

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Date Stamp

CALIFORNIA FORM 460

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For Official Use Only

JAN 31 '25 PM 2:35

CITY OF MERCED

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/20/2024
through 12/31/2024

Date of election if applicable:
(Month, Day, Year)
11/05/2024

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1433465

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

Matthew Serratto for Merced Mayor 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

serrattomathew@gmail.com

Treasurer(s)

NAME OF TREASURER

Gregory Emile Marie Adolphe Jules Culot

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/30/2025

Date

Executed on 1/30/25

Date

Executed on

Date

Executed on

Date

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

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COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Matthew Serratto

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

Merced City Mayor

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 CODE/PHONE

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 PROPONENT

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|---|
| Statement covers period from 10/20/2024 through 12/31/2024 | CALIFORNIA FORM 460 Page 3 of 5 I.D. NUMBER 1433465 |
|--|---|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Matthew Serratto

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 3249.00 | \$ 41998.55 |
| 2. Loans Received..... Schedule B, Line 3 | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ 3249.00 | \$ 41998.55 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 3249.00 | \$ 41998.55 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | | |
|----------------------------|------------------|-------------|
| | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received | \$ | \$ |
| 21. Expenditures Made | \$ | \$ |

Expenditures Made

| | | |
|--|--------|-------------|
| 6. Payments Made..... Schedule E, Line 4 | \$ 940 | \$ 25860.94 |
| 7. Loans Made..... Schedule H, Line 3 | | |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 940 | \$ 25860.94 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | | |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | | |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ 940 | \$ 25860.94 |

Expenditure Limit Summary for State Candidates

| | |
|--|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
| Date of Election (mm/dd/yy) | Total to Date |
| / / | \$ |
| / / | \$ |

Current Cash Statement

| | |
|--|-------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ 21664.61 |
| 13. Cash Receipts..... Column A, Line 3 above | 3249.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | |
| 15. Cash Payments..... Column A, Line 8 above | 940 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 23973.61 |
| If this is a termination statement, Line 16 must be zero. | |

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.

| | |
|--|----|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ |
|--|----|

Cash Equivalents and Outstanding Debts

| | |
|--|----|
| 18. Cash Equivalents..... See instructions on reverse | \$ |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ |

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 10/20/2024
through 12/31/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Matthew Serratto

I.D. NUMBER

1433465

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------|---|---|---|-----------------------------|---|--|
| 10/29/2024 | Adam Reed [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | THUNDERBIRD MAINTENANCE INC | 249.00 | | |
| 11/01/2024 | BIAGV Stanislaus PAC1701 West March Lane, Suite F Stockton CA 95207 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000.00 | 1500.00 | 1500.00 |
| 12/20/2024 | California Real Estate Political Action Committee C/O Reed & Davidson, LLP515 South Figueroa St, Ste 1110 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 2000.00 | | |
| | | <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 | | | | |
| SUBTOTAL \$ 3249 | | | | | | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3249.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$ 3249.00**

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|--|--|--------------------------------|
| Statement covers period from 10/20/2024 through 12/31/2024 | | CALIFORNIA FORM 460 |
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| NAME OF FILER Matthew Serratto | | I.D. NUMBER 1433465 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 |
|--|---------|------------------------------|-------------|
| Italo-American Lodge 1351 W. 18th, Merced CA 95340 | MTG | Election night expenses | 500 |
| California Meat Goat Association 7620 E GRAYSON RD HUGHSON, CA 95326 | CVC | Donation for event in Merced | 200 |
| La Casita Tortilla & Spices 770 West 14th St, Merced CA 95340 | CVC | Donation for homeless event | 240 |

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

SUBTOTAL \$ 940

Schedule E Summary

| | |
|--|---------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 940.00 |
| 2. Unitemized payments made this period of under \$100 | \$ 0 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 940 |