

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

**CALIFORNIA  
FORM 460**

Page 1 of 15

For Official Use Only

Statement covers period from <u>10/23/2022</u> through <u>12/31/2022</u>		Date of election if applicable: (Month, Day, Year)  _____	Date Stamp																
<p><b>1. Type of Recipient Committee</b> <small>All Committees – Complete Parts 1, 2, 3, and 4</small></p> <table> <tr> <td><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee</td> <td><input type="checkbox"/> Primarily Formed Ballot Measure Committee</td> </tr> <tr> <td><input type="checkbox"/> State Candidate Election Committee</td> <td><input type="checkbox"/> Controlled</td> </tr> <tr> <td><input type="checkbox"/> Recall</td> <td><input type="checkbox"/> Sponsored</td> </tr> <tr> <td colspan="2"><i>(Also Complete Part 5)</i></td> </tr> <tr> <td><input type="checkbox"/> General Purpose Committee</td> <td><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee</td> </tr> <tr> <td><input type="checkbox"/> Sponsored</td> <td><i>(Also Complete Part 6)</i></td> </tr> <tr> <td><input type="checkbox"/> Small Contributor Committee</td> <td><input type="checkbox"/> Political Party/Central Committee</td> </tr> <tr> <td colspan="2"><i>(Also Complete Part 7)</i></td> </tr> </table>				<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee	<input type="checkbox"/> State Candidate Election Committee	<input type="checkbox"/> Controlled	<input type="checkbox"/> Recall	<input type="checkbox"/> Sponsored	<i>(Also Complete Part 5)</i>		<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee	<input type="checkbox"/> Sponsored	<i>(Also Complete Part 6)</i>	<input type="checkbox"/> Small Contributor Committee	<input type="checkbox"/> Political Party/Central Committee	<i>(Also Complete Part 7)</i>	
<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee																		
<input type="checkbox"/> State Candidate Election Committee	<input type="checkbox"/> Controlled																		
<input type="checkbox"/> Recall	<input type="checkbox"/> Sponsored																		
<i>(Also Complete Part 5)</i>																			
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee																		
<input type="checkbox"/> Sponsored	<i>(Also Complete Part 6)</i>																		
<input type="checkbox"/> Small Contributor Committee	<input type="checkbox"/> Political Party/Central Committee																		
<i>(Also Complete Part 7)</i>																			
<p><b>2. Type of Statement:</b></p> <table> <tr> <td><input type="checkbox"/> Preelection Statement</td> <td><input type="checkbox"/> Quarterly Statement</td> </tr> <tr> <td><input checked="" type="checkbox"/> Semi-annual Statement</td> <td><input type="checkbox"/> Special Odd-Year Report</td> </tr> <tr> <td><input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i></td> <td><input type="checkbox"/> Amendment (Explain Below)  _____</td> </tr> </table>				<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement	<input checked="" type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report	<input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i>	<input type="checkbox"/> Amendment (Explain Below)  _____										
<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement																		
<input checked="" type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report																		
<input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i>	<input type="checkbox"/> Amendment (Explain Below)  _____																		

CITY/STATE/ZIP/PHONE 340

<b>3. Committee Information</b>	ID. NUMBER <u>1410836</u>		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)			
<u>Anne Figueroa for RSM City Council 2022</u>			
STREET ADDRESS (NO P.O. BOX)			
<u>_____</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
<u>Rancho Santa Margarita, CA 92688</u>			
<u>949-636-1422</u>			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX			
<u>_____</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
<u>Rancho Santa Margarita, CA 92688</u>			
AREA CODE/PHONE			
<u>949-636-1422</u>			
OPTIONAL: FAX / E-MAIL ADDRESS			

<b>Treasurer(s)</b>			
NAME OF TREASURER			
<u>Anne Figueroa</u>			
MAILING ADDRESS			
<u>_____</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
<u>Rancho Santa Margarita, CA 92688</u>			
AREA CODE/PHONE			
<u>949-636-1422</u>			
NAME OF ASSISTANT TREASURER, IF ANY			
MAILING ADDRESS			
<u>_____</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
AREA CODE/PHONE			
<u>_____</u>			
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 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 01/27/2023 DATE  
Executed on 01/27/2023 DATE  
Executed on \_\_\_\_\_ DATE  
Executed on \_\_\_\_\_ DATE  
Executed on \_\_\_\_\_ DATE

By \_\_\_\_\_  
**Anne Figueroa**  
Signature of Treasurer or Assistant Treasurer  
By \_\_\_\_\_  
**Anne Figueroa**  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**Recipient Committee  
Campaign Statement  
Cover Page - Part 2**

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Anne Figueroa

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

City Council Member Rancho Santa Margarita

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

Rancho Santa Margarita, CA 92688

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	-----------------------------------------------------------------------------------

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
-------------------	------------------------------

CITY	STATE	ZIP CODE	AREA
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**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE



**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

**CALIFORNIA FORM 460**

Statement covers period  
from 10/23/2022  
through 12/31/2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anne Figueroa for RSM City Council 2022

I.D. NUMBER

1410836

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
11/03/2022	Sempra Energy [REDACTED] San Diego, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	400.00	400.00 G-2022
11/03/2022	Southern California Edison [REDACTED] Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		450.00	450.00	450.00 G-2022
12/12/2022	Southern California Edison [REDACTED] Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		550.00	1,000.00	1,000.00 G-2022

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ----- \$ 1,150.00
- Amount received this period - unitemized monetary contributions of less than \$100 ----- \$ 100.00
- Total monetary contributions received this period.  
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ----- **TOTAL \$ 1,250.00**

\* 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.

SCHEDULE B - PART 1

CALIFORNIA  
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anne Figueroa for RSM City Council 2022

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	Statement covers period		(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				from 10/23/2022	through 12/31/2022			
Anne Figueroa [REDACTED] Rancho Santa Margarita, CA 92688	Assemblymember Davies District Director	\$ 1,950.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,950.00 12/31/2026 DATE DUE	0 % RATE	\$ 1,950.00 01/01/2021 DATE INCURRED	CALENDAR YEAR \$ 5,500.00 PER ELECTION** 8,450.00 G-2022
* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Anne Figueroa [REDACTED] Rancho Santa Margarita, CA 92688	Assemblymember Davies District Director	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 12/31/2026 DATE DUE	0 % RATE	\$ 1,000.00 07/27/2021 DATE INCURRED	CALENDAR YEAR \$ 5,500.00 PER ELECTION** 8,450.00 G-2022
* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Anne Figueroa [REDACTED] Rancho Santa Margarita, CA 92688	Assemblymember Davies District Director	\$ 0.00	\$ 5,500.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,500.00 12/31/2026 DATE DUE	0 % RATE	\$ 5,500.00 11/11/2022 DATE INCURRED	CALENDAR YEAR \$ 5,500.00 PER ELECTION** 8,450.00 G-2022
* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____		0.00 % RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION**
* <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
				SUBTOTALS \$ 5,500.00 \$ 0.00 \$ 8,450.00 \$ 0.00				

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

\*\* If required.

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

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www.fppc.ca.gov

**Schedule B - Part 1**  
**Loans Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

**CALIFORNIA FORM 460**

**460**

Statement covers period  
from 10/23/2022  
through 12/31/2022

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I.D. NUMBER  
**1410836**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Anne Figueroa for RSM City Council 2022**

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	0.00 % RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								

**Schedule B Summary**

1. Loans received this period. \$ 5,500.00  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period. \$ 0.00  
(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 \$ 5,500.00  
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.

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

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**Schedule B - Part 2**  
**Loan Guarantors**

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Anne Figueroa for RSM City Council 2022**

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
					LENDER	CALENDAR DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		DATE		\$ PER ELECTION (IF REQUIRED)	

**SUBTOTAL \$**

Enter on Summary  
Page, Line 17 only.

**Schedule C**  
**Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/23/2022</u>		<b>CALIFORNIA</b> <b>FORM</b>
through <u>12/31/2022</u>		460
		Page <u>8</u> of <u>15</u>
		I.D. NUMBER <u>1410836</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anne Figueroa for RSM City Council 2022

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF 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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

**Schedule C Summary**

1. Amount received this period - itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ----- \$ 0.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 ----- \$ 0.00
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 \$ 0.00**

\* 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

SUBTOTAL \$

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**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 10/23/2022

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I.D. NUMBER  
**1410836**

NAME OF FILER

**Anne Figueroa for RSM City Council 2022**

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				

**SCHEDULE D SUMMARY**

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

**SUBTOTAL \$**

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**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

**CALIFORNIA  
FORM 460**

Statement covers period  
from 10/23/2022  
through 12/31/2022

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**1410836**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Anne Figueroa for RSM City Council 2022**

**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
SAM Communications [REDACTED] Manteca, CA 95336	LIT		200.00
HashtagPinPoint [REDACTED] Orange, CA 92866	WEB		1,000.00
HashtagPinPoint [REDACTED] Orange, CA 92866	WEB		500.00
Jerry Holloway RSM City Council 2022 [REDACTED] Trabuco Canyon, CA 92679 ID: 1410332	MTG	Share of Campaign Event Costs	763.00

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

**SUBTOTAL \$ 2,463.00**

FPPC Form 460 (Jan/2016)  
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**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

**CALIFORNIA FORM 460**

Statement covers period  
from 10/23/2022

through 12/31/2022

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I.D. NUMBER

1410836

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Anne Figueroa for RSM City Council 2022**

**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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2,463.00
2. Unitemized payments made this period of under \$100	\$	-14.50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	<b>2,448.50</b>

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

**SUBTOTAL \$** **0.00**

FPPC Form 460 (Jan/2016)  
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www.fppc.ca.gov

**Schedule F**  
**Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

SCHEDULE F

**CALIFORNIA FORM 460**

Statement covers period  
from 10/23/2022  
through 12/31/2022

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I.D. NUMBER:

**1410836**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Anne Figueroa for RSM City Council 2022**

**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 tv. 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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

**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.) **INCURRED TOTALS \$ 100.00**
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 \$ 0.00**
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 100.00**

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

**SUBTOTALS \$ \$ \$ \$**

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

SCHEDULE G

**CALIFORNIA FORM 460**

Statement covers period  
 from 10/23/2022  
 through 12/31/2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Anne Figueroa for RSM City Council 2022**

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**HashtagPinPoint**

**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
Facebook [REDACTED] Menlo Park, CA 94025	WEB			1,000.00
Facebook [REDACTED] Menlo Park, CA 94025	WEB			500.00

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

**TOTAL \* \$ 1,500.00**

\*\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

**Schedule H**  
**Loans Made to Others\***

Amounts may be rounded  
to whole dollars.

SCHEDULE H

**CALIFORNIA  
FORM**

**460**

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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____ % RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**

**SUBTOTALS** \$      \$      \$      \$

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

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[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Schedule I**  
**Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars.

SCHEDULE I

**CALIFORNIA FORM 460**

Statement covers period from <u>10/23/2022</u>	through <u>12/31/2022</u>
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Anne Figueroa for RSM City Council 2022

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

**Schedule I Summary**

1. Itemized increases to cash this period. ----- \$ 0.00
2. Unitemized increases to cash of under \$100 this period. ----- \$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ----- \$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)  
----- \$ 0.00

**TOTAL \$ 0.00**

**SUBTOTAL \$**

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