

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

Date Stamp

CALIFORNIA  
FORM 460

Page 1 of 8

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07/01/2024  
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  
1397953

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

Merced City Firefighters Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

PO Box 2480

CITY STATE ZIP CODE AREA CODE/PHONE

Merced CA 95344

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Richard Ramirez

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

N/A

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 01/31/2025  
Date

Executed on  
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

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 07/01/2024  
through 12/31/2024

CALIFORNIA  
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Merced City Firefighters Political Action Committee

I.D. NUMBER

1397953

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 9187.51	\$ 12817.51
2. Loans Received..... Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 9187.51	\$ 12817.51
4. Nonmonetary Contributions..... Schedule C, Line 3	2500.00	2500.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 11687.51	\$ 15317.51

## 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	\$ 14506.38	\$ 14506.38
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 14506.38	\$ 14506.38
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 14506.38	\$ 14506.38

## 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	\$ 30168.91
13. Cash Receipts..... Column A, Line 3 above	39356.42
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	14506.38
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 24850.04

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0

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 (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2024</u> through <u>12/31/2024</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Merced City Firefighters Political Action Committee		I.D. NUMBER 1397953

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)
07/12/2024	City of Merced Payroll 678 West 18th Street Merced, CA 95340	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		395.00	4025.00	
07/26/2024	City of Merced Payroll 678 West 18th Street Merced, CA 95340	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		395.00	4420.00	
08/09/2024	City of Merced Payroll 678 West 18th Street Merced, CA 95340	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		660.00	5080.00	
08/23/2024	City of Merced Payroll 678 West 18th Street Merced, CA 95340	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		395.00	5475.00	
09/06/2024	City of Merced Payroll 678 West 18th Street Merced, CA 95340	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		395.00	5870.00	
SUBTOTAL \$ 2400.00						

\*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2024</u>  through <u>12/31/2024</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Merced City Firefighters Political Action Committee

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)
09/20/2024	City of Merced Payroll 678 West 18th Street Merced, CA 95340	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		395.00	6265.00	
10/04/2024	City of Merced Payroll 678 West 18th Street Merced, CA 95340	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		665.00	6930.00	
10/18/2024	City of Merced Payroll 678 West 18th Street Merced, CA 95340	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		395.00	7325.00	
11/01/2024	City of Merced Payroll 678 West 18th Street Merced, CA 95340	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		390.00	7715.00	
11/15/2024	City of Merced Payroll 678 West 18th Street Merced, CA 95340	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		385.00	8100.00	
<b>SUBTOTAL \$ 4470.00</b>						

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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

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2024</u> through <u>12/31/2024</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER

1397953

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)
11/27/2024	City of Merced Payroll 678 West 18th Street Merced, CA 95340	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		385.00	8485.00	
12/13/2024	City of Merced Payroll 678 West 18th Street Merced, CA 95340	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		380.00	8865.00	
12/27/2024	City of Merced Payroll 678 West 18th Street Merced, CA 95340	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		380.00	9245.00	
12/04/2024	Merced Police Officers Association PO Box 229 Merced, CA 95341 171-9000979	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		3572.51		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 9187.51**

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 9187.51
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 9187.51

\*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))

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

[www.fppc.ca.gov](http://www.fppc.ca.gov)

# Schedule C Nonmonetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period  
from 07/01/2024  
through 12/31/2024

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I.D. NUMBER  
1397953

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/24	California Professional Firefighters IE PAC ID-1241835	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Slate Mailer	2500.00	2500.00	
		<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					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 2500.00**

## Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.).....\$ 2500.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ 0
- 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 \$** 2500.00

\*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 D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period from <u>07/01/2024</u> through <u>12/31/2024</u>		<b>CALIFORNIA FORM 460</b> Page <u>7</u> of <u>8</u>
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Merced City Firefighters Political Action Committee

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)
10/01/2024	Committee to Elect Mike Harris	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		3138.00	3138.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/05/2024	Sarah Boyle for Merced City Council	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		3138.65	6276.65	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2024	Dupont for Council 2024	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		3138.00	9414.65	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$ 9414.65						

## Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 9414.65
- Unitemized contributions and independent expenditures made this period of under \$100..... \$
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL.. \$ 9414.65

# Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2024 through 12/31/2024	<b>CALIFORNIA FORM 460</b>
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**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
Tractor Supply Merced 882 South Coffee Street Merced, CA 95341	CMP	Stakes for campaign signs, zip ties	197.03
City of Merced 678 West 18th Street Merced, CA 95340		Filing fee	70.00
Firefighters Print and Design 1780 Creekside Oaks Drive Sacramento, CA 95833	LIT	Large campaign signs	4644.70
Greenberg Traurig LLP 400 Capitol Mall Suite 2400 Sacramento, CA 95814	PRO	Legal consultation	180.00

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

**SUBTOTAL \$ 5091.73**