

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

**CALIFORNIA  
FORM**

**460**

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For Official Use Only

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|                         |            |
|-------------------------|------------|
| Statement covers period |            |
| from                    | 01/01/2022 |
| through                 | 06/30/2022 |

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"/> Primarily Formed Ballot Measure Committee         |  |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled  |  |
| <input type="checkbox"/> Recall  | <input type="checkbox"/> Sponsored   |  |
| (Also Complete Part 5)   |  |  |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |  |
| <input type="checkbox"/> Sponsored   | (Also Complete Part 6)   |  |
| <input type="checkbox"/> Small Contributor Committee                             |  |  |
| <input type="checkbox"/> Political Party/Central Committee                       |  |  |

**3. Committee Information**

I.D. NUMBER **1410836**

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

Anne Figueroa for RSM City Council 2022

*/ 2018 ad*

STREET ADDRESS (NO P.O. BOX)

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

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
Rancho Santa Margarita, CA 92688

OPTIONAL: FAX / E-MAIL ADDRESS

**2. Type of Statement:**

*ad 5*

|  |  |
|--|--|
| <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<br>(Also file a Form 410 Termination) |  |
| <input checked="" type="checkbox"/> Amendment (Explain Below)                        |  |

**Treasurer(s)**

NAME OF TREASURER

Anne Figueroa

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
Rancho Santa Margarita, CA 92688

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 **09/28/2022**  
DATE  
Executed on **09/28/2022**  
DATE  
Executed on \_\_\_\_\_ DATE  
Executed on \_\_\_\_\_ DATE  
Executed on \_\_\_\_\_ DATE

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

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

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

|      |       |          |      |
|------|-------|----------|------|
| CITY | STATE | ZIP CODE | AREA |
|------|-------|----------|------|

**6. Primarily Formed 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 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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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 01/01/2022

through 06/30/2022

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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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE   | IF INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF<br>BUSINESS) | AMOUNT RECEIVED<br>THIS PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|--|--|--------------------------------|---|---------------------------------------|
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                |   |                                       |

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ----- \$ 0.00
2. Amount received this period - unitemized monetary contributions of less than \$100 ----- \$ 0.00
3. Total monetary contributions received this period.  
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ----- **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 \$**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

**CALIFORNIA**  
**FORM** **460**

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from 01/01/2022

through 06/30/2022

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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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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<br>[REDACTED]<br>Rancho Santa Margarita, CA 92688  | Assemblymember Davies<br><br>District Director  | \$ <u>1,950.00</u>                            | \$ <u>0.00</u>                  | <input type="checkbox"/> PAID<br>\$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN<br>\$ <u>0.00</u> | \$ <u>1,950.00</u><br>12/31/2026<br>DATE DUE    | 0 %<br>RATE<br>\$ <u>0.00</u><br>01/01/2021<br>DATE INCURRED | \$ <u>1,950.00</u>          | CALENDAR YEAR<br>\$ <u>0.00</u><br>PER ELECTION**<br>2,950.00 G-2022 |
| * <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC<br>Anne Figueroa<br>[REDACTED]<br>Rancho Santa Margarita, CA 92688 | Assemblymember Davies<br><br>District Director  | \$ <u>1,000.00</u>                            | \$ <u>0.00</u>                  | <input type="checkbox"/> PAID<br>\$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN<br>\$ <u>0.00</u> | \$ <u>1,000.00</u><br>12/31/2026<br>DATE DUE    | 0 %<br>RATE<br>\$ <u>0.00</u><br>07/27/2021<br>DATE INCURRED | \$ <u>1,000.00</u>          | CALENDAR YEAR<br>\$ <u>0.00</u><br>PER ELECTION**<br>2,950.00 G-2022 |

**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  
(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)

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)