

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

COVER PAGE

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Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

**460**

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For Official Use Only

CITYRSP/220CT27AM10:19

Statement covers period  
from 09/25/2022  
through 10/22/2022

Date of election if applicable:  
(Month, Day, Year)  
11/08/2022

**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="radio"/> Sponsored
<input type="radio"/> Sponsored	(Also Complete Part 6.)
<input type="radio"/> Small Contributor Committee	<input type="checkbox"/> Primary Formed Candidate/ Officeholder Committee
<input type="radio"/> Political Party/Central Committee	(Also Complete Part 7.)

**2. Type of Statement:**

<input checked="" type="checkbox"/> Pre-election Statement	<input type="checkbox"/> Quarterly Statement
<input 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

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

OPTIONAL: FAX/E-MAIL ADDRESS

annedfigucox.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

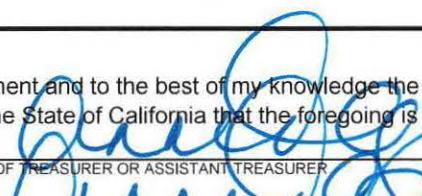
MAILING ADDRESS

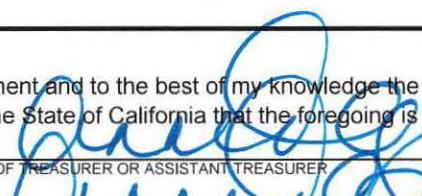
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

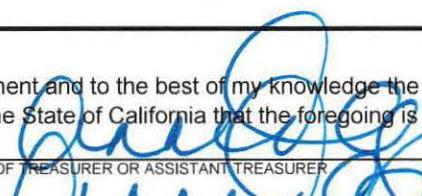
OPTIONAL: FAX/E-MAIL ADDRESS

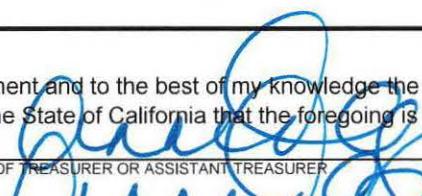
**4. Verification**

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 10/25/2022 By Anne Figueroa   
DATE 10/25/2022 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/25/2022 By Anne Figueroa   
DATE 10/25/2022 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_   
DATE \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_   
DATE \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Type or print in ink.

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)  
Sought: City Council Member

City Rancho Santa Margarita

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

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
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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
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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
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OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
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OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
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OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
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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

Statement covers period  
from 9/25/22  
through 10/22/22

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anne Figueroa for RSM City Council 2022

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	\$ 1250.00	\$ 3498.00
2. Loans Received .....	Schedule B, Line 7	\$ 0.00	\$ 2950.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 1250.00	\$ 6448.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 1250.00	\$ 6448.00

**Expenditures Made**

6. Payments Made .....	Schedule E, Line 4	\$ 3633.90	\$ 4764.90
7. Loans Made .....	Schedule H, Line 7	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 3633.90	\$ 4764.90
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	\$ 3633.90	\$ 4764.90

**Current Cash Statement**

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 3375.20
13. Cash Receipts .....	Column A, Line 3 above	\$ 1250.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ 0.00
15. Cash Payments .....	Column A, Line 8 above	\$ 3633.90
16. <b>ENDING CASH BALANCE.....</b>	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 991.30

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	\$ 2950.00

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

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).

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

**Schedule A**  
**Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>9/25/22</u>	CALIFORNIA <b>460</b>
through <u>10/22/22</u>	4 / 9
I.D. Number 1410836	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Anne Figueroa for RSM City Council 2022

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 10/19/2022	Association of Orange County Deputy Sheriffs Political Action Committee [REDACTED] Santa Ana CA 92706 ID: 782021	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rept Dt: 10/19/2022	Orange County Automobile Dealers Association PAC [REDACTED] Los Angeles CA 90071 ID: 870777	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	

SUBTOTAL \$	1250.00	
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**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 1250.00
- Amount received this period - unitemized contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 1250.00**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**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 9/25/22  
through 10/22/22

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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]	Assemblymember Davies			<input type="checkbox"/> PAID \$ 0.00	\$ 1950.00	0.00 % RATE	\$ 1950.00	CALENDAR YEAR \$ 0.00 PER ELECTION** 2950.00 G 22
Rancho Santa Margarita CA 92688 ID: [REDACTED] [X] IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Director	\$ 1950.00	\$ 0.00	<input type="checkbox"/> FORGIVEN \$ 0.00	12/31/2026 DATE DUE	\$ 0.00 01/01/2021 DATE INCURRED		
Anne Figueroa [REDACTED]	Assemblymember Davies			<input type="checkbox"/> PAID \$ 0.00	\$ 1000.00	0.00 % RATE	\$ 1000.00	CALENDAR YEAR \$ 0.00 PER ELECTION** 2950.00 G 22
Rancho Santa Margarita CA 92688 ID: [REDACTED] [X] IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Director	\$ 1000.00	\$ 0.00	<input type="checkbox"/> FORGIVEN \$ 0.00	12/31/2026 DATE DUE	\$ 0.00 07/27/2021 DATE INCURRED		

**SUBTOTALS** \$ 0.00 \$ 0.00 \$ 2950.00 \$ 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.)

\* Amounts forgiven or paid by  
another party also must be  
reported 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)

\*\* 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 D**
**Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

SEE INSTRUCTIONS ON REVERSE

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

SCHEDULE D

Statement covers period from <u>9/25/22</u>	CALIFORNIA FORM <b>460</b>
through <u>10/22/22</u>	6 / 9
I.D. NUMBER 1410836	

NAME OF FILER

Anne Figueroa for RSM City Council 2022

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/26/2022	Republican Party of Orange County (State Acct.)  District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Contribution	250.00	250.00	

SUBTOTAL \$	250.00	
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**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 250.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$ 250.00**

## Schedule E Payments Made

SCHEDULE E

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anne Figueroa for RSM City Council 2022

Statement covers period  
from 9/25/22  
through 10/22/22

CALIFORNIA  
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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.

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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express [REDACTED]	ID: CTB		250.00
New York NY 10281			
The Angent Group [REDACTED]	ID: LIT		3363.90
Costa Mesa CA 92626			

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

SUBTOTAL \$ 3613.90

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 3613.90
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.)	<b>TOTAL \$ 3633.90</b>

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Anne Figueroa for RSM City Council 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

American Express

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

Statement covers period from <u>9/25/22</u>	CALIFORNIA FORM <b>460</b>
through <u>10/22/22</u>	8 / 9
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 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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Republican Party of Orange County (State Acct.)  [REDACTED] Tustin CA 92780	ID: 742088		Contribution	250.00
	ID:			

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 250.00**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 JAN/05  
 FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Anne Figueroa for RSM City Council 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Agent Group

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

Statement covers period from <u>9/25/22</u>	CALIFORNIA FORM <b>460</b>
through <u>10/22/22</u>	9 / 9
	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 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
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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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR ID:	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS [REDACTED]	POS ID:		1200.08
Costa Mesa CA 92627			
	ID:		

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1200.08**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 JAN/05  
FPPC Toll-Free Helpline: 866/ASK-FPPC