Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 07-01-2021
through 12-31-2021

Date of election if applicable:
(Month, Day, Year)

Redlands City Clerk

1. Type of Recipient Committee:
   - All Committees - Complete Parts 1, 2, 3, and 4.
     - Officeholder, Candidate Controlled Committee
     - State Candidate Election Committee
     - Recall
     - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee

   - Primarily Formed Ballot Measure Committee
   - Controlled
   - Sponsored
   - Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:
   - Frequent Election Statement
   - Semi-annual Statement
   - Quarterly Statement
   - Special Odd-Year Report
   - Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER 1427836
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
     Tejeda for City Council 2020
   - STREET ADDRESS (NO P.O. BOX)
   - CITY State ZIP CODE AREA CODE/PHONE
     Redlands Ca 92374
   - MAILING ADDRESS IF DIFFERENT NO. AND STREET OR P.O. BOX
   - CITY State ZIP CODE AREA CODE/PHONE
   - OPTIONAL: FAX/E-MAIL ADDRESS
     tejeda.campaign@gmail.com

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 1-31-2022
   By Eddie Tejeda
   Signature of Treasurer or Assistant Treasurer

   Executed on 1-31-2022
   By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   By

   Executed on
   By

   Executed on
   By

   Executed on
   By

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE:

Eddie Tejeda

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

Member of the City Council District 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Redlands, Ca. 92374

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

LD. 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

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☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT ☐ OPPOSE

Name of Officeholder or Candidate

Office Sought or Held

Jurisdiction

Controlled Committee?

Yes No

Committee Address

City State Zip Code Area Code/Phone

Attach continuation sheets if necessary

FPPC Form 450 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL CONTRIBUTIONS RECEIVED</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL EXPENDITURES MADE</strong></td>
<td><strong>144.00</strong></td>
<td><strong>144.00</strong></td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEGINNING CASH BALANCE</strong></td>
<td><strong>3319</strong></td>
</tr>
<tr>
<td><strong>ENDING CASH BALANCE</strong></td>
<td><strong>3,175</strong></td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CUMULATIVE EXPENDITURES MADE</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONTRIBUTIONS RECEIVED</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td><strong>EXPENDITURES MADE</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

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**Note:**
- 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 E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 07-01-2021 through 12-31-2021

CALIFORNIA FORM 460

Page 4 of 4

L.D. NUMBER 1 4 2 7 8 3 6

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- 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
- MBR member communications
- MTG meetings and appearances
- OTC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (Internet, e-mail)

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NAME AND ADDRESS OF PAYEE

Bank of America
305 E, State Street
Redlands, Ca. 92373

CODE OR DESCRIPTION OF PAYMENT

PRO Bank Fees

AMOUNT PAID

144.00

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

SUBTOTAL $ 160.00

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Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................... $ 0

2. Unitized 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).) .................. $ 0

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ............... TOTAL $ 144.00

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