

Recipient Committee
Campaign Statement
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM

460

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For Official Use Only

CITY/STATE/25JUL2025 2:02

Statement covers period
from 01/01/2025
through 06/30/2025

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

Date Stamp

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"/> Ballot Measure Committee
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Primary Formed
<input type="radio"/> Recall	<input type="radio"/> Controlled
(Also Complete Part 5.)	
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Sponsored
<input type="radio"/> Sponsored	<input type="radio"/> Primary Formed Candidate/
<input type="radio"/> Small Contributor Committee	<input type="radio"/> Officeholder Committee
<input type="radio"/> Political Party/Central Committee	(Also Complete Part 7.)

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

2. Type of Statement:

<input type="checkbox"/> Pre-election 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	<input type="checkbox"/> Supplemental Preelection
<input type="checkbox"/> Amendment (Explain below)	Statement - Attach Form 495

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 07/22/2025 By Anne Figueroa SIGNATURE OF TREASURER OR ASSISTANT TREASURER

DATE 07/22/2025 By Anne Figueroa SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

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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
[REDACTED] 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
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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 CODE/PHONE
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6. 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 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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

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

Statement covers period from <u>1/1/25</u>	CALIFORNIA FORM 460
through <u>6/30/25</u>	3 / 5
	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	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

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 282.67	\$ 282.67
7. Loans Made	Schedule H, Line 7	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 282.67	\$ 282.67
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	\$ 282.67	\$ 282.67

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 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).
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	\$ 282.67	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4561.15	
If this is a termination statement, Line 16 must be zero.			

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

**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

**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
	\$
	\$

*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 1/1/25

CALIFORNIA
FORM **460**

through 6/30/25

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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 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: [X] 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 % \$ 0.00 01/01/2021 DATE INCURRED	\$ 1950.00 \$ 0.00 01/01/2021 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION* 8394.90 G 22
Anne Figueroa [REDACTED] Rancho Santa Margarita CA 92688 ID: [X] 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 % \$ 0.00 07/27/2021 DATE INCURRED	\$ 1000.00 \$ 0.00 07/27/2021 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION* 8394.90 G 22
Anne Figueroa [REDACTED] Rancho Santa Margarita CA 92688 ID: [X] 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 % \$ 0.00 11/11/2022 DATE INCURRED	\$ 5500.00 \$ 0.00 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.)

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

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
(may be a negative number)
Enter the net here and on the Summary Page, Column A, Line 2.

* 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**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anne Figueroa for RSM City Council 2022

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

Statement covers period from <u>4/1/25</u>	CALIFORNIA FORM 460
through <u>4/30/25</u>	5 / 5
I.D. NUMBER 1410836	

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 normonetary)*	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
The KAL Group Inc. [REDACTED]	ID:	PRO		260.67
Hilmar	CA	95324		

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

SUBTOTAL \$ 260.67

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 260.67
2. Unitemized payments made this period of under \$100. \$ 22.00
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 \$ 282.67**