

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

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For Official Use Only

CITYRSM 25 JAN 29 PM 3:54

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 07/01/2024

through 12/31/2024

Date of election if applicable:
(Month, Day, Year)

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee

- ☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee

(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

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 STATE CA ZIP CODE 92688 AREA CODE/PHONE 949-636-1422

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

annedfig@cox.net

Treasurer(s)

NAME OF TREASURER
Anne Figueroa

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

annedfig@cox.net

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 01/28/2025 By Anne Figueroa
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/28/2025 By Anne Figueroa
DATE 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

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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)
Sought: City Council Member

City Rancho Santa Margarita 2

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

Rancho Santa Margarita 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 to 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. 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 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

Type or print in ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anne Figueroa for RSM City Council 2022

Statement covers period

from

through

CALIFORNIA
FORM

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I.D. NUMBER

1410836

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 0.00 | \$ 0.00 |
| 2. Loans Received | Schedule B, Line 7 | 0.00 | 8394.90 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$ 0.00 | \$ 8394.90 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | 0.00 | \$ 8394.90 |

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

| | 1/1 through 6/30 | 7/1 to Date |
|------------------------------|------------------|-------------|
| 20. Contribution Received \$ | 0.00 | 0.00 |
| 21. Expenditures Made \$ | 0.00 | 0.00 |

Expenditures Made

| | | | |
|--|----------------------|----------|-----------|
| 6. Payments Made | Schedule E, Line 4 | \$ 20.00 | \$ 140.00 |
| 7. Loans Made | Schedule H, Line 7 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | \$ 20.00 | \$ 140.00 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | \$ 20.00 | \$ 140.00 |

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

Current Cash Statement

| | | |
|---|---|------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 4863.82 |
| 13. Cash Receipts | Column A, Line 3 above | 0.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 |
| 15. Cash Payments | Column A, Line 8 above | 20.00 |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 4843.82 |

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).

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

| | | |
|-----------------------------------|--------------------|---------|
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2 | \$ 0.00 |
|-----------------------------------|--------------------|---------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|------------|
| 18. Cash Equivalents | See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 8394.90 |

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

| | |
|--|----------------------------|
| Statement covers period from <u>7/1/2024</u> through <u>12/31/2024</u> | CALIFORNIA FORM 460 |
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NAME OF FILER

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I.D. NUMBER

1410836

| 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 | |
|--|---|---|--|--|---|--|---|--|------|
| Anne Figueroa [REDACTED] Rancho Santa Margarita CA 92688 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Assemblymember Sanchez District Director | \$ 1950.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 1950.00 12/31/2026 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 1950.00 01/01/2021 DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** 8394.90 G 22 | |
| Anne Figueroa [REDACTED] Rancho Santa Margarita CA 92688 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Assemblymember Sanchez District Director | \$ 1000.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 1000.00 12/31/2026 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 1000.00 07/27/2021 DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** 8394.90 G 22 | |
| Anne Figueroa [REDACTED] Rancho Santa Margarita CA 92688 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Assemblymember Sanchez District Director | \$ 5444.90 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 5444.90 12/31/2026 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 5500.00 11/11/2022 DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** 8394.90 G 22 | |
| SUBTOTALS | | \$ | 0.00 | \$ | 0.00 | \$ | 8394.90 | \$ | 0.00 |

Schedule B Summary

1. Loans received this period. _____ \$ 0.00
(Total Column (b) plus unitemized loans 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. (may be a negative number)

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

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

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC)

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

FPPC Form 460 (JAN/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|-------------------------------|
| Statement covers period from <u>7/1/2024</u> through <u>12/31/2024</u> | CALIFORNIA FORM 460 |
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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, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| ID: | | | | |

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

SUBTOTAL \$ 0.00

Schedule E Summary

| | | |
|--|-----------------|-------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ | 0.00 |
| 2. Unitemized payments made this period of under \$100. | \$ | 20.00 |
| 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 \$ | 20.00 |