

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)  
1781383

COVER PAGE

Date Stamp

CALIFORNIA  
FORM

460

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

Statement covers period

from 07/01/2025

through 11/19/2025

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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  
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER  
1439483

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

Ed Delgado for Moreno Valley City Council 2022 - 2nd District

Treasurer(s)

NAME OF TREASURER

Dana Hopkins CPA

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

Riverside

STATE CA

ZIP CODE

92503

AREA CODE/PHONE

CITY

Riverside

STATE CA

ZIP CODE

92503

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 and belief, 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

Executed on

11/20/2025

Date

Executed on

11/25/2025

Date

Executed on

Date

Executed on

Date

Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer or Sponsor

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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

www.netfile.com

# Recipient Committee Campaign Statement Cover Page — Part 2

**CALIFORNIA  
FORM 460**
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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Edward (Ed) A Delgado

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

City Council Member: City of Moreno Valley District 2

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

Riverside

CA

92503

**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  
CALIFORNIA  
FORM 460

Statement covers period

from 07/01/2025

through 11/19/2025

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Delgado for Moreno Valley City Council 2022 - 2nd District

I.D. NUMBER

1439483

## Contributions Received

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

|                                                       | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|-------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 0.00                                                    | \$ 0.00                                    |
| 2. Loans Received ..... Schedule B, Line 3            | 0.00                                                       | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 0.00                                                    | \$ 0.00                                    |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 0.00                                                       | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 0.00                                                    | \$ 0.00                                    |

1/1 through 6/30 7/1 to Date

20. Contributions Received \$

21. Expenditures Made \$

## Expenditures Made

### Expenditure Limit Summary for State Candidates

|                                                             |             |              |
|-------------------------------------------------------------|-------------|--------------|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 7,714.04 | \$ 13,264.04 |
| 7. Loans Made ..... Schedule H, Line 3                      | 0.00        | 0.00         |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 7,714.04 | \$ 13,264.04 |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 0.00        | 0.00         |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 0.00        | 0.00         |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 7,714.04 | \$ 13,264.04 |

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                                                                          | \$ 7,714.04 |
| 13. Cash Receipts ..... Column A, Line 3 above                                                                                           | 0.00        |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                                                                             | 0.00        |
| 15. Cash Payments ..... Column A, Line 8 above                                                                                           | 7,714.04    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15<br>If this is a termination statement, Line 16 must be zero. | \$ 0.00     |

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            | \$ 0.00 |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ 0.00 |

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D

**CALIFORNIA**  
**FORM**  
**460**

Statement covers period

from 07/01/2025

through 11/19/2025

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Delgado for Moreno Valley City Council 2022 - 2nd District

I.D. NUMBER

1439483

| DATE       | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE | TYPE OF PAYMENT                                                                                                                                                             | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------|-----------------------------------------------------------|------------------------------------------|
| 11/19/2025 | Edward Delgado<br>State Assembly Person<br>District: 60                                                   | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure |                              | 7,109.08              | 7,109.08                                                  | \$7,109.08                               |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |                                                                                                                                                                             |                              |                       |                                                           |                                          |
|            |                                                                                                           | <input type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure            |                              |                       |                                                           |                                          |
|            | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                          |                                                                                                                                                                             |                              |                       |                                                           |                                          |
|            |                                                                                                           | <input type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure            |                              |                       |                                                           |                                          |
|            | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                          |                                                                                                                                                                             |                              |                       |                                                           |                                          |

**SUBTOTAL \$** 7,109.08

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 7,109.08
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 7,109.08

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

CALIFORNIA  
FORM 460

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NAME OF FILER

Ed Delgado for Moreno Valley City Council 2022 - 2nd District

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I.D. NUMBER

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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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|----------------------------------------------------------------------------------------------------|------|----|------------------------|-------------|
| Lilla Hopkins Associates<br>11728 Magnolia Ave Ste D1<br>Riverside, CA 92503                       | PRO  |    |                        | 604.06      |
| Ed Delgado for Assembly 2026 (ID# 1482140)<br>3649 Mission Inn Ave, 2nd Flr<br>Riverside, CA 92501 | CTB  |    |                        | 7,109.08    |
| Lilla Hopkins Associates<br>11728 Magnolia Ave Ste D1<br>Riverside, CA 92503                       | PRO  |    |                        | 0.90        |

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

SUBTOTAL \$ 7,714.04

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 7,714.04
- Unitemized payments made this period of under \$100 ..... \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL \$ 7,714.04