

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

CALIFORNIA FORM 460

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For Official Use Only

CITYRSM 24JAN30PM 3:34

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

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> State Candidate Election Committee	<input type="checkbox"/> Controlled	<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Recall	<input type="checkbox"/> Sponsored	<input type="checkbox"/> Special Odd-Year Report
(Also Complete Part 5)		
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee	<input type="checkbox"/> Preelection Statement
<input type="checkbox"/> Sponsored	(Also Complete Part 6)	
<input type="checkbox"/> Small Contributor Committee	<input type="checkbox"/> Termination Statement (Also file a Form 410 Termination)	
<input type="checkbox"/> Political Party/Central Committee	<input type="checkbox"/> Amendment (Explain Below)	

3. Committee Information

I.D. NUMBER **1410836**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Anne Figueroa for RSM City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY **Rancho Santa Margarita, CA 92688** STATE **949-636-1422** ZIP CODE AREA CODE/PHONE

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

CITY **Rancho Santa Margarita, CA 92688** STATE **949-636-1422** ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain Below)

Treasurer(s)

NAME OF TREASURER

Anne Figueroa

MAILING ADDRESS

CITY **Rancho Santa Margarita, CA 92688** STATE **949-636-1422** ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY **Rancho Santa Margarita, CA 92688** STATE **949-636-1422** ZIP CODE AREA CODE/PHONE

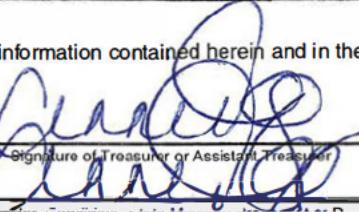
OPTIONAL: FAX / E-MAIL ADDRESS

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 **01/28/2023**
DATE
Executed on **01/28/2023**
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 Representative Officer of Sponsor

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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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
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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

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2023
through 12/31/2023

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I.D. NUMBER

1410836

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anne Figueroa for RSM City Council 2022

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>	\$ 0.00	\$ 1,000.00
2. Loans Received	<i>Schedule B, Line 3</i>	\$ 0.00	\$ 8,394.90
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ 0.00	\$ 9,394.90
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ 0.00	\$ 9,394.90

Expenditures Made

6. Payments Made	<i>Schedule E, Line 4</i>	\$ 0.00	\$ 321.00
7. Loans Made	<i>Schedule H, Line 3</i>	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ 0.00	\$ 321.00
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ 0.00	\$ 321.00

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 5966.49
13. Cash Receipts.....	<i>Column A, Line 3 above</i>	\$ 0.00
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ 0.00
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ 0.00
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 5,966.49

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

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).

17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Line 2</i>	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ 0.00
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 8,394.90

**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	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

**Expenditures 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 B - Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 07/01/2023
through 12/31/2023

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anne Figueroa for RSM City Council 2022

I.D. NUMBER

1410836

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
Anne Figueroa [REDACTED] Rancho Santa Margarita, CA 92688	Assemblymember Davies District Director	\$ <u>1,950.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>1,950.00</u> 12/31/2026 DATE DUE	0 % RATE \$ <u>0.00</u> 01/01/2021 DATE INCURRED	\$ <u>1,950.00</u>	CALENDAR YEAR \$ <u>-55.10</u> PER ELECTION** 8,394.90 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	\$ <u>1,000.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>1,000.00</u> 12/31/2026 DATE DUE	0 % RATE \$ <u>0.00</u> 07/27/2021 DATE INCURRED	\$ <u>1,000.00</u>	CALENDAR YEAR \$ <u>-55.10</u> PER ELECTION** 8,394.90 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	\$ <u>5,500.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>5,444.90</u> 12/31/2026 DATE DUE	0 % RATE \$ <u>0.00</u> 11/11/2022 DATE INCURRED	\$ <u>5,500.00</u>	CALENDAR YEAR \$ <u>-55.10</u> PER ELECTION** 8,394.90 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"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								CALENDAR YEAR \$ <u>0.00</u> PER ELECTION**
SUBTOTALS \$ <u>0.00</u> \$ <u>8,394.90</u> \$ <u>0.00</u>								

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

** If required.

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

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