

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

COVER PAGE - PART 2

CALIFORNIA
FORM
460

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Anthony Beall

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 CODE/PHONE |
|------|-------|----------|-----------------|

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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 |
|-----------------------------------|-----------------------|---|

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Tony Beall City Council 2020

Statement covers period
from 01/01/2023

through 06/30/2023

CALIFORNIA
FORM

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I.D. NUMBER
1266026

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|---------------------------|--|--|
| 1. Monetary Contributions | <i>Schedule A, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 2. Loans Received | <i>Schedule B, Line 3</i> | \$ <u>0.00</u> | \$ <u>7,500.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS | <i>Add Lines 1 + 2</i> | \$ <u>0.00</u> | \$ <u>7,500.00</u> |
| 4. Nonmonetary Contributions | <i>Schedule C, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED | <i>Add Lines 3 + 4</i> | \$ <u>0.00</u> | \$ <u>7,500.00</u> |

**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 | \$ <u> </u> | \$ <u> </u> |
| 21. Expenditures Made | \$ <u> </u> | \$ <u> </u> |

Expenditures Made

| | | | |
|--|-----------------------------|-----------------|------------------|
| 6. Payments Made | <i>Schedule E, Line 4</i> | \$ <u>90.00</u> | \$ <u>90.00</u> |
| 7. Loans Made | <i>Schedule H, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS | <i>Add Lines 6 + 7</i> | \$ <u>90.00</u> | \$ <u>90.00</u> |
| 9. Accrued Expenses (Unpaid Bills) | <i>Schedule F, Line 3</i> | \$ <u>0.00</u> | \$ <u>428.50</u> |
| 10. Nonmonetary Adjustment | <i>Schedule C, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 11. TOTAL EXPENDITURES MADE | <i>Add Lines 8 + 9 + 10</i> | \$ <u>90.00</u> | \$ <u>518.50</u> |

**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 |
|--------------------------------|------------------------------|
| <u> / / </u> | \$ <u> </u> |
| <u> / / </u> | \$ <u> </u> |

Current Cash Statement

| | | |
|---|--|------------------|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ <u>62.79</u> |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | \$ <u>0.00</u> |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i> | \$ <u>0.00</u> |
| 15. Cash Payments | <i>Column A, Line 8 above</i> | \$ <u>90.00</u> |
| 16. ENDING CASH BALANCE | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>-27.21</u> |

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

| | | |
|------------------------------------|---------------------------|----------------|
| 17. LOAN GUARANTEES RECEIVED | <i>Schedule B, Part 2</i> | \$ <u>0.00</u> |
|------------------------------------|---------------------------|----------------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|--|--------------------|
| 18. Cash Equivalents | <i>See instructions on reverse</i> | \$ <u>0.00</u> |
| 19. Outstanding Debts | <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>7,928.50</u> |

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).

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

Schedule B – Part 1
Loans Received

 Amounts may be rounded
 to whole dollars.

 Statement covers period
 from 01/01/2023

 CALIFORNIA
 FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Tony Beall City Council 2020

| 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 |
|--|---|---|--|--|---|--|--------------------------------------|---|
| Anthony Beall [REDACTED] Rancho Santa Margarita, CA 92688- | Attorney Troutman Sanders LLP | | | <input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN | \$ <u>7,500.00</u> | 0.00% RATE | \$ <u>7,500.00</u> | CALENDAR YEAR \$ <u>0.00</u> PER ELECTION** |
| [†] <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u>7,500.00</u> | \$ <u>0.00</u> | \$ <u>0.00</u> | DATE DUE | \$ <u>0.00</u> | 06/30/2020 DATE INCURRED | \$ <u>0.00</u> |
| [†] <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u> </u> | \$ <u> </u> | \$ <u> </u> | DATE DUE | \$ <u> </u> | DATE INCURRED | CALENDAR YEAR \$ <u> </u> PER ELECTION** \$ <u> </u> |
| [†] <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u> </u> | \$ <u> </u> | \$ <u> </u> | DATE DUE | \$ <u> </u> | DATE INCURRED | CALENDAR YEAR \$ <u> </u> PER ELECTION** \$ <u> </u> |
| SUBTOTALS \$ <u>0.00</u> | | | | | | | \$ <u>7,500.00</u> | \$ <u>0.00</u> |

Schedule B Summary

1. Loans received this period \$ 0.00
 (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 \$ 0.00**
 Enter the net here and on the Summary Page, Column A, Line 2.

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

[†]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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Tony Beall City Council 2020

SCHEDULE E

CALIFORNIA
FORM

460

Statement covers period
from 01/01/2023
through 06/30/2023

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I.D. NUMBER

1266026

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 |
|---|------|----|------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 0.00
2. Unitemized payments made this period of under \$100 \$ 90.00
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.) **TOTAL \$ 90.00**

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

Amounts may be rounded to whole dollars.

| | |
|---|----------------------------------|
| Statement covers period from <u>01/01/2023</u> | CALIFORNIA FORM 460 |
| through <u>06/30/2023</u> | Page <u>6</u> of <u>6</u> |
| | LD. NUMBER <u>1266026</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Tony Beall City Council 2020

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 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Jennifer Beall [REDACTED] RSM, CA 92688- | CMP | 428.50 | 0.00 | 0.00 | 428.50 |
| | | | | | |
| | | | | | |

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

SUBTOTALS \$

428 50\$

8.005

9-0018

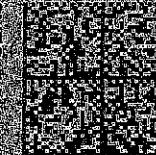
428 50

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



ZIP 92688
07/24/2014 11:23:20

\$ 001.83⁰

FROM: **BARRETT GARCIA & CO.**

SAN JUAN CAPISTRANO, CA 92675

TO:

City Clerk
City of Rancho Santa Margarita
22112 El Paseo
Rancho Santa Margarita, CA 92688

CONFIDENTIAL

FIRST CLASS MAIL