Coletti for Mayor 2026

California Form 460 Statements

Statements received September 25 and October 23, 2026

I am grateful to the Pacific Grove residents who contributed to my campaign. However, I chose to finance most of my campaign with my own money. I did not seek endorsements or contributions from special interests. All contributions to my campaign come with no strings attached.

Endorsements and campaign contributions can reveal who has interests in decisions made at City Hall. I encourage Pacific Grove voters to compare both candidates’ campaign finance statements and decide for themselves.

COVER PAGE

Recipient Committee Campaign Statement Cover Page

RECEIVED
Date Stamp
SEP 25 2026
By 409 p

CALIFORNIA FORM **460**

Page 1 of 9

For Official Use Only

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

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

- [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)*

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
  - (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1493127

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COLETTI FOR MAYOR 2026

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
PACIFIC GROVE	CA	93950	[redacted]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO BOX 675

CITY	STATE	ZIP CODE	AREA CODE/PHONE
PACIFIC GROVE	CA	93950	[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS
info@lukeforpg.com

Treasurer(s)

NAME OF TREASURER
LUKE COLETTI

MAILING ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
PACIFIC GROVE	CA	93950	[redacted]

NAME OF ASSISTANT TREASURER, IF ANY
N/A

MAILING ADDRESS
N/A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
N/A	N/A	N/A	N/A

OPTIONAL: FAX / E-MAIL ADDRESS
info@lukeforpg.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) By [redacted] (Signature of Controlling Officeholder, Candidate, State Measure Proponent, or Responsible Officer of Sponsor)

Executed on 09/24/2026 (Date) By [redacted] (Signature of Controlling Officeholder, Candidate, State Measure Proponent, or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

LUKE COLETTI

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

MAYOR, CITY OF PACIFIC GROVE

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[redacted]	- PACIFIC GROVE	CA	93950

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

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

CALIFORNIA FORM 460

Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COLETTI FOR MAYOR 2026

I.D. NUMBER
1493127

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ $4.704	$
2. Loans Received	*Schedule B, Line 3*	$2.425	$2.425
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ $7.129	$
4. Nonmonetary Contributions	*Schedule C, Line 3*	$4.32	
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ $7.133	$

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ ($3.544)	$
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ ($3.544)	$
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	($4.32)	
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ ($3.548)	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
__/__/__	$
__/__/__	$

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

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0
13. Cash Receipts	*Column A, Line 3 above*	$7.129
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	($3.544)
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ $3.585

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ 0

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ $2.425

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

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

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COLETTI FOR MAYOR 2026

I.D. NUMBER
1493127

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/16/26	ELAINE MACKOFF [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$500		
8/24/26	THERESE SPARKMAN [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$500		
9/7/26	STAN MELLIN [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$200		
9/10/26	DONALD MURPHY [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$250		
9/10/26	KAREN OWEN [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$220		
			SUBTOTAL $	1,670		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) ..... $ 3,170

2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 1,534

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 4,704

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

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

CALIFORNIA FORM 460

Page 5 of 9

NAME OF FILER
COLETTI FOR MAYOR 2026

I.D. NUMBER
1493127

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/12/26	DEBBY BECK [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	REALTOR COMPASS REAL ESTATE	$500		
9/13/26	LUCY MOORE [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$100		
9/15/26	THOM AKEMAN [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$200		
9/15/26	KIM AKEMAN [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$200		
9/15/26	ALAN WRIGHT [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$500		
			SUBTOTAL $	1,500		

*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

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

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

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COLETTI FOR MAYOR 2026

I.D. NUMBER
1493127

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. 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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
LUKE COLETTI [redacted] PACIFIC GROVE, CA 93950 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$ 0	$ 2,425	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 2,425 n/a DATE DUE	____% RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ 2,425 PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____% RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____% RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
	SUBTOTALS	$ 2,425	$	$	$ 2,425	$ 0		

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period ..... $ 2,425
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 2,425
   Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

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

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

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

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COLETTI FOR MAYOR 2026

I.D. NUMBER
1493127

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)
7/1/26	LUKE COLETTI [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	WEBSITE HOSTING	$4.32 $107.88 / 25		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** $4.32

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ $4.32
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 $** $4.32

*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 E
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

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

CALIFORNIA FORM 460

Page 8 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COLETTI FOR MAYOR 2026

I.D. NUMBER
1493127

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
CITY OF PACIFIC GROVE 300 FOREST AVE, PACIFIC GROVE, CA 93950	FIL	FILING FEE & VOTER GUIDE	$381
SPEEDY BUTTONS 1221 WHITEWATER AVE, ST CHARLES, MN 55972	CMP	BUTTONS	$115
MONTEREY COUNTY ELECTIONS 1441 SCHILLING PLACE, SALINAS, CA 93901	VOT	VOTER DATA	$179

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

SUBTOTAL $ 675

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 3,523
2. Unitemized payments made this period of under $100 ..... $ 21
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 $** 3,544

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

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

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COLETTI FOR MAYOR 2026

I.D. NUMBER
1493127

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
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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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
ROBOCENT 2129 GENERAL BOOTH BLVD, VIRGINIA BEACH, VA 23454	PHO	TEXTING	$501
MINUTEMAN PRESS 201 FOAM STREET, MONTEREY, CA 93940	LIT	PUSHCARD	$232
VISTA PRINT 95 HAYDEN AVE LEXINGTON, MA 02421	CMP	SIGNS	$1,415
SIGNS ON THE CHEAP 11525A STONEHOLLOW DR, AUSTIN, TX 78758	CMP	SIGNS	$364
CARMEL PINE CONE 734 LIGHTHOUSE AVE, PACIFIC GROVE, CA 93950	PRT	PRINT AD	$336

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

SUBTOTAL $ 2,848

Coletti for Mayor 2026

California Form 460 Statements

Statement received October 23, 2026

COVER PAGE

Recipient Committee Campaign Statement Cover Page

Date Stamp	CALIFORNIA FORM 460
RECEIVED CITY MANAGER'S OFFICE 2026 OCT 23 P 3:30 CITY OF PACIFIC GROVE	Page 1 of 8
	For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 09/20/2026
through 10/17/2026

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

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

- [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)*

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1493127

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COLETTI FOR MAYOR 2026

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
PACIFIC GROVE	CA	93950	[redacted]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO BOX 675

CITY	STATE	ZIP CODE	AREA CODE/PHONE
PACIFIC GROVE	CA	93950	[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS
info@lukeforpg.com

Treasurer(s)

NAME OF TREASURER
LUKE COLETTI

MAILING ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
PACIFIC GROVE	CA	93950	[redacted]

NAME OF ASSISTANT TREASURER, IF ANY
N/A

MAILING ADDRESS
N/A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
N/A	N/A	N/A	N/A

OPTIONAL: FAX / E-MAIL ADDRESS
info@lukeforpg.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 10/22/2026 (Date) By [redacted] (Treasurer)

Executed on 10/22/2026 (Date) By [redacted] (Signature of Candidate, Committee Sponsor or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
LUKE COLETTI

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR, CITY OF PACIFIC GROVE

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[redacted]	PACIFIC GROVE	CA	93950

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

Statement covers period
from 09/20/2026
through 10/17/2026

CALIFORNIA FORM **460**

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COLETTI FOR MAYOR 2026

I.D. NUMBER
1493127

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$2,613	$7,317
2. Loans Received	*Schedule B, Line 3*	$10,860	$13,285
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$13,473	$20,602
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	$4.32
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$13,473	$20,606

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	($16,858)	($20,402)
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	($16,858)	($20,402)
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*		($4.32)
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	($16,858)	($20,406)

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$3,585
13. Cash Receipts	*Column A, Line 3 above*	$13,473
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	($16,858)
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$200

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	*Schedule B, Part 2*	0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$13,285

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).

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$
___/___/___	$

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

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 09/20/2026
through 10/17/2026

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COLETTI FOR MAYOR 2026

I.D. NUMBER
1493127

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/20/26	LYNN MASON [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$200		
9/20/26	MICHELLE RAINE [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$200		
9/21/26	PAM WEAVER [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$100		
9/23/26	FRED JEALOUS [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$100		
10/01/26	MICHAEL GUIDA [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$100		
			SUBTOTAL $ 700			

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ..... $ 1,700
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 913
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 2,613

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 09/20/2026
through 10/17/2026

CALIFORNIA FORM **460**

NAME OF FILER
COLETTI FOR MAYOR 2026

I.D. NUMBER
1493127

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/26	IRVING BEIMAN [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$800		
10/05/26	KRIS LINDSTROM [redacted] PACIFIC GROVE, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$200		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $ 1,000			

*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 B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 09/20/2026
through 10/17/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COLETTI FOR MAYOR 2026

I.D. NUMBER
1493127

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. 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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
LUKE COLETTI [redacted] PACIFIC GROVE, CA 93950 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$ 2,425	$ 10,860	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ 13,285 n/a DATE DUE	_____% RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ 13,285 PER ELECTION** $ _____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ _____	$ _____	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ DATE DUE	_____% RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ _____	$ _____	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ DATE DUE	_____% RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
	SUBTOTALS	$ 10,860	$ 0		$ 13,285	$ 0		

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period ..... $ 10,860
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 10,860
   Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 09/20/2026
through 10/17/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COLETTI FOR MAYOR 2026

I.D. NUMBER
1493127

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
OFC 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
ALL AMERICAN MAILING 591 BRUNKEN AVE, SALINAS, CA 93901	POS	MAILING (3)	$9,432
MINUTEMAN PRESS 201 FOAM STREET, MONTEREY, CA 93940	LIT	MAILERS (2)	$2,694
PRINTWORK SOLUTIONS PO BOX 2372, SALINAS, CA 93902	LIT	MAILERS (1)	$1,138

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

SUBTOTAL $ 13,264

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 16,858
2. Unitemized 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 $** 16,858

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
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through 10/17/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COLETTI FOR MAYOR 2026

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
ROBOCENT 2129 GENERAL BOOTH BLVD, VIRGINIA BEACH, VA 23454	PHO	TEXT ADS (2)	$622
CARMEL PINE CONE 734 LIGHTHOUSE AVE, PACIFIC GROVE, CA 93950	PRT	PRINT ADS (4)	$1,344
MONTEREY COUNTY WEEKLY 668 WILLIAMS AVENUE, SEASIDE, CA 93955	PRT	PRINT ADS (2)	$1,578
CA SECRETARY OF STATE 1500 11TH ST FL 4 SACRAMENTO CA 95814-5746	FIL	CAMPAIGN COMMITTEE ANNUAL FEE	$50

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

SUBTOTAL $ 3,594