00	\$2500.0	0	
10/17/2022	Amalee I. Jayasinghe	⊠IND □ COM □ OTH □ PTY □ SCC	MUHSD Board Trustee	\$300.00	\$300.0	0	
			SUBTOTAL \$	9,167.15			Market Att
(Include all S	Summary ived this period – itemized monetary contributio chedule A subtotals.) ived this period – unitemized monetary contribu- iry contributions received this period.				OTH PTY	other Other Politic	ual vient Committee r than PTY or SCC) (e.g., business entity)
	and 2. Enter here and on the Summary Page,	Column A, Line 1	I.)TOTAL \$		FPPC Advice: advi		PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772)

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Schedule A Monetary C	Contributions Received		nts may be rounded whole dollars.	Statement covers period from09/25/2022			SCHEDULE A
SEE INSTRUCTIONS	S ON REVERSE		1	through10/22/	2022	Page_	8 of 16
NAME OF FILER				L		I.D. NUI	MBER
DELRAY SH	ELTON					141	11157
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	TO DATE	
10/19/2022	Thomas McCall	⊠IND □COM □OTH □PTY □SCC	Professor Merced College	\$100.00	\$100.0	00	
10/10/2022	Anthony Cannella	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner/ Consultant	\$1,000.00	1,700.00		
10/10/2022	Anthony Cannella	□ SCC	Business Owner/ Consultant	\$700.00	₹ 900.0	00	
10/10/2022	Leonard Franco	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate	\$100.00	\$100.00		
10/10/2022	Matthew Hoffman	DIND COM OTH SCC	Business Owner Hoffman Electronic Systems	\$500.00	\$506.00		
			SUBTOTAL S	\$ 2,400.00			. Principles
	eived this period – itemized monetary contribution	ons.		-	IND -		

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

 OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov	ers period	CAL	SCHEDULE
				from09/25/2	022	F	orm 460
SEE INSTRUCTION	DNS ON REVERSE			through10/22	/2022	Page	9 of 16
DELRAY	SHELTON						UMBER 411157
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
10/10/2022		□ IND				-	

RECEIVED	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC, 31)	TO DATE (IF REQUIRED)	
10/10/2022	James Abbate	□ IND □ COM □ OTH □ PTY □ SCC	Business Owner	\$100.00	\$100.00		
10/10/2022	Caleb Medefind	DIND COM OTH PTY SCC	Business Owner Real estate	\$300.00	\$300.00		
10/04/2022	Catherine Nutcher	☐ind ☐com ☐oth ☐pty ☐scc	Business Owner	\$700.00	\$700.00		
09/25/2022	Tim O'Neill	IND □ COM □ OTH □ PTY □ SCC	Business Owner Image Masters	\$100.00	\$100.00		
09/25/2022	Terry Ruscoe	⊠IND □COM □OTH □PTY □SCC	Business Owner/ Real Estate	\$100.00	\$100.00		
SUBTOTAL \$ \$1,300.00							

Schedule A	Summary
------------	----------------

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

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

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

*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

FPPC Form 460 (Jan/2016))

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Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA AGO

Statement covers period

				from09/25/2	2022	FC	RM	UU
EE INSTRUCTION	IS ON REVERSE	through10/22/2022		Page 10 of 16		6		
DELRAY	Y SHELTON					I.D. NUM 141	MBER 1157	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, 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	PER ELECTION TO DATE	
10/12/2022	Jim Cunningham	IND COM OTH PTY SCC	Farmer/Rancher	\$100.00	\$100.00			
10/11/2022	Hubert Walsh	□SIND □COM □OTH □PTY □SCC	Retired	\$100.00	\$100.00			
10/11/2022	Mohammad Jawad	⊠IND □COM □OTH □PTY □SCC	Real Estate	\$2,800.00	\$2,800.00			
10/21/2022	Jill Cunningham	IND COM OTH SCC	Executive Director Merced College Foundation	\$150.00	\$150.00			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL \$	3,150.00	general de la companya de la company			
(Include all \$	eived this period – itemized monetary contributions Schedule A subtotals.) eived this period – unitemized monetary contributions tary contributions received this period.				IND - COM- OTH - PTY -	other to Other (o Political	al ent Committee than PTY or SCO e.g., business ei	ntity)
Add Lines (FPPC	Form 460 (Jan	/2016}}				

0.1-1.1-0.0-1.4	Am	ounts may be ro	unded				SCHE	DULE B - PART	
Schedule B – Part 1	to whole dollars.				Statement cov	ers period	CALIFORNIA 460		
Loans Received					from <u>09/25/2022</u>	2	FORM	"^ 40U	
SEE INSTRUCTIONS ON REVERSE					through _10/22/2	022	Page 11	of <u>16</u>	
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 PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
DELRAY SHELTON	SHERIFF DEPUTY MERCED COUNTY			PAID \$ 0.00	s 5,940.80	x	s_8,154.98	S	
	MERCED COUNTY	5,860.80	\$ 80.00	FORGIVEN	01/01/20@	RATE	09/05/18	PER ELECTION	
MIND COM OTH PTY SCC					DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
				\$	s	RATE	\$	\$	
				FORGIVEN		RAIE		PER ELECTION*	
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID				CALENDAR YEAR	
				\$	\$	%	s		
				FORGIVEN		RATE		PER ELECTION*	
□ IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	DATE DUE	s	DATE INCURRED	s	
	s	UBTOTALS \$	\$	3	\$	\$			
Schedule B Summary						(Enter (e) on Schei	dule E, Line 3)		
. Loans received this period				\$	80.00				
(Total Column (b) plus unitemized loan Loans paid or forgiven this period	s of less than \$100.)				0.00		Contributor Codes		
(Total Column (c) plus loans under \$10	00 paid or forgiven.)						ND – Individual OM – Recipient Co	ommittee	
(Include loans paid by a third party that it. Net change this period. (Subtract Line	e 2 from Line 1.)			NET \$	80.00	c	other than F OTH – Other (e.g., t	PTY or SCC) business entity)	
Enter the net here and on the Summar	y Page, Column A, Line 2.						TY - Political Part	,	

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

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(May be a negative number)

hedule E Amounts may be rounded to whole dollars. Statement covers period from 09/25/2022			Statement covers period from $\frac{09/25/2022}{\text{through}} \frac{10/22/2022}{}$	10	SCHEDULE ORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER DELRAY SHELTON			through 10/22/2022	Page	BER
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)* MTG mee OFC offic PET peti PHO pholi pholi position of the properting of t	mber communicatio etings and appearance expenses (tion circulating me banks ing and survey rese (age, delivery and ressional services (lessional services (lessional services (lestings and services (lessional services (lestings and services (lestings an	ns nces arch nessenger services	RAD radio airtime and production co RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and product TRC candidate travel, lodging, and n TRS staff/spouse travel, lodging, and rasfer between committees of VOT voter registration WEB information technology costs (in	tion costs neals d meals f the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Kemper CPA Group, LLP 478 E. Yosemite Avenue, Suite A, Merced, CA 95340	PRO	Accounting Service	es		\$750.00
H& S Signs 418 Neal Street, Grass Valley CA 95045	СМР	Campaign Signs			\$2,035.15
Complete Digital Sale 1317 Potomac Ave SE, Washington, DC 20003	СМР	Campaign Paraphe	ernalia/Misc		\$5,000.00
* Payments that are contributions or independent expenditures must also be summarized	on Schedule D.		SUBT	OTAL \$	7,785.15
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtota	ls.)			\$	25,360.53

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).).....\$_

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www.fppc.ca.gov

594.62

0.00

25,955.15

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

SCHEDULE E (CONT.)

(Continuation Sheet) to who Payments Made		ilars.		Statement covers period 09/25/2022 from	FORM 460	
SEE INSTRUCTIONS ON REVERSE				through <u>10/22/2022</u>	Page	13 of 16
NAME OF FILER DELRAY SHELTON					I.D. NUM 1411157	
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications I appearance es ating urvey researc very and mes	h senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	n costs duction costs nd meals and meals as of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Firefighters Print & Design 1780 Creekside Oaks Drive, Sacramento, CA 95833		LIT	Mailers			\$4,052.63
Gowans Printing Company 1310 H Street, Modesto, CA 95354-2428		LIT	Mailers			\$2,867.38
MCHCC - Merced Hispanic Chamber of Commerce 531 W. Main Street, Merced, CA 95340	Ħ	PRT	Advertising		2	\$475.00
Merced County Times 2221 K Street, Merced CA 95340		PRT	Advertising			\$1,329.00
MTA Brown Mail Masters Plus 2613 Edward Avenue, Modesto, CA 95350		LIT	Mailers & Postage			\$2,817.53
Payments that are contributions or independent expenditures must also be	e summarized on Sched	dule D.		SI	JBTOTAL \$	11,541.54

Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE VANE OF FILER DELRAY SHELTON	nts may be rounded whole dollars.		Statement covers period from09/25/2022 through10/22/2022	CALIFOR FORM	of 16
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 MTG me OFC offi PET pe PET pe PHO ph POS po PRO pri PRO pri	rment, you may ember communication settings and appearantice expenses stition circulating ione banks olling and survey reservities, delivery and moressional services (viint ads	s ces urch essenger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production returned contributions TRC candidate travel, lodging, and staffspouse travel, lodging, arransfer between committee voter registration WEB information technology costs	duction costs and meals and meals s of the same o	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
Mike Lynch Consulting 661 9th Street, Modesto, CA 95354	CNS	Consulting			\$3,000.00
North Valley Labor Federation 555 Capitol Mall, Suite 400, Sacramento, CA 95814	РНС	Phone Bank	Survey & Analysis		\$1,480.00
Quantelle Daniels 1839 Central Avenue, Suite D Ceres, CA 95307	CTE	Cancer Trea	tment Fundraiser	The first state of the state of	\$250.00
Kari Mav	FNI	Charcuterie	Boards - Campaign Social	gloci sagem - ton members	\$1,000.00
Costco 1445 R Street Merced, CA 95340	OFC	Office Suppli	es		\$187.52
* Payments that are contributions or independent expenditures must also be summarize	ed on Schedule D.		s	UBTOTAL \$	5,917.52

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER DELRAY SHELTON			Statement covers period from $\frac{09/25/2022}{\text{through}} = \frac{10/22/2022}{\text{through}}$	CALIFO FOR	15 of 16 BER
LIT campaign literature and mailings PRT print ads	nmunications d appearance ses lating urvey researe very and mes	s	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, an staff/spouse travel, lodging, TRS transfer between committees voter registration WEB information technology costs	costs duction costs ad meals and meals s of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Staples Connect 20 West Olive Avenue, Merced, CA 95348	OFC	Office Supplies	s		\$116.32

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

116.32

SUBTOTAL \$

	HF.		

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Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cove		CALIFORNIA 460		
			from09/25	/2022	FORM TOU		
SEE INSTRUCTIONS ON REVERSE			through10/2	2/2022 Pag	ge <u>16</u> of <u>16</u>		
NAME OF FILER				I.D. N	UMBER		
DELRAY SHELTON					1411157		
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND LEG legal defense LIT campaign literature and mailings	MBR member communication meetings and appearan office expenses petition circulating phone banks POL postage, delivery and reprofessional services (formal print ads).	ins nces earch nessenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra	e payment. Ind production costs butions lers' salaries lime and production co I lodging, and meals livel, lodging, and meals on	sts s ame candidate/sponsor		
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		
Sanders Political Law 1121 L Street, Suite 105 Sacramento, CA 95814	LEG	\$0.00	\$2,000.00		\$2,000.00		
Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento, CA 95833	СМР	\$0.00	\$92.26		\$92.26		
 Payments that are contributions or independent expenditures must also be summarized on Schedule D 	SUBTOTALS :	\$ 0.00	\$ 2,092.26 \$		\$ 2,092.26		
Schedule F Summary							
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a 	chedule F, Column (b) sul accrued expenses under \$	btotals for §100.)	INCUI	RRED TOTALS \$	2,092.06		
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		PAID TOTALS \$	0.00		
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and	***************************************		NET \$	2,092.06		
				FP	May be a negative number PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772)		