

Recipient Committee Campaign Statement Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2026
through 09/19/2026

Date of election if applicable:
(Month, Day, Year)
11/03/2026

Date Stamp

CALIFORNIA
FORM
460

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For Official Use Only

CITY CLERKS OFFICE
SEP 28 2026 AM 8:57

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Committee
☐ State Candidate Election Committee ☐ Controlled
 Recall ☐ Sponsored
 (Also Complete Part 5) ☐ General Purpose Committee
☐ Sponsored ☐ Primarily Formed Candidate/Officeholder Committee
☐ Small Contributor Committee ☐ Political Party/Central Committee
 (Also Complete Part 7)

2. Type of Statement:

- ☒ Pre-election Statement ☐ Quarterly Statement
☐ Semi-annual Statement ☐ Special Odd-Year Report
☐ Termination Statement
 (Also file a Form 410 Termination)
☐ Amendment (Explain below)

3. Committee Information

ID NUMBER
1496484

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Joe Soto for Mayor 2026

Treasurer(s)

NAME OF TREASURER
Joseph Soto

MAILING ADDRESS
701 E Hyde Park Blvd

CITY
Inglewood

STATE
CA

ZIP CODE
90302

AREA CODE/PHONE
855-863-7686

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)
701 E Hyde Park Blvd

CITY
Inglewood

STATE
CA

ZIP CODE
90302

AREA CODE/PHONE
855-563-7686

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 451904

CITY
Los Angeles

STATE
CA

ZIP CODE
90045

AREA CODE/PHONE
855-563-7686

OPTIONAL: FAX / E-MAIL ADDRESS
Info@sotoforinglewood.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 09/24/2026

Date

Executed on 09/24/2026

Date

Executed on _____

Date

Executed on _____

Date

By _____

Signature of Treasurer or Assistant Treasurer

By _____

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

By _____

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

By _____

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

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Joseph Soto			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Mayor, City of Inglewood			
RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET)	CITY	STATE	ZIP
701 E Hyde Park Blvd	Inglewood	CA	90302

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?
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?
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

www.foodc.ca.gov

Schedule C

Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Joe Soto for Mayor 2026

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SCHEDULE C

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I.D. NUMBER
1496484

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2026	Joe Soto 701 E Hyde Park Blvd Inglewood, CA 90302	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Small Business Owner - Maestro	Candidate Statement Fee	2,600	2,600	2,600
8/7/2026	Alicia Soto 425 Edgewood Street Inglewood, CA 90302	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	Campaign paraphernalia - T-shirts	900	900	900
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
SUBTOTAL \$ 3,500							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 3,500
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 3,500

*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