

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | | |
|------------|--|------------|
| Date Stamp | CALIFORNIA 2001/02 FORM | 460 |
| | 1 / 9 | |
| | For Official Use Only | |

CITYRSM*22OCT27AM10=19

| | |
|---|---|
| Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u> | Date of election if applicable: (Month, Day, Year) <u>11/08/2022</u> |
|---|---|

SEE INSTRUCTIONS ON REVERSE

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"/> State Candidate Election Committee <input type="checkbox"/> Recall (Also Complete Part 5.) <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Ballot Measure Committee <input type="checkbox"/> Primary Formed <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored (Also Complete Part 6.) <input type="checkbox"/> Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.) |
|---|---|

2. Type of Statement:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> 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)
[REDACTED]

| | | | |
|------------------------|-------|----------|-----------------|
| 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 | 949-636-1422 |

OPTIONAL: FAX/E-MAIL ADDRESS

annedfigueroa@cox.net

Treasurer(s)

NAME OF TREASURER
Anne Figueroa

MAILING ADDRESS
[REDACTED]

| | | | |
|------------------------|-------|----------|-----------------|
| 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 |
|------|-------|----------|-----------------|

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 <u>10/25/2022</u> | By <u>Anne Figueroa</u> | SIGNATURE OF TREASURER OR ASSISTANT TREASURER |
| Executed on <u>10/25/2022</u> | By <u>Anne Figueroa</u> | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR |
| Executed on _____ | By _____ | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT |
| Executed on _____ | By _____ | 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**

2 / 9

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

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 <u>9/25/22</u> through <u>10/22/22</u> | CALIFORNIA FORM 460 |
| | 3 / 9 |
| | 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 |

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 | \$ 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 |

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 | \$ 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. ENDING CASH BALANCE..... | 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 |
|-----------------------------------|--------------------|---------|

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 |

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> through <u>10/22/22</u> | CALIFORNIA FORM 460 |
| | 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) |
|---------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt 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 type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| Rcpt 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

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

CALIFORNIA
FORM **460**

5 / 9

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: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Assemblymember Davies 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** 2950.00 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 Davies 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** 2950.00 G 22 |

SUBTOTALS \$ 0.00 \$ 0.00 \$ 2950.00 \$ 0.00

Schedule B Summary

- Loans received this period. \$ 0.00
(Total Column (b) plus unitemized loans less than \$100.)
- 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.)
- 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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

SCHEDULE D

| | | |
|---|--|-------------------------------|
| Statement covers period from <u>9/25/22</u> through <u>10/22/22</u> | | CALIFORNIA FORM 460 |
| | | 6 / 9 |
| NAME OF FILER Anne Figueroa for RSM City Council 2022 | | I.D. NUMBER 1410836 |

| 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

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

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

SCHEDULE E

| | |
|---|--------------------------------|
| Statement covers period from <u>9/25/22</u> through <u>10/22/22</u> | CALIFORNIA FORM 460 |
| | 7 / 9 |
| | I.D. NUMBER 1410836 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anne Figueroa for RSM City Council 2022

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 |
|---|---------|------------------------|-------------|
| American Express ID: [REDACTED] New York NY 10281 | CTB | | 250.00 |
| The Angent Group ID: [REDACTED] Costa Mesa CA 92626 | LIT | | 3363.90 |

* 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.) | TOTAL \$ 3633.90 |

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

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

SCHEDULE G

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

SEE INSTRUCTIONS ON REVERSE

| | |
|---|------------------------|
| NAME OF FILER Anne Figueroa for RSM City Council 2022 | I.D. NUMBER 1410836 |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR American Express | |

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.) ID: 742088 [REDACTED] Tustin CA 92780 | | | Contribution | 250.00 |
| ID: | | | | |
| ID: | | | | |
| ID: | | | | |
| 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)

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

SCHEDULE G

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anne Figueroa for RSM City Council 2022

I.D. NUMBER

1410836

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Angent Group

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 |
|---|------|----|------------------------|-------------|
| USPS ID: [REDACTED] Costa Mesa CA 92627 | POS | | | 1200.08 |
| ID: | | | | |
| ID: | | | | |
| ID: | | | | |
| ID: | | | | |
| 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