

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

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

Date of election if applicable:  
(Month, Day, Year)  
  
11/8/2022

Date Stamp  
**RECEIVED**  
**2022 OCT 27 P 5:08**  
**CITY OF SAN FERNANDO**  
**CITY CLERK**

CALIFORNIA FORM **460**  
Page 1 of 12  
For Official Use Only

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
- ☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER  
1453888

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

Victoria Garcia for City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Fernando CA 91340

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

VictoriaforSanFernando@gmail.com

Treasurer(s)

NAME OF TREASURER

Karina Rosas

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Panorama City CA 91402

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 10/27/22  
Date

Executed on 10/27/22  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By K. Rosas  
Signature of Treasurer or Assistant Treasurer

By Victoria Garcia  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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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**Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Victoria Garcia

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Member of the City Council: San Fernando

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

San Fernand CA 91340

**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?

☐ 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. 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 PROPONENT

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

☐ 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*

# ampaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM <b>460</b> Page <u>3</u> of <u>12</u> I.D. NUMBER <u>1453888</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Victoria Garcia for City Council 2022

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions..... Schedule A, Line 3	\$ <u>4274</u>	\$ <u>5274</u>
Loans Received..... Schedule B, Line 3	<u>4000</u>	<u>4000</u>
SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>8274</u>	\$ <u>9274</u>
Nonmonetary Contributions..... Schedule C, Line 3		
TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>8274</u>	\$ <u>9274</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

Payments Made..... Schedule E, Line 4	\$ <u>5966.25</u>	\$ <u>5966.25</u>
Loans Made..... Schedule H, Line 3		
SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>5966.25</u>	\$ <u>5966.25</u>
Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3		
Nonmonetary Adjustment..... Schedule C, Line 3		
TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>5966.25</u>	\$ <u>5966.25</u>

## 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

Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>1000</u>
Cash Receipts..... Column A, Line 3 above	<u>8274</u>
Miscellaneous Increases to Cash..... Schedule I, Line 4	
Cash Payments..... Column A, Line 8 above	<u>5966.25</u>
ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3307.75</u>

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

LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ _____
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## Cash Equivalents and Outstanding Debts

Cash Equivalents..... See instructions on reverse	\$ _____
Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ _____

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).

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

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

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NAME OF FILER

Victoria Garcia for City Council 2022

I.D. NUMBER  
1453888

DATE RECEIVED	FULL NAME, STREET 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)
25/2022	Lydia Troller	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500	\$500	
25/2022	William Troller	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$300	\$300	
26/2022	Theresa A. Works	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
30/2022	Richard Mah	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Hunt Ortmann Palffy Nieves Darling & Mah, Inc.	\$500	\$500	
30/2022	Patricia J. Wolfe	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Hunt Ortmann Palffy Nieves Darling & Mah, Inc.	\$100	\$100	
<b>SUBTOTAL \$ 1500</b>						

## Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) .....\$ 4175

Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 99

Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$ 4274**

\*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

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>09/24/2022</u> through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b> Page <u>5</u> of <u>12</u> I.D. NUMBER <u>1453888</u>
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NAME OF FILER

Victoria Garcia for City Council 2022

DATE RECEIVED	FULL NAME, STREET 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)
0/1/2022	Gloria C. Wolfe	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50	\$50	
0/1/2022	Margaret D. Wynoken	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
0/3/2022	John D. Darling	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Hunt Ortmann Palffy Nieves Darling & Mah, Inc.	\$500	\$500	
0/6/2022	Judith Goldman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500	\$500	
0/7/2022	Omel A. Nieves	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Hunt Ortmann Palffy Nieves Darling & Mah, Inc.	\$250	\$250	
<b>SUBTOTAL \$ 1400</b>						

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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>09/24/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM <b>460</b> Page <u>6</u> of <u>12</u>
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NAME OF FILER

Victoria Garcia for City Council 2022

I.D. NUMBER

1453888

DATE RECEIVED	FULL NAME, STREET 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)
0/13/2022	Gino Guzman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auditor DFPI	\$100	\$100	
0/13/2022	Robert Geoghegan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$150	\$150	
0/14/2022	Emily Manninger	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Hunt Ortmann	\$150	\$150	
0/14/2022	Maria Ramos	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed Ostioneria Siete Mares	\$500	\$500	
0/14/2022	Dustin Lozano	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law HO	\$50	\$50	
<b>SUBTOTAL \$ 950</b>						

**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

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>09/24/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM <b>460</b> Page <u>7</u> of <u>12</u>
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Victoria Garcia for City Council 2022

I.D. NUMBER

1453888

DATE RECEIVED	FULL NAME, STREET 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)
0/16/2022	Laimonas Petrosius	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Examiner California State	\$125	\$125	
0/20/2022	Nicanor Arteaga	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200	\$200	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$ 325						

**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

FPPC Form 460 (Jan/2016))

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# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>09/25/2022</u>  through <u>10/22/2022</u>	CALIFORNIA FORM <b>460</b>
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Victoria Garcia for City Council 2022

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
Victoria Garcia  ] IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Hunt Ortmann Palffy Nieves Darling & Mah, Inc.	\$ 4000	\$ 4000	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 4000  DATE DUE _____	_____% RATE \$ _____	\$ _____  DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
] ] IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE _____	_____% RATE \$ _____	\$ _____  DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
] ] IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE _____	_____% RATE \$ _____	\$ _____  DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$		\$	\$	\$	\$	\$		

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

## Schedule B Summary

Loans received this period .....\$ 4000  
(Total Column (b) plus unitemized loans of less than \$100.)  
Loans paid or forgiven this period .....\$ \_\_\_\_\_  
(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 \$ 4000  
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.



# **Schedule E Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM <b>460</b> Page <u>9</u> of <u>12</u> I.D. NUMBER <u>1453888</u>
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E INSTRUCTIONS ON REVERSE  
ME OF FILER

/ictoria Garcia for City Council 2022

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

1P campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
IS campaign consultants	MTG meetings and appearances	RFD returned contributions
B contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
C civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
D fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
G legal defense	PRO professional services (legal, accounting)	VOT voter registration
campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Senior Advocate 2410 Hawthorne Blvd., Suite 5 Orange, CA 90505	LIT		82
Budget Watchdogs Newsletter 2410 Hawthorne Blvd., Suite 5 Orange, CA 90505	LIT		299
California Voter Guide 2410 Hawthorne Blvd., Suite 5 Orange, CA 90505	LIT		63

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

**SUBTOTAL \$ 444**

## **Schedule E Summary**

Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 5966.25
Unitemized payments made this period of under \$100	\$
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 5966.25</b>

**Schedule E  
Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 09/25/2022 through 10/22/2022	CALIFORNIA FORM <b>460</b> Page 10 of 12
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Victoria Garcia for City Council 2022

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

IP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
IS campaign consultants	MTG meetings and appearances	RFD returned contributions
B contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
C civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
D fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
G legal defense	PRO professional services (legal, accounting)	VOT voter registration
campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
lection Digest 2410 Hawthorne Blvd., Suite 5 Torrance, CA 90505	LIT		256
lobibiz Marketing 390 Norm Drive, Anchorage, Alaska 99507	LIT / CNS		450
ull Color Printing 3239 Paxton St., Pacoima, CA	PRT		90
ocal Shine Media	LIT / CNS		225
leavenly Pancakes 65 N Maclay Ave San Fernando, CA 91340	MTG		240

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

**SUBTOTAL \$ 1261**

**Schedule E**  
**Continuation Sheet)**  
**Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM <b>460</b> Page <u>11</u> of <u>12</u>
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NAME OF FILER

Victoria Garcia for City Council 2022

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

IP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
IS campaign consultants	MTG meetings and appearances	RFD returned contributions
B contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
C civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
D fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
G legal defense	PRO professional services (legal, accounting)	VOT voter registration
campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Republican Signs		Yard Signs	490.67
Amazon	CMP		159.25
Local Shine Media	LIT / CNS		15
SPS	POS		15.43
ISPS	POS		3.43

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

**SUBTOTAL \$ 683.78**

**Schedule E**  
**Continuation Sheet)**  
**Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM <b>460</b> Page <u>12</u> of <u>12</u>
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E INSTRUCTIONS ON REVERSE

NAME OF FILER

Victoria Garcia for City Council 2022

I.D. NUMBER

1453888

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

IP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
IS campaign consultants	MTG meetings and appearances	RFD returned contributions
B contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
C civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
D fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
G legal defense	PRO professional services (legal, accounting)	VOT voter registration
campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
extDayFlyers	LIT			346.02
Political Data Intelligence PO Box 59570, Norwalk CA 90652			Walk Sheets	126.18
yvall	WEB			35
extDayFlyers	LIT			1267.58
ISPS	POS			1802.69

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

**SUBTOTAL \$ 3577.47**