Recipient Committee Campaign Statement Cover Page EE INSTRUCTIONS ON REVERSE Type of Recipient Committee: All Committees - Cor	Statement covers period from Jan 1, 2022 through Jun 30, 2022	Date of election if applicable: (Month, Day, Year) 11/8/.2022 2. Type of Statement:	1	For Official Use Only O1605
Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Use Complete Part 6) Crimarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	ermination)	atement Year Report
Committee information	0. NUMBER 440988	Treasurer(s) NAME OF TREASURER Drew Mercy MAILING ADDRESS CITY Lancaster	STATE ZIP CODE CA 93534	AREA CODE/PHONE 661-492-9503
CITY STATE ZIP COLL Lancaster CA 9353 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP COLL Lancaster CA 9353- OPTIONAL: FAX / E-MAIL ADDRESS	6 661-492-9503 DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRE	STATE ZIP CODE	AREA CODE/PHONE
Drew@DrewMercy.com Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Executed on 7/22/2022 Executed on 7/22/2022 Date Date	-	nt	herein and in the attached schedules Treasurer Coponent or Responsible Officer of Sponsor	is true and complete. I
Executed on	By	gnature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, Signature	State Measure Proponent	

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Recipient Committee Campaign Statement Cover Page — Part 2

	R PAGE - PART 2
CALIFORI FORM	NIA 460
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Officeholder or Candidate Controlled Committee			6.	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE					
Drew Mercy									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPL	ICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON .	SUPPORT		
Director, Quartz Hill Water District				,			OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STA	TE ZIP							
	Lancaster CA	93536		Identify the controlling office	eholder, candid	date, or state measure p	proponent, if any.		
				NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT			
Related Committees Not Included in this S	Statement: Lietany	committees							
not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed			OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY		
COMMITTEE NAME	I.D. NUMBER								
*	i			,					
			7.	Primarily Formed Cand	didate/Office	eholder Committee	List names of		
NAME OF TREASURER	CONTROLLED COM			officeholder(s) or candidate(s)	for which this	committee is primarily for	ormed.		
COMMITTEE ADDRESS STREET ADDRESS (NO P.	YES D	NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD _		
							☐ SUPPORT ☐ OPPOSE		
CITY STATE ZI	P CODE AREA C	CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT		
				,			OPPOSE		
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H			
				NAME OF OFFICEHOLDER OR	OANDIDATE	TOT TOE BOOGHT OKT	SUPPORT OPPOSE		
NAME OF TREASURER	CONTROLLED COM			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT		
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O BOX)	NO					☐ OPPOSE		
The state of the s									
CITY STATE ZII	P CODE AREA C	CODE/PHONE		Δ#s	Och continuatie	on sheets if necessary			
				Auc	cii conunuauc	ni aneeta ii necessary			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 460

Statement covers period

Summary rage		from Jan				1, 2022	FORM 460		
SEE INSTRUCTIONS ON REVERSE			through Jun 30, 2022			Page 3 of 8			
NAME OF FILER							I.D. NUMBER		
Drew Mercy for Quartz Hill Water Board 2022							1440988		
Contributions Received	(Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column CALENDARY TOTAL TO D	YEAR		mary for Candidates e State Primary and		
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3	\$	8750 8750	\$	8750 8750			rough 6/30 7/1 to Date		
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	6750	\$	6730			*		
Expenditures Made 6. Payments Made	\$	1561	\$	1561 0		Expenditure Limit S Candidates	Summary for State		
8. SUBTOTAL CASH PAYMENTS	\$	1561 0	\$	1561 0		(If Subject to Date of Election	ve Expenditures Made* Voluntary Expenditure Limit) Total to Date		
10. Nonmonetary Adjustment	\$	1561	\$	0		(mm/dd/yy)			
Current Cash Statement			Π		· · · · · ·		- \$		
12. Beginning Cash Balance	\$	1500 8750	ad A	calculate Colu d amounts in C to the correspon nounts from Co	olumn nding		nay be different from amounts		
15. Cash Payments	\$	1561	of an be sh pro	your last report nounts in Colum negative figure ould be subtrac evious period a	t. Some nn A may es that cted from mounts. If	reported in Column B.			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		file	s is the first rep ed for this calen ly carry over the	dar year,				
Cash Equivalents and Outstanding Debts	_		fro	m Lines 2, 7, a y).					
18. Cash Equivalents See instructions on reverse	\$		"	,,,					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$					FPPC Advice: adv	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov		

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov	ers period	CAL	CALIFORNIA 460		
SEE INSTRUCTI	ONS ON REVERSE			through Jun 30, 2	022	Pag	e 4 of .8		
NAME OF FILER Drew Mercy	o for Quartz Hill Water Board 2022		,	<u> </u>		1.D. N 14409	NUMBER 988		
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	CALEN	IVE TO DATE DAR YEAR - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
2/2/22	26 Global Infinity LLC Beverly Hills, CA 90212	☐ IND ☐ COM ☑ OTH ☐ PTY		1000	1000				
2/2/22	Shayan Capital LLC	SCC IND COM OTH		2000	2000				
	Calabasas, CA91302	□ PTY □ SCC							
2/15/22	National Staff Assault Task Force	□IND □COM ☑OTH		2500	2500				
	Palmdale, CA 93551	□PTY □scc							
4/12/22	HIgh Desert Dairy	□IND □COM ☑OTH		250	250				
	Lancaster, CA 93535	PTY							
5/18/22	Wilk for Lt. Governor 2026, ID 1435661	□IND ☑ COM □ OTH		500	500				
	Santa Clarita, CA 91350	□PTY □scc							
			SUBTOTAL S	\$					
1. Amount re	A Summary eceived this period – itemized monetary contribution Il Schedule A subtotals.)		\$ <u>62</u>	250					

2. Amount received this period - unitemized monetary contributions of less than \$100\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 8750

3. Total monetary contributions received this period.

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PTY - Political Party

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o	be rounded dollars.	Statement coverage from Jan 1, 2022 through Jun 30, 2		CALIFORNIA 460 FORM Page 5 of 8		
NAME OF FILER Drew Mercy	for Quartz Hill Water Board		· · · · · · · · · · · · · · · · · · ·			1.D. NU	MBER 88	
DATE	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 T CALENDAR Y	O DATE CEAR	PER E	LECTION DATE QUIRED)
6/15/22	International Brotherhood of Electrical Workers ID 822725 Pasadena, CA 91101	☐IND COM ☐OTH ☐PTY ☐SCC		2500	2500			
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						

SUBTOTAL \$ 2500

*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

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE		Amounts may be ro to whole dollar	Statement cove	rs period	CALIFORNIA 460		
				through Jan 30, 20)22	Page 6	of 8
NAME OF FILE						1.D. NUME 1440988	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 -	AR YEAR.	PER ELECTION TO DATE (IF REQUIRED)
3/6/22	Villanueva for Los Angeles Sheriff 2022, ID 1397275 LA CA 90301	Monetary Contribution Nonmonetary Contribution Independent	-	250	250		
5/6/22	Lackey for Assembly 2022, ID 1435844	Expenditure Monetary Contribution Nonmonetary		100	100		
	Lancaster, CA 93534	Contribution Independent Expenditure Monetary					
		Contribution Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	\$ 350			
Schedul	e D Summary						
1. Itemized	d contributions and independent expenditures made	e this period. (Include	all Schedule D subtotals.)			\$_3	50
2. Unitemiz	zed contributions and independent expenditures m	ade this period of unde	er \$100			\$_	
3. Total cor	ntributions and independent expenditures made the	is period. (Add Lines 1	and 2. Do not enter on t	he Summary Page	e.) TC	TAL \$ _3	50

	Amounts may be rounded to whole dollars. Vater Board 2022				SCHEDULE ORNIA 460 M of 8 188
CODES: If one of the following codes accurately describes the payme campaign paraphernalia/misc. CNP campaign consultants 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 membi MTG meeth OFC office of PET petition PHO phone POD polling POS postag PRO profes PRT print a	on costs es roduction costs and meals	e candidate/sponsor			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Lancaster Museum and Public Art Foundation Lancaster, CA 93534	cvc		-	-	140
Antelope Valley Sheriffs Boosters Lancaster, CA 93534	cvc				1000
Villanueva for Los Angeles Sheriff 2022, ID 1397275 LA CA 90301	СТВ				250
* Payments that are contributions or independent expenditures must also be summarized o	n Schedule D.			SUBTOTAL S	1390
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals	5.)			\$_	490

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• •								
Schedule E Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.			St	atement covers period Jan 1, 22	CALIFORNIA 460		
EE INSTRUCTIONS ON REVERSE				throu	gh <u>Jun 30 22</u>	Page	3 of _8	
AME OF FILER Drew Mercy for Quartz Hill Water Board 2022						I.D. NUM 1440988		
MP campaign paraphernalia/misc. NS campaign consultants TB contribution (explain nonmonetary)* VC civic donations IL candidate filing/ballot fees ND fundraising events independent expenditure supporting/opposing others (explain)* EG legal defense T campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	nmunications d appearances ses lating urvey researc very and mes	s h 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, transfer between committees voter registration information technology costs	luction costs d meals and meals s of the sam	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR .	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID	
Lackey for Assembly 2022, ID 1435844 Lancaster, CA 93534		СТВ					100	

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