Recipient Committee Campaign Statement Cover Page

8 Date of election if applicable: Statement covers period For Official Use Only (Month, Day, Year) 9/22/2024 from CITY OF LAFAYETTE 10/19/2024 11/5/2024 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report ○ Recall O Controlled Termination Statement (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) ☐ General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1474635 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Meredith Meade Cervantes for Lafayette City Council 2024 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE CITY STATE CA 94549 Lafavette ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE CITY Lafayette CA 94549 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE STATE STATE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS jimforlafayette@gmail.com 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 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on: By Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

CALIFORNIA

FORM

Date Stamp

	COVE	R PAGE	- PART 2
CALIF	ORN	IA /	60
FC	RM		UU
	_		
Page _		_ of	8

Officeholder or Candidate Controlled C	Committee			6.	Primarily Formed Ballo	t Measure Co	mmittee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Jim Cervantes									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND I	DISTRICT NUMBE	R IF APPLICA	BLE)		BALLOT NO, OR LETTER	JURISDICTION			SUPPORT
Lafayette City Council									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET	•	STAT			Identify the controlling office	eholder, candidat	e, or state	measure propo	onent, if any.
L	afayette	CA	94549		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPO	DNENT		
Related Committees Not Included in the not included in this statement that are controlled by contributions or make expenditures on behalf of your contributions.	you or are prim				OFFICE SOUGHT OR HELD			DISTRICT NO. II	ANY
COMMITTEE NAME	I.D. NU	MBER							
NAME OF TREASURER	CONTR	ROLLED COMM	MITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	didate/Officeh	older Co	mmittee Lis	t names of i.
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O. BOX)	ES I	NO		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE	AREA C	ODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NU	MBER			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTR				NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O. BOX)								
CITY STATE	ZIP CODE	ABEAC	ODE/PHONE			ach continuation			

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Staten	9/22/2024	california 460
through	10/19/2024	Page3 of8
		I.D. NUMBER
		1474635

Cervantes for Lafayette City Council 2024			1474635
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	\$ 10,000	\$ 8,430 10,000 \$ 18,430 \$ 18,430	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ 8,119 0	\$ 9,079 0 \$ 9,079 0 \$ 9,079	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	8,119 9,351	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,	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received		and domaid.	from9/22/	2024		FORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through10/1	9/2024	Page	4 of 8
NAME OF FILER Cervantes	for Lafayette City Council 2024					I.D. NU 14746	
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.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/23/24	William Moon Orinda, CA 94563	IND COM OTH PTY	Retired	\$250	\$25	50	
9/23/24	Anne Grodin Larayette, CA 94549	IND COM OTH PTY	Retired	\$100	\$10	00	
9/23/24	Tracy Brod Larayette, CA 94549	☑IND □COM □OTH □PTY □SCC	Retired	\$250	\$2	50	
9/24/24	Michael Heller Larayeπe, CA 94549	IND COM OTH PTY	Retired	\$100	\$10	00	
9/30/24	Michael & Gina Dawson Latayette, CA 94549	IND COM OTH PTY SCC	Retired	\$250	\$2	50	
			SUBTOTAL \$	950			
Amount red (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contribution	Arran Carrolla Santa		3,150	IND - COM	(other - Other	tent Committee than PTY or SCC) (e.g., business entity)
3. Total mone	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col			3,230		- Politica - Small (I Party Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

LONUMBER Cervantes for Lafayette City Council 2024 DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE of CONTRIBUTOR RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE of CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER OF SUSPICES. STREET NAME OCCUPATION AND EMPLOYER CALESDAY VEAR OF SUSPICES. STREET NAME OCCUPATION AND EMPLOYER CALESDAY VEAR OF SUSPICES. STREET NAME OCCUPATION AND EMPLOYER CALESDAY VEAR OF SUSPICES. STREET NAME OCCUPATION AND EMPLOYER OCCUPATION AND OCCU					from9/22/2	2024	FO	RM 400
1474635 14746355 14746355 14746355 14746355 14746355 14746355 14746355 14746355					through10/19	9/2024		
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE TO C	AME OF FILER						I.D. NUM	MBER
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE ** CODE *	Cervantes fo	or Lafayette City Council 2024					147463	35
9/30/24 New York, NY 10011 COM OTH PTY SCC		FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR Y	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/7/24 Martinez, CA 94563 COM	9/30/24		□COM □OTH □PTY	Retired	\$1000	\$10	00	
10/7/24 Lafayette, CA 94549 COM	10/7/24		□ COM □ OTH □ PTY		\$1000	\$10	00	
COM	10/7/24		□COM □OTH □PTY	Retired	\$100	\$1	00	
□ COM □ OTH □ PTY □ SCC	10/9/24		□ COM □ OTH □ PTY	Retired	\$100	\$1	00	
SURTOTAL \$ \$2.200			□ COM □ OTH □ PTY					
φε,ευυ φε,ευυ				SUBTOTAL	\$2,200			

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

	Am	ounts may be rou	unded	1900			SCHEL	DULE B - PART 1
Schedule B – Part 1		to whole dollars			Statement cove	ers period	CALIFORN	¹ 460
Loans Received					from9/22/	2024	FORM	400
SEE INSTRUCTIONS ON REVERSE					through10/1	9/2024	Page6	of8
NAME OF FILER							I.D. NUMBER	
Cervantes for Lafayette City Council 202	4						1474635	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Jim Cervantes	Retired			PAID				CALENDAR YEAR
Latavatta CA 94540				\$	\$10,000	%	s 10,000	s13,000
Latayette, CA 94549				FORGIVEN		RATE		PER ELECTION**
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$	s10,000	\$	DATE DUE	s	10/7/24 DATE INCURRED	\$
				PAID				CALENDAR YEAR
					s	%	s	s
				FORGIVEN		RATE		PER ELECTION**
		\$	s	e		s		s
[†] □ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	s		\$	_	\$
IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
		SUBTOTALS \$	5	5	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3	3)	
Loans received this period	99160000			\$	10.000_			
(Total Column (b) plus unitemized loan						C	†Contributor Codes	
2 Land mid of action this and a	,						ND – Individual	
Loans paid or forgiven this period(Total Column (c) plus loans under \$1					0		COM - Recipient C	
(Include loans paid by a third party that	, , ,	edule A.)				- 1.	other than I) OTH – Other (e.g.,	PTY or SCC) business entity)
		,				110	PTY - Political Part	y
3. Net change this period. (Subtract Lin		************				Į:	SCC – Small Contri	butor Committee
Enter the net here and on the Summa	ry Page, Column A, Line 2.			0	May be a negative number)			

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Cervantes for Lafayette City Council 2024	Amounts may b to whole do			from	10/19/2024	FO	ORNIA 4 7 of	60 8
CODES: If one of the following codes accurately describes the 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	R member com G meetings and C office expens T petition circul O phone banks D polling and si D postage, deliv O professional	imunications d appearances ses lating urvey research very and mes	n senger services	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, an staff/spouse travel, lodging, at transfer between committees voter registration information technology costs	uction costs d meals and meals s of the sam	e candidate/s _l	ponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DE	SCRIPTION	N OF PAYMENT		AMOUNT	PAID
Cedric Cheng Design 2398 Walters Way #4 Concord, CA 94520		LIT					,	\$1180
Minuteman Press 3289 Mt. Diablo Blvd. Lafayette, CA 94549		LIT					\$	64,701

Lamorinda Weekly PO Box 568 Meadow Vista, CA 95722	PRT			\$1,972
* Payments that are contributions or independent expenditures must also be summarized on Sche	dule D.		SUBTOTAL \$	\$7,853
Schedule E Summary				
Itemized payments made this period. (Include all Schedule E subtotals.)			\$	7,997
2. Unitemized payments made this period of under \$100				122
3. Total interest paid this period on loans. (Enter amount from Schedule B, Par				
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	the Summa	ary Page, Column A, Line 6.)	TOTAL \$	8,119

CCHEDIII	(CONT)
SCHEDUL	 (CONT.)

Schedule E (Continuation Sheet) Payments Made		s may be rounded hole dollars.	Sta	9/22/2024 10/19/2024	CALIFORNIA FORM	460
SEE INSTRUCTIONS ON REVERSE			throug	gh	Page 8	of
NAME OF FILER					I.D. NUMBER	
Cervantes for Lafayette City Council 2024					1474635	
CODES: If one of the following codes accurately describe	s the paym	ent, you may enter the code. Other	wise, c	describe the payment.		
CMP campaign paraphernalia/misc.	MBR mem	ber communications	RAD	radio airtime and production	costs	
CNS campaign consultants		tings and appearances		returned contributions		
CTB contribution (explain nonmonetary)*		expenses		campaign workers' salaries	estion costs	
CVC civic donations FIL candidate filing/ballot fees		on circulating e banks		t.v. or cable airtime and producandidate travel, lodging, and		
FND fundraising events		ng and survey research		staff/spouse travel, lodging, and		
IND independent expenditure supporting/opposing others (explain)*		age, delivery and messenger services		transfer between committees		ate/sponsor
LEG legal defense		essional services (legal, accounting)		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	Q	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Raise the Money PO Box 26466 Little Rock, AR 72221	PRO			\$144

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

144

SUBTOTAL \$

Statement of C Recipient Com	_	Date Stamp	CALIFORNIA 410				
Statement Type	✓ Initial ○ Not yet qualified or ✓ Date qualification threshold met	☐ Amendment Date qualification threshold met	☐ Termination – See Part 5 Date of termination	RECEIVED SEP - 4 2024 CITY OF LAFAYETTE ENGINEERING DEPT.	For Official Use Only		
1. Committee In	nformation I.D. Numbe	•		ther Principal Officers			
Cervantes for La	fayette City Council 2024		NAME OF TREASURER Meredith Meade STREET ADDRESS (NO P.O. BOX) EMAIL ADDRESS OF TREASURER	Lafayette	STATE ZIP CODE CA 94549 AREA CODE/PHONE		
STREET ADDRESS (NO P.O.	BOX) STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		ANEA CODE/FIGHT		
Lafayette FULL MAILING ADDRESS (I	CA	94549	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE		
	MITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT		AREA CODE/PHONE		
COUNTY OF DOMICILE	JURISDICTION WHERE	OMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S	5)			
Contra Costa Coun	ty City of Lafayette		STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE		
Attach additional in	formation on appropriately lab	eled continuation sheets.	EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA CODE/PHONE		
3. Verification							
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT							
Executed on	Executed on By						

FPPC Form 410 (October/2023)

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

Statement of Organization Recipient Committee				CALIFORNIA FORM	410
INSTRUCTIONS ON REVERSE				Page 2	
COMMITTEE NAME Cervantes for Lafayette City Council 2024				I.D. NUMBER	
All committees must list the financial institution where the campaign bank account	is located and t	he person(s) authorize	d to obtain bar	nk records.	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS		AREA CODE/PHONE	BANK ACCOL	JNT NUMBER	
Mechanics Bank		925-962-6900			
ADDRESS OF FINANCIAL INSTITUTION	CITY		STATE	ZIP CODE	
3640 Mt. Diablo Blvd.	Lafayette		CA	94549	
4. Type of Committee Complete the applicable sections.					

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT			YEAR OF PARTY ELECTION CHECK ONE			
Jim Cervantes	Lafayette City Council	2024	Nonpartisan	Partisan	(list political part	ty below)
			✓			
			Nonpartisan	Partisan	(list political part	ty below)
Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:						
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	ER) CANDIDATE(S) OFFICE SOUGHT OR HE (INCLUDE DISTRICT NO., CITY O			ON	CHECK	ONE
					SUPPORT	OPPOSE
					SUPPORT	OPPOSE

497 Contribution Report

Amounts may be rounded to whole dollars.

		Date of 9/1			CALIFORNIA 4	97	
AREA CODE/PHONE NUM	MBER	I.D. NUMBER (if applicable) 1474635	Report No. 4		RECEIVED	For Official Use On	ily
CITY Lafayette		STATE ZIP CODE CA 94549	Amendment to Report No. (explain below) No. of Pages		OCT 07 2024 CITY OF LAFAYETTE		
1. Contribution(s) Received						
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER LD. NUMBER)	TOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMI (IF SELF-EMPLOYED, ENTER NAME OF		
James Cervantes 10/7/24 Lafayette, CA 94549				IND COM OTH PTY SCC	Retired	\$10,000.0	Loan
10/7/24	Anamarie Avila Faria Martinez, CA 94553	is		IND COM OTH PTY SCC	Executive Director JHA	\$1,000.00 Check if I	Loan —%
				IND COM OTH PTY SCC		☐ Check if I	%
Reason for Amendm	ent:				* Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor	ess entity)	SCC)

497 Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

to be a second as a second							NTRIBOTION REPORT
NAME OF FILER Cervantes for Lafa	ayette City Council 202	4		Date of This Filing	09/30/2024	Date Stamp CALIFO	
STREET ADDRESS CITY Lafayette 1. Contribution	MBER I.	D. NUMBER (if applicab 1474635 STATE CA	ZIP CODE 94549	Report No Amendment to Report No. (explain below) No. of Pages			Official Use Only
DATE RECEIVED	FULL NAME,	STREET ADDRESS AF	ND ZIP CODE OF CONTRIE	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/30/25	Andrew Van Houter New York, NY 1001				IND COM OTH PTY SCC	Retired	\$1000 Check if Loan Provide interest rate
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan Provide interest rate
Reason for Amendm	nent:					**Contributor Codes IND - Individual COM - Recipient Committee (oth OTH - Other (e.g., business enti PTY - Political Party SCC - Small Contributor Commi	ity)

FPPC Form 497 (March/2011) FPPC Toli-Free Helpline: 866/ASK-FPPC (866/275-3772)

Cá	ecipient Committee ampaign Statement over Page			Date Stamp	CALIFORNIA 460
SEI	E INSTRUCTIONS ON REVERSE	Statement covers period from 1/1/2024 through 9/21/2024	Date of election if applicable: (Month, Day, Year)	RECEIVED SEP 26 2024	For Official Use Only
1.	Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	ITT OF LALATETIC	
	✓ Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Scomplete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	nt Sp t ermination)	arterly Statement secial Odd-Year Report
3.	Committee information	. NUMBER 474635	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	11-1033	NAME OF TREASURER		
	Cervantes for Lafayette City Council 2024		Meredith Meade		
			MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
			Lafayette		549
•	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		, ,
	Lafayette CA 9454				
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
	Verification				
	I have used all reasonable diligence in preparing and reviewing	ng this statement and to the best of my kr	nowledge the information contained	d herein and in the attached s	schedules is true and complete. I
	Executed on State of Date	By AME	ditt Mende	nt Treasurer Proponent or Responsible Officer of Spo	pnsor
	Executed on	By Sig	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	
	Executed onDate	BySig	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Com	mittee		6.	Primarily Formed Ballot	Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Jim Cervantes								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF	APPLICABLE)	_	BALLOT NO. OR LETTER	JURISDICTIO	N	ПП	SUPPORT
Lafayette City Council								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP						
	Lafayette	CA 94549	9	Identify the controlling officel	holder, candid	late, or state	measure propo	onent, if any.
			_	NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	ROPONENT		
Related Committees Not Included in this S	tatement: List	any committee	•					
not included in this statement that are controlled by you	or are primarily for			OFFICE SOUGHT OR HELD			DISTRICT NO.	FANY
contributions or make expenditures on behalf of your ca	ndidacy.							
COMMITTEE NAME	I.D. NUMBER			-				
	1							
NAME OF TREASURER	CONTROLLED	COMMITTEES	7.	Primarily Formed Cand	idate/Office	holder Co	mmittee Lis	t names of
NAME OF TREASURER	T YES			officeholder(s) or candidate(s)	for which this (committee is p	orimarily formed	1.
COMMITTEE ADDRESS STREET ADDRESS (NO P.		□ NO	_	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	Пошент
								☐ SUPPORT ☐ OPPOSE
CITY STATE ZI	P CODE A	REA CODE/PHO	NE	NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOL	GHT OR HELD	□ OPPOSE
				NAME OF OFFICEROEDER OR	DANDIDATE	OFFICE 300	GHI OK HELD	☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER							☐ OPPOSE
O O MINITE LA MILE	I.D. NOMBER			NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
								OPPOSE
NAME OF TREASURER	CONTROLLED	COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	IGHT OR HELD	Пашерова
	☐ YES	□ NO						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P	O. BOX)			8				☐ OPPOSE
			_					
CITY STATE ZI	P CODE A	REA CODE/PHO	NE	Attac	ch continuatio	n sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/2024 CALIFORNIA 460

through 9/21/2024 Page 3 of 6

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE				
NAME OF FILER Cervantes for Lafayette City Council 2024				1.D. NUMBER 1474635
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both the General Elections	mary for Candidates
1. Monetary Contributions	\$ \(\frac{4,950}{0}\) \$ \(\frac{4,950}{0}\) \$	\$\frac{4950}{0}\$ \$\frac{4950}{0}\$ \$		\$\frac{4950}{\$960}\$
Expenditures Made 6. Payments Made	\$ \frac{960}{0} \\ \$ \frac{960}{	\$ 960 0 \$ 960 0 \$ 960		Summary for State /e Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	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	*Amounts in this section n reported in Column B.	\$nay be different from amounts
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above		from Lines 2, 7, and 9 (if any).	FPPC Advice: adv	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

Monetary Contributions Received		to	whole donars.	Statement covers period from 1/1/2024		CALI	CALIFORNIA 460	
SEE INSTRUCTI	ONS ON REVERSE			through 9/21/202	4	Page	4 of _6	
NAME OF FILER Cervantes fo	or Lafayette City Council 2024					1.D. NU		
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 T CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
8/20/24 8/30/2024 9/13/2024	Jim Cervantes Lafayette, CA 94549	IND COM OTH PTY	Retired	\$750 \$1250 \$1000	\$3000			
8/26/24	Sarah Blumenfeld Lafayette, CA 94549	IND COM OTH PTY SCC	Dev & Programs Director, Lafayette Library & Learning Center Foundation	\$150	\$150			
9/7/24	Luz Gomez San Ramon, CA 94583	IND COM OTH PTY	Director, EBMUD	\$100	\$100			
9/9/24	Jonathan Harris Encino, CA 91436	☑ IND □ COM □ OTH □ PTY □ SCC	Producer, Branded Pictures	\$100	\$100			
9/10/24	Lawrence Goldzband Lafayette, CA 94549	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Director, State of California	\$250	\$250			
-			SUBTOTAL \$	3,600				
1. Amount re (Include a 2. Amount re	A Summary eceived this period – itemized monetary contributions. If Schedule A subtotals.)				OTH PTY	other) d – Other (d – Politica	ient Committee than PTY or SCC) (e.g., business entity)	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.) TOTAL \$ 4,9	50 F	PPC Advice: adv		C 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.)

Statement covers period

Monetary Contributions Received		to whole d	ioliars.	Statement covers period from 1/1/24		CALIFORNIA 460	
				through 9/21/24			of
Cervantes for	Lafayette City Council 2024					1.D. NUI 147463	
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)
9/14/24	Stephen Heaney Philadelphia, PA 19107	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	\$500	\$500		
9/14/24	Leonard Huck Coronado, CA 92118	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	\$150	\$150		
9/14/24	Ken Williams Hillsborough, CA 94010	☑IND □COM □OTH □PTY □SCC	Retired	\$250	\$250		
9/15/24	Suzy Pak Lafayette, CA 94549	IND COM OTH PTY	Community Outreach Coordinator, Lamorinda Village	\$250	\$250		
9/16/24	Robert Feyer San Francisco, CA 94109	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	\$100	\$100		
	SUBTOTAL \$ 1,250						

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

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from 1/1/22024	FORM 400
through 9/21/2024	Page of
	I.D. NUMBER
	1474625

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Cervantes for Lafayette City Council 2024 1474635

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor VOT voter registration LEG legal defense PRO professional services (legal, accounting) WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Good Guys Signs Inc. 5002 N. Howard Ave. Tampa, FL 33603	CMP	\$686
Raise the Money P.O. Box 26466 Little Rock, AR 72221	PRO	\$111

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

SUBTOTAL \$ 797

707

Schedule E Summary

1. Ite	emized payments made this period. (Include all Schedule E subtotals.)	\$	191
	nitemized payments made this period of under \$100	\$_1	163
	otal interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ _9	960
	otal payments made this period. (Add Lines 1, 2, and 3, Enter here and on the Summary Page, Column A, Line 6.)		

NAME OF FILER Cervantes for Lafa	yette City Council			Date of 9/1	13/24	Date Stamp	CALIFO FOR	
AREA CODE/PHONE N	UMBER	I.D. NUMBER (if applicable) 1474635	(e)	Report No. 2		RECEIVED	100505	Official Use Only
STREET ADDRESS				Amendment to Report No.	t	SEP 16 2024		
CITY Lafayette		STATE CA	ZIP CODE 94549	(explain below) No. of Pages	1	CITY OF LAFAYETTE		
1. Contribution	(s) Received *			*				
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AN (IF COMMITTEE, ALSO EN		TRIBUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPL (IF SELF-EMPLOYED, ENTER NAME OF B		AMOUNT RECEIVED
09/13/24	James Cervantes Lafayette, CA 94549				IND COM OTH PTY SCC	Retired		\$1,000.00 Check if Loan Provide interest rate
				5	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Check if Loan

Reason for Amendment:	

* Contributor Codes

IND - Individual

☐ IND ☐ COM □ OTH

☐ PTY □ scc

COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

☐ Check if Loan

Provide interest rate

Statement of C Recipient Com	_			Date Stamp	CALIFORNIA 410
Statement Type	✓ Initial ○ Not yet qualified or ✓ Date qualification threshold met	☐ Amendment Date qualification threshold met	☐ Termination – See Part 5 Date of termination	RECEIVED SEP - 4 2024 CITY OF LAFAYETTE ENGINEERING DEPT.	For Official Use Only
1. Committee In	nformation I.D. Numbe	•		ther Principal Officers	
Cervantes for La	fayette City Council 2024		NAME OF TREASURER Meredith Meade STREET ADDRESS (NO P.O. BOX) EMAIL ADDRESS OF TREASURER	Lafayette	STATE ZIP CODE CA 94549 AREA CODE/PHONE
STREET ADDRESS (NO P.O.	BOX) STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		ANEA CODE/FIGHT
Lafayette FULL MAILING ADDRESS (I	CA	94549	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
	MITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT		AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE	OMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S	5)	
Contra Costa Coun	ty City of Lafayette		STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
Attach additional in	formation on appropriately lab	eled continuation sheets.	EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA CODE/PHONE
3. Verification					
	ponable diligence in preparing the inder the laws of the State of Carlon By DATE DATE DATE DATE By By By By By DATE	lifornia that the foregoing is the state of controls		ASURE PROPONENT	complete. I certify under
Executed on	DATE By	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT	EDBC Form 410 (October/2022)

FPPC Form 410 (October/2023)

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

Statement of Organization Recipient Committee				CALIFORNIA FORM	410
INSTRUCTIONS ON REVERSE				Page 2	
COMMITTEE NAME Cervantes for Lafayette City Council 2024				I.D. NUMBER	
All committees must list the financial institution where the campaign bank account	is located and t	he person(s) authorize	d to obtain bar	nk records.	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS		AREA CODE/PHONE	BANK ACCOL	JNT NUMBER	
Mechanics Bank		925-962-6900			
ADDRESS OF FINANCIAL INSTITUTION	CITY		STATE	ZIP CODE	
3640 Mt. Diablo Blvd.	Lafayette		CA	94549	
4. Type of Committee Complete the applicable sections.					

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PAR* CHECK			
Jim Cervantes	Lafayette City Council	2024	Nonpartisan	Partisan	(list political part	ty below)
			✓			
			Nonpartisan	Partisan	(list political part	ty below)
Primarily Formed Committee Primarily formed to support or op	pose specific candidates or measures in a single ele	ection. List	below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	ER) CANDIDATE(S) OFFICE SOUGHT OR HE (INCLUDE DISTRICT NO., CITY O			ON	CHECK	ONE
					SUPPORT	OPPOSE
					SUPPORT	OPPOSE

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Cervantes for Lafay	ette City Council 2024			Date of This Filing 08.	/30/2024	Date Stamp	CALIFO	
STREET ADDRESS CITY Lafayette 1. Contribution(s		99-4488376 STATE	zip code 94549	Report No Amendment to Report No. (explain below) No. of Pages	t	AUG 3 0 2024 CITY OF LAFAYETTE	For (Official Use Only
DATE RECEIVED		STREET ADDRESS AN	D ZIP CODE OF CONTRIBU'	TOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
08/20/24	James Cervantes Lafayette, CA 94549				IND COM OTH PTY SCC	Retired		\$750.00 Check if Loan Provide interest rate
8/30/24	James Cervantes Lafayette, CA 94549				IND COM OTH PTY SCC	Retired		\$1,250.00 Check if Loan Provide interest rate
					IND COM OTH PTY SCC			Check if Loan Provide interest rate
Reason for Amendr	nent:					* Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor	ess entity)	

Statement of O	-	n			Date Stamp	CALIFORNIA 110
Recipient Com Statement Type				_	RECEIVED	FORM 410
Statement Type	☑ Initial	to d	☐ Amendment	☐ Termination – See Part 5	H	For Official Use Only
	O Not yet qualif or				AUG 16 2024	
	Date qualification	ition threshold met	Date qualification threshold met	Date of termination	OF LAFAVETTE	-
	08 / 14	2024	//	/	CITY OF LAFAYETTE	
1. Committee	Information	I.D. Numbe	er	2. Treasurer and	Other Principal Officers	
NAME OF COMMITTEE		(if applicable)		NAME OF TREASURER		
Cervantes for Laf	fayette City Cou	incil 2024		Meredith Meade		
				STREET ADDRESS (NO P.O. BOX)		
STREET ADDRESS (NO P.O.	BOY			CITY	STATE	ZIP CODE AREA CODE/PHONE
STREET ADDRESS (NO P.O.	BON			Lafayette	CA	zip code Area code/phone 94549
СПУ		STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		
Lafayette		CA 94	549			
FULL MAILING ADDRESS (II	F DIFFERENT)			STREET ADDRESS (NO P.O. BOX)		
E-MAIL ADDRESS (REQUIRE				CITY	STATE	ZIP CODE AREA CODE/PHONE
jimforlafayette@g		URISDICTION WHERE COM	AMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		
Contra Costa Co		City of Lafayette		MANIE OF PRINCIPAL OFFICER(S)		
				STREET ADDRESS (NO P.O. BOX)		
Attach additional	l informatio n or	appropriately lo	beled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/PHONE
3. Verification	n				The second	
			California that the foregoing Musulth M	GNATURE OF TREASURER OR ASSISTANT TREASU	URER	and complete. I certify under
Executed on	DATE	ву		ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	1995-200-400-300-000,	
Executed on	DATE	Ву	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Statement of Organization Recipient Committee				CALIFORNIA FORM	410
INSTRUCTIONS ON REVERSE				Page 2	
COMMITTEE NAME Cervantes for Lafayette City Council 2024				I.D. NUMBER	
All committees must list the financial institution where the campa	ign bank account is located.				
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER			
Mechanics Bank	(925) 962-6900				
ADDRESS	CITY	STATE	ZIP CODE		
3640 Mt. Diablo Blvd.	Lafayette	CA	94549		
4. Type of Committee Complete the applicable sections.					
Controlled Committee					

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(ELECTIVE OFFICE SOUGHT OR HELD INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PART CHECK			
Jim Cervantes	Lafayette	City Council	2024	Nonpartisan	Partisan	(list political part	ty below)
				Nonpartisan	Partísan	(list political part	ty below)
Primarily Formed Committee Primarily formed to support or op		ific candidates or measures in a single ele			0.11		
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	EK)	(INCLUDE DISTRICT NO., CITY O			ON	CHECK	ONE
						SUPPORT	OPPOSE
						SUPPORT	OPPOSE

Candidate Intention Statement	Date Stamp CALIFORNIA 501
Check One: Amendment (Explain)	AUG 0 9 2024
	CITY OF LAFAYETTE
. Candidate Information:	
IAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NU	UMBER FAX NUMBER (optional) EMAIL (optional)
TREET ADDRESS CITY	STATE ZIP CODE
City Council City of Lafage He	CA 94549
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
	PARTY PREFERENCE:
Chate (County But 6)	(Check one box, if applicable.)
State (Complete Part 2.)	□ PRIMARY / GENERAL
City County Multi-County: (Name of Multi-County Jurisdice	(Year of Election) SPECIAL / RUNOFF
 ☐ I accept the voluntary expenditure ceiling for the election stated above. ☐ I do not accept the voluntary expenditure ceiling for the election stated abo Amendment: ☐ I did not exceed the expenditure ceiling in the primary or special election ceiling for the general or special run-off election. 	
(Mark if applicable)	
On,I contributed personal funds in excess of the expendit	iture ceiling for the election stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the State of California that	The state of the s
8/5/24	the foregoing is true and correct.
Executed on 8 9 24 Signature	the foregoing is true and correct. and correct. FPPC Form 501 (August/2)

www.fppc.ca.gov

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Filed Date: 08/14/2024 10:54 AM SAN: FPPC

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
Cervantes	James			
1. Office, Agency, or Co	urt			
Agency Name (Do not use a	cronyms)			
City of Lafayette	, ,			
Division, Board, Department, I	District, if applicable	Your Position		
		City Council Member		
► If filing for multiple position	s, list below or on an attachment. (Do a			
7 II IIIII g tot matapie poemen	.,	=		
Agency:		Position:		
2. Jurisdiction of Office	(Check at least one box)			
State	(☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner		
Otate		(Statewide Jurisdiction)		
Multi-County		County of		
■ City of Lafayette		Other		
3. Type of Statement (c	heck at least one box)			
•	ered is January 1, 2023, through	Leaving Office: Date Left/		
-or-		,		
December 31, 2	ered is, thro 2023.	of leaving office.		
Assuming Office: Date	assumed	The period covered is/, through the date of leaving office.		
X Candidate: Date of Elec	tion11/05/2024 and office s	sought, if different than Part 1:		
4. Schedule Summary (required) Total num	mber of pages including this cover page: 4		
Schedules attached	•			
Schedule A-1 - Invest	ments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached		
=	ments - schedule attached	Schedule D - Income - Gifts - schedule attached		
Schedule B - Real Pro	operty - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached		
	table interests on any schedule			
5. Verification				
MAILING ADDRESS S (Business or Agency Address Recomm		TY STATE ZIP CODE		
3675 Mt Diablo Blvd S	te 210 La	afayette CA 94549-3793		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(925) 299-3210				
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date Signed 08/14	/2024 10:54 AM	Signature James Cervantes		
	nonth, day year	(File the originally signed paper statement with your filing official.)		

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

James Cervantes

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Stifel Financial	Oracle
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financial services: brokerage/investment banking	Technology/data services
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
X \$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock V Other Preferred Stock	NATURE OF INVESTMENT
Stock Other Preferred Stock (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Starbucks	Bank of America GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	
Coffee/other retailing	Financial services: brokerage/investment mgt.
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
▼ \$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Preferred Stock
X Stock Other	Otook Pt Other
(Describe) Partnership () Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Federal Agricultural Mortgage Corp.	Goldman Sachs
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financial services: lending	Financial services: investment banking/investment mgt.
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Stock Preferred Stock	Stock Stock Other Preferred Stock
(Describe) Partnership (Income Received of \$0 - \$499	Partnership () Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACCURRED DISPOSED	ACCURED DISCOST
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name James Cervantes

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
JP Morgan Chase	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financial services: investment banking/investment mgt.	
	FAIR MARKET VALUE
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
▼ \$100,001 - \$1,000,000	
NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
7 1111112 97 25511255 211111	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL BEGORIF HON OF THIS BUSINESS	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership Olncome Received of \$0 - \$499	Partnership Olncome Received of \$0 - \$499
Olncome Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IE ADDITIONALE LIGHT DATE:	IE ADDITION DE LIST DATE.
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
CENTIAL DECOME TON OF THIS BOOMESS	CENTERVIL BESONN HON OF THIS BOOMESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACCUMPED DISPOSED	ACCUMPED DISPOSED
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

► 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Stifel Financial	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
One Montgomery Street, 37th Floor, San Francisco, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment Banking	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Managing Director, Retired	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
▼ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.)
	Loan repayment L
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Deferred Compensation	
Other (Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	PERIOD
a retail installment or credit card transaction, made in t	I lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
,,	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
beeinged notifity in Auti, or Zeinbeit	
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property
\$500 - \$1,000	
\$1,001 - \$10,000	City
	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
	•
Comments:	