_						COVER PAGE
Ca Ca	ecipient Committee ampaign Statement over Page overnment Code Sections 84200-84216.5)			Date Stamp	CA	FORM 460
,		Statement covers period from01/01/2023	Date of election if applicable: (Month, Day, Year)	- E-"		ge 1 of 8 For Official Use Only
SEE	E INSTRUCTIONS ON REVERSE	through6:/30/2023	11/08/2022		C) A	TY CLERK'S DFFICE UG 02 2023 PHO 1:2
1.	Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
	X 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)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	ermination)	Supplemen	Statement Id-Year Report Intal Preelection - Attach Form 495
3.	Committee Information	I.D. NUMBER 1440829	Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITT		NAME OF TREASURER			
	Felipe Martin for Elk Grove City Council	2022	Vona Copp			
			MAILING ADDRESS			
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
	8801 Folsom Blvd., Ste. 250		Wilton	CA	95693	(916)686-1815
	CITY STATE ZI	P CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY		
		95826 (916)642-1215	Logan Copp			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P	O. BOX	MAILING ADDRESS			
	P.O. Box 850		TO LITTLE		710.0005	100000000000000000000000000000000000000
		P CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		95693	Wilton	CA	95693	(916) 686-1815
	OPTIONAL: FAX / E-MAIL ADDRESS (866)637-2679 / vonac@comcast.net		OPTIONAL: FAX / E-MAIL ADD	RESS		
4.	Verification		M.			
٠.	I have used all reasonable diligence in preparing and review	wing this statement and to the best of my kr	nowledge the information contained he	erein and in the attached	schedules is	true and complete. I certify
	under penalty of perjury under the laws of the State of Cali	fornia that the foregoing is true and correct.				,
	Executed on	Ву	Signature of Imagurer or Assistan	t Treasure		
	Executed on	BySignature of C	ontrolling Officenoider, Candidate, State Measure Pr	roponentor Responsible Officer of	Sponsor	
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent		
	Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		EPPC Form 460 (Jan/2016

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE-PART2

CALIFORNIA 460

FORM 460

Page ___2 of __8

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BA	LLOTMEASURE				
Felipe Martin							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO.	ORLETTER	JURISDICTI	ON	Tr	SUPPORT
City Council Member District 2							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	REET) CITY STATE ZIP Elk Grove CA 95826	Identify th	e controlling off	iceholder, ca	ndidate, or st	ate measure	proponent, if an
	EIR GIOVE CR 93020	NAME OF O	FFICEHOLDER, CAP	NDIDATE, OR PR	ROPONENT		
Related Committees Not Included in not included in this statement that are control contributions or make expenditures on behalf	led by you or are primarily formed to receive	OFFICE SOL	JGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER	1					
NAME OF TREASURER	CONTROLLED COMMITTEE?		r Formed Can r(s) or candidate(s				
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS	☐ YES ☐ NO	officeholde		s) for which thi	is committee is		
	YES NO	NAME OF O	r(s) or candidate(s	S) for which thi	is committee is	primarily form	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS	YES NO	NAME OF O	r(s) or candidate(s	candidate	OFFICE SOUC	primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE	YES NO S (NO P.O. BOX) E ZIP CODE AREA CODE/PHONE	NAME OF O	r(s) or candidate(s	candidate	OFFICE SOUC	primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE	YES NO S (NO P.O. BOX) E ZIP CODE AREA CODE/PHONE	NAME OF OR	r(s) or candidate(s FFICEHOLDER OR (CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUC	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE? YES NO NO NO NO NO NO YES NO NO NO NO NO NO NO NO NO NO	NAME OF OR	r(s) or candidate(s	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUC	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME	I.D. NUMBER CONTROLLED COMMITTEE? YES NO NO NO NO NO NO YES NO NO NO NO NO NO NO NO NO NO	NAME OF OR	r(s) or candidate(s FFICEHOLDER OR (CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUC	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
	ORNIA DRM	4	60		
Page _	2 (of _	8		

NAME OF OFFICEHOLDER OR CANDIDATE		N/A	ME OF BALLOT MEASURE				
Felipe Martin							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)	BA	ALLOT NO. OR LETTER	JURISDICTIO	N	T _C	SUPPORT
City Council Member District 2							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	Elk Grove CA 95826	Id	entify the controlling off	iceholder, car	ndidate, or st	tate measure	proponent, if any
	EIR GLOVE CA 93020	N/	AME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Included in to not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed to receive	Of	FFICE SOUGHT OR HELD			DISTRICT NO.	F ANY
COMMITTEE NAME	I.D. NUMBER	-			-		
	_	7 D	rimarily Formed Can	didata/Offia	obolder Ce	ammittaa .	
NAME OF TREASURER	CONTROLLED COMMITTEE?		rimarily Formed Can				
NAME OF TREASURER	CONTROLLED COMMITTEE?	of	fficeholder(s) or candidate(s) for which this	s committee is	s primarily form	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (I	☐ YES ☐ NO	of) for which this	s committee is		
COMMITTEE ADDRESS STREET ADDRESS (I	☐ YES ☐ NO	N/	fficeholder(s) or candidate(s	s) for which this	OFFICE SOU	s primarily form	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (I	YES NO NO P.O. BOX)	of N/	MME OF OFFICEHOLDER OR C	candidate	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (I	YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHONE	of N/	fficeholder(s) or candidate(s	candidate	OFFICE SOU	S primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (I	VES NO NO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	N/	MME OF OFFICEHOLDER OR C	candidate Candidate Candidate Candidate	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (I CITY STATE COMMITTEE NAME NAME OF TREASURER	YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	N/	AME OF OFFICEHOLDER OR O	candidate Candidate Candidate Candidate	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (I CITY STATE COMMITTEE NAME	YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	N/	AME OF OFFICEHOLDER OR O	candidate Candidate Candidate Candidate	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA **FORM** 01/01/2023 Page ___3 __ of ___8 06/30/2023 through _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Felipe Martin for Elk Grove City Council 2022 1440829 Column A Calendar Year Summary for Candidates Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 89,909.26 1/1 through 6/30 7/1 to Date -100,000.00 20. Contributions 89,909.26 Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made \$______\$___ 89,909.26 **Expenditures Made Expenditure Limit Summary for State** Candidates 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 2,146.92 \$ 2,146.92 (If Subject to Voluntary Expenditure Limit) -1,530.76 Date of Election Total to Date (mm/dd/yy) 0.00 10. Nonmonetary Adjustment Schedule C. Line 3 0.00

Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____12,237.66 -10,090.74 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 2,146.92 0.00 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 \$ _____

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

Cash Equivalents and Outstanding Debts

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).

0.00

0.00

*Amounts in this section may be different from amounts reported in Column B.

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

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDI	JLE A
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CALIFORNIA 460

Statement covers period

from ____01/01/2023

SEE INSTRUCTION	NS ON REVERSE			through06/30/20	023	Page	4	of8
IAME OF FILER	я.					I.D. NUMBER		
Felipe Marti	1440829							
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	TC	ELECTION DDATE EQUIRED)
05/05/2023	Felipe Martin 8801 Folsom Blvd., Suite 260 Sacramento, CA 95826 Loan forgiven	⊠IND □COM □OTH □PTY □SCC	CEO Martin Brothers Construction	89,909.26	79,	818.52	G2022	\$89,909.26
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 89,909.26				
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)							ual vient Comm r than PTY r (e.g., bus al Party	
V		•	CONTROL CONTRO					- 400 (1004)

0.1.1.5.5.44							SCHE	DULE B - PART 1	
Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement co	•	CALIFORNIA 460		
Loans Received					from01/	01/2023			
SEE INSTRUCTIONS ON REVERSE					through06/	30/2023	Page5	of8	
NAME OF FILER							I.D. NUMBER		
Felipe Martin for Elk Grove City Counc	il 2022						1440829		
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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N. CLOSE OF THIS	DAID THIS	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE	
Felipe Martin 8801 Folsom Blvd., Suite 260 Sacramento, CA 95826 Loan	CEO Martin Brothers Construction			PAID S 10,000 0 FORGIVEN		RATE	\$ 10,000.00	\$79_818_52 PER ELECTION**	
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ 10,000.00	\$0.00	\$0.0	12/31/2022 DATE DUE	\$0.00	DATE INCURRED	\$ 62022 89,909.2	
Felipe Martin 8801 Folsom Blvd., Suite 260 Sacramento, CA 95826 Loan	CEO Martin Brothers Construction					RATE	\$ 90,000.00	\$79,818.52 PER ELECTION **	
TE IND COM OTH PTY SCC		\$ 90,000.00	\$0.00	\$ 89,909.2	DATE DUE	\$ 0.00	DATE INCURRED	\$ G2022 \$9,909.2	
		e	g.	PAID \$ FORGIVEN	\$	RATE %	s	\$ PER ELECTION ***	
† IND COM OTH PTY SCC		*	4	3	DATE DUE		DATE INCURRED		
		SUBTOTALS S	0.00	\$ 100,000.	.00\$ 0.0	0.00			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
1. Loans received this period (Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party tha	s of less than \$100.) D paid or forgiven.)				100,000.0		Contributor Codes ID – Individual OM – Recipient Co (other than TH – Other (e.g., TY – Political Parl	ommittee PTY or SCC) , business entity)	
3 Net change this period (Subtract Line	e 2 from Line 1 \			NET \$	-100,000.0	o s	CC – Small Contri	butor Committee	

Enter the net here and on the Summary Page, Column A, Line 2.

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

** If required.

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www.fppc.ca.gov

(May be a negative number)

Schedule E Payments Made	_	Amounts may be rounded to whole dollars.			nent covers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through	06/30/2023	Page6	of
NAME OF FILER				11		I.D. NUMBE	R
Felipe Martin for Elk Grove City Council 2022						1440829	
CODES: If one of the following codes accurately described 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 com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications I appearance ses ating urvey reseavery and m	es	RAD rad RFD retu SAL can TEL t.v. TRC can TRS stat TSF tran VOT voto	ribe the payment. io airtime and production urned contributions inpaign workers' salaries or cable airtime and prod ididate travel, lodging, an iff/spouse travel, lodging, insfer between committee er registration urmation technology costs	duction costs d meals and meals s of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID
JSQ Group, LLC 987 Central Street West Sacramento, CA 95691			Video editing,	graphic des	ign		1,049.00
Logan Copp		PRO					238.96
Wilton, CA 95693							
Logan Copp		PRO					75.60
WIILUI, CA 93093							
* Payments that are contributions or independent expendit	ures must also be summ	arized on	Schedule D.		SL	JBTOTAL\$	1,363.56
Schedule E Summary							

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

2. Unitemized payments made this period of under \$100\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

2,096.92

50.00

0.00

www.fppc.ca.gov

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E	(CONT.)
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(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460	
Payments Made	to whole dollars.	from01/01/2023	FORM 400	
SEE INSTRUCTIONS ON REVERSE		through 06/30/2023	Page 7 of 8	
NAME OF FILER			I.D. NUMBER	
Felipe Martin for Elk Grove City Council 2022	,		1440829	
CODES: If one of the following codes accurately	describes the payment, you may enter the code. Other	erwise, describe the payment.		
OM 4D	MDD	DAD and in sisting and anadoustica		

NAME OF FIELD				I.D. NUMB	ER
Felipe Martin for Elk Grove City Council 2022				144082	9
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* OFC office expen petition circul PHO phone banks POL polling and s POS postage, deli	nmunications d appearances nses alating	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions	duction costs d meals and meals s of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
Wilton, CA 95693	PRO				100.00
Logan Copp Wilton, CA 95693	PRO				280.86
Logan Copp Wilton, CA 95693	PRO				200.90
Logan Copp Wilton, CA 95693	PRO				151.60

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

SUBTOTAL \$

733.36

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

 Statement covers period from _____01/01/2023
 CALIFORNIA FORM
 460

 through ____06/30/2023
 Page ___8 ___ of __8 ___

 I.D. NUMBER ______
 1440829

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Felipe Martin for Elk Grove City Council 2022

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
JSQ Group, LLC 987 Central Street West Sacramento, CA 95691	Video editing, graphic design	1,049.00	0.00	1,049.00	0.00
Logan Copp Wilton, CA 95693	PRO	280.86	0.00	280.86	0.00
Logan Copp Wilton, CA 95693	PRO	200.90	0.00	200.90	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 1,530.76	\$ 0.00	1,530.76	0.00

Schedule F Summary

1.	. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	0.00
2	. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)PAID TOTALS \$	1,530.76
3.	. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	-1,530.76