Campaig	nt Committee gn Statement				Date Stamp	CALIFORI	NIA 460
Cover P	age	Statement covers period	<u>!</u>	Date of election if applicable: (Month, Day, Year)	OCT 27 2022 City Clerk Department	Page1	of
X Office S F (Also	of Recipient Committee: All Committees cholder, Candidate Controlled Committee State Candidate Election Committee Recall complete Part 5) ral 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 Sta	atement	
COMMIT	nittee Information TEE NAME (OR CANDIDATE'S NAME IF NO COMM r Cabral for San Clemente City Cou			Treasurer(s) NAME OF TREASURER Anna E. Cabral MAILING ADDRESS			
CITY San Cle	emente, CA		AREA CODE/PHONE	CITY San Clemente, CA NAME OF ASSISTANT TREASURER, IF	STATE F ANY	ZIP CODE	AREA CODE/PHONE
OPTION	emente, CA IAL: FAX / E-MAIL ADDRESS abral@gmail.com	STATE ZIP CODE	AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS annaecabral@gmail.com	STATE	ZIP CODE	AREA CODE/PHONE
certify u	ation used all reasonable diligence in preparing under penalty of perjury under the laws of the laws o	g and reviewing this statement a f the State of California that the	and to the foregoing	Anna † Treasu /ictor	E. Cabral urer or Assistant Treasurer G. Cabral tte Measure Proponent or Responsible of		rue and complete. I
	DATE xecuted onDATE		Ву		er, Candidate, State Measure Proponen		

 Officeholder or Candidate Controlle 	ed Committe	е		6. Primarily Formed Ba	allot Measu	re Committee		
NAME OF OFFICEHOLDER OR CANDIDATE Victor G. Cabral				NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	ISTRICT NUMBER I	F APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION			□ SUPPOR
City Council Member San Clemente		73						SUPPOR
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY San Clemente	STATE ZIP		Identify the controlling any.	officeholde	r, candidate, or	state measure	
Related Committees Not Included in this St not included in this statement that are controlled by you nake expenditures on behalf of your candidacy	tatement: / iet :	any committees	tions or	NAME OF OFFICEHOLDER, CAND	IDATE, OR PROPO	DNENT	DISTRICT NO. IF A	WV
COMMITTEE NAME		I.D. NUMBER						
AME OF TREASURER		CONTROLLED COM	MMITTEE?	7. Primarily Formed C officeholder(s) or candida	andidate/Of ate(s) for which	ficeholder Come th this committee	mittee <i>List nai</i> is primarily form	mes of ned.
COMMITTEE ADDRESS STREET	FADDRESS (NO P.C	D. BOX)	NO	7. Primarily Formed Cofficeholder(s) or candidate	ate(s) for whic	ficeholder Comittee	is primarily form	suppor
COMMITTEE ADDRESS STREET	FADDRESS (NO P.C STATE	D. BOX)		officeholder(s) or candida	nte(s) for which	this committee	OR HELD	suppor
COMMITTEE ADDRESS STREET		D. BOX)	NO	NAME OF OFFICEHOLDER OR CA	nte(s) for which	OFFICE SOUGHT C	is primarily form	SUPPOR SUPPOR SUPPOR OPPOSE SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET COMMITTEE NAME NAME OF TREASURER		ZIP CODE ARI	REA CODE/PHONE	NAME OF OFFICEHOLDER OR CA	nate(s) for which Indidate Indidate Indidate Indidate	OFFICE SOUGHT O	OR HELD OR HELD OR HELD	SUPPOR SUPPOR SUPPOR OPPOSE SUPPOR SUPPOR OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA FORM** 09/25/2022 from 10/22/2022 18 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Victor Cabral for San Clemente City Council 2022

1452835

Total to Date

Contributions Received	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		CALENDAR YEAR TOTAL TO DATE	Calendar Ye Running in	Both the	mary for C e State Pri	andida mary ar	tes ıd
Monetary Contributions Schedule A, Lin	ne 3 \$ 19,494.00	\$	28,164.00	General Ele	ctions			
2. Loans Received	ne 3 0.00	National Control	20,000.00		1/1 thro	ugh 6/30	7/1 to	Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1	+2 \$ 19,494.00	\$	48,164.00	20. Contributions Received	\$	0.00	\$	0.00
4. Nonmonetary Contributions Schedule C, Li	ine 3 0.00		300.00					
5. TOTAL CONTRIBUTIONS RECEIVED. Add Lines 3	3+4 \$ 19,494.00	\$	48,464.00	21. Expenditures Made	\$	0.00	\$	0.00
Expenditures Made			t sample and the state of the s	Expenditure Candidates		Summary	for Sta	te

10,101.31

19,494.00

5.958.18

23,637.13

0.00

0.00

Column A

Expenditures Made				
6. Payments Made	Schedule E, Line 4	\$	5,958.18	\$ 24,526.87
7. Loans Made	Schedule H, Line 3	-	0.00	 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	5,958.18	\$ 24,526.87
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		1,524.04	 1,524.04
10. Nonmonetary Adjustment	Schedule C, Line 3	-	0.00	 300.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	7,482.22	\$ 26,350.91

Column A, Line 3 above

Column A, Line 8 above

Add Lines 12 + 13 + 14, then subtract Line 15 \$

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).

Column B

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

(mm/dd/yy)	
	\$
	\$
	\$
	\$

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

Date of Election

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

13. Cash Receipts.....

15. Cash Payments.....

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

0.00 Cash Equivalents See instructions on reverse

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

21,524.04

Current Cash Statement

16. ENDING CASH BALANCE

Schedule Monetary	Ichedule A Mounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.		Statement covers 09/25/;	1 10 10 10 1	CALIFORNIA 460		
SEE INSTRUCTIO	NS ON REVERSE			through10/22/2	2022		4 of18
Victor Cabra	al for San Clemente City Council 2022					I.D. NUMBER	1452835
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Jovita Carranza	⊠ IND	Retired	500.00	500	0.00	500.00 G-2022
09/25/2022		COM OTH PTY SCC	Retired				
	William Diefender	⊠ IND	Retired	1,000.00	1,00	00.00	1,000.00 G-2022
09/26/2022		COM OTH PTY SCC	William Diefenderfer				
	Antonio C Amador	▼ IND	Retired	500.00	500	0.00	500.00 G-2022
10/04/2022		OTH PTY SCC	Retired				
	James E. Davison	▼ IND	Self Employed	4,900.00	4,90	00.00	4,900.00 G-2022
10/04/2022		OTH PTY SCC	JED, Co.				
	Maria G. Arias	☑ IND ☐ COM	Consultant	200.00	20	0.00	200. 0 0 G-2022
10/06/2022		OTH PTY SCC	Maria Arias Solutions				

SUBTOTAL \$

7,100.00

Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period		CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE			through	2022	Page _	5 of 18
NAME OF FILER	al for San Clemente City Council 2022					I.D. NUMBER	1452835
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIV CALENDA (JAN. 1 -	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/07/2022	San Clemente Chamber of Commerce 1231 Puerta Del Sol Suite 200 San Clemente, CA 92673 ID: 824300	IND SCOM		4,000.00	4,00	0.00	4,000.00 G-2022
10/10/2022	Teri Galvez	IND COM OTH PTY SCC	Event Planner Paradigm Event Management	250.00	250	0.00	250. 00 G-2022
10/11/2022	California Real Estate Political Action Committee (CREPAC) - 515 South Figueroa Street Los Angeles, CA 90071 ID: 890106	IND COM OTH PTY SCC		4,900.00	4,90	0.00	4,900.00 G-2022
10/11/2022	Makan Delrahim	IND COM OTH PTY SCC	Attorney Latham Watkins	250.00	250	.00	250.00 G-2022
10/12/2022	Larry Culbertson	IND COM OTH PTY SCC	Retired San Clemente Historical Society	100.00	100	.00	100.00 G-2022
			SUBTOTAL \$	9,500.00			

Schedule Monetary	A Contributions Received	Amounts may be rounded to whole dollars.		Statement covers 09/25/2	2022	CALIFORNIA 460	
SEE INSTRUCTION	NIC ON DEVEDOE			through10/22/3	2022	Page _	6 of18
NAME OF FILER	al for San Clemente City Council 2022					I.D. NUMBER	1452835
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Association of Orange County Deputy Sheriffs PAC	□IND		500.00	500	0.00	500.00 G-2022
10/17/2022	Santa Ana, CA 92706 ID: 1452835	OTH PTY SCC					
	Sleve Lang	⊠ IND	Retired	1,000.00	1,00	00.00	1,000.00 G-2022
10/18/2022		IND COM OTH SCC	Retired				,,,,,,,,,
	Chalone Warman	☑ IND	Retired	100.00	10	0.00	100.00 G-2022
10/19/2022		OTH PTY SCC	Retired				100.00 0 2022
	Manuel Luna	⊠ IND	Agent	100.00	10	0.00	100.00 G-2022
10/21/2022		OTH OTH SCC	Farmers insurance				
	John P. McKinley	⊠ IND	Professional	1,000.00	1,0	00.00	1,000.00 G-2022
10/22/2022		OTH PTY SCC	Sea Horse Resorts				,,
			SUBTOTALS	\$ 2,700.00			

Schedule A Monetary Contributions Received		Ame	ounts may be rounded to whole dollars.	Statement covers from	/2022	FO	ORNIA 460 RM 6 _ 18 _
NAME OF FILER	NS ON REVERSE				was samules Rich consisted	I.D. NUMBER	3
Victor Cabra	al for San Clemente City Council 2022						1452835
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	VE TO DATE DAR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC					
		IND COM OTH SCC					
Amount recollection (Include all S Amount recollection) Total monet	eived this period - itemized monetary contributions. Schedule A subtotals.)		\$\$\$\$	19,300.00 194.00 19,494.00	-	(other OTH - Other (PTY - Political	ial ient Committee than PTY or SCC) (e.g., business entity)
			SUBTOTAL\$	0.00			

I.D. NUMBER NAME OF FILER Victor Cabral for San Clemente City Council 2022 1452835 **NOTES** REFERENCE **FORM** Additional Contribution Information: A-5041 Filed 497.005 F460 Sch A William Diefender 09/26/2022 Additional Contribution Information: A-5104 Filed 497.006 F460 Sch A James E. Davison 10/04/2022 Additional Contribution Information: A-5105 497.007 F460 Sch A San Clemente Chamber 10/07/2022 Additional Contribution Information: A-5108 Filed 497.008 F460 Sch A California Real Estate

10/11/2022

Sched	ule	B	- P	art	1
Loans	Re	cei	ve	d	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Victor G. Cabral, Candidate

Victor G. Cabral, Candidate

Victor Cabral for San Clemente City Council 2022

FULL NAME, STREET ADDRESS AND

ZIP CODE OF LENDER

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

*XIND COM OTH PTY SCC

*XIND COM OTH PTY SCC

IF INDIVIDUAL, ENTER

OCCUPATION AND EMPLOYER

(IF SELF- EMPLOYED, ENTER NAME

OF BUSINESS)

Energy Capital Group

Self Employed

Energy Capital Group

Self Employed

Amounts may be rounded to whole dollars.

(b) AMOUNT

RÉCEIVED THIS

PERIOD

0.00

0.00

____ NET\$ _

PAID

PAID

S

FORGIVEN

0.00

DATE DUE

0.00

(May be a negative number)

SCHEDULE B - PART 1 Statement covers period CALIFORNIA **FORM** 09/25/2022 from 10/22/2022 through I.D. NUMBER 1452835 (c) AMOUNT PAID OR (d) OUTSTANDING (e) INTEREST (f) ORIGINAL (a) CUMULATIVE FORGIVEN THIS AMOUNT OF BALANCE AT CLOSE PAID THIS CONTRIBUTIONS TO PERIOD ** OF THIS PERIOD PERIOD LOAN DATE CALENDAR YEAR \$ 20,000.00 0% 10,000.00 0.00 10,000.00 PER ELECTION** RATE **FORGIVEN** 20.000.00 G-2022 09/07/2022 0.00 09/06/2022 0.00 DATE DUE DATE INCURRED CALENDAR YEAR \$ 20,000.00 10,000.00 0.00 \$ 10,000.00 0 PER ELECTION**

RATE

0.00

Schedule B Summary

1. Loans received this period	\$	0.00
(Total Column (b) plus unitemized loans of less than \$100.)	4	
2. 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.)	_ \$	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.)		

(a) OUTSTANDING

BALANCE

BEGINNING THIS

PERIOD

10,000.00

10,000.00

\$

3. Net change this period. (Subtract Line 2 from Line 1.)______ Enter the net here and on the Summary Page, Column A, Line 2

* Contributor Codes

09/19/2022

DATE INCURRED

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

20,000.00 G-2022

PTY - Political Party

SCC - Small Contributor Committee

SUBTOTALS \$	0.00	s	0.00	\$ 20.000.00	\$ 0.00

Schedule B - Part 2 Loan Guarantors		Amounts may be roun to whole dollars.	Stateme from	ent covers period 09/25/2022	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE				through _	10/22/2022	Page10	of18	
NAME OF FILER Victor Cabral for San Clemente City Council 20)22					I.D. NUMBER 1452	835	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		LOAN	AMOUNT GUARANTEED TH PERIOD	S CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	
	□ IND		!	LENDER		\$PER ELECTION (IF REQUIRED)		
	OTH PTY SCC			DATE		(IF NEGOINED)		

SUBTOTAL \$ Enter on Summary Page. Line 17 only.

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.				SCHEDULE C		
Nonnone	tary Contributions neceived		to whole dollars.		Statem	ent covers period	CALIFORN	IA 460	
					from	09/25/2022	FORM	700	
SEE INSTRUCTIO	NS ON REVERSE				through _	10/22/2022	_ Page11	_ of18	
SEE INSTRUCTION			The settler of formation and applicated the body and applying the property of the second settlement			rian marina (alah marini m	I.D. NUMBER	Market and American Association of Continuous	
Victor Cabr	al for San Clemente City Council 2022						1452	2835	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIF GOODS OF		AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
		IND COM OTH PTY SCC							
		IND COM OTH PTY SCC							
		IND COM OTH PTY SCC							
Schedule	C Summary				The state of the s		* Contributor Codes		
1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ 2. Amount received this period - unitemized nonmonetary contributions of less than \$100						IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)			
3. Total nonmonetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)						PTY - Political Party SCC - Small Contribut	tor Committee		
							In		
					SUBTOTAL \$				

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures, and C	Amounts may be rounded to whole dollars. Committees				09/25/202 h10/22/202	22	CALIFO FOR	RNIA /	18
NAME OF FILER Victor Cabral for San Clemente City	/ Council 2022						I.D. NUMBER 1452835	5.100 To 100 To	
DATE NAME OF CANDIDATE MEASURE NUMBER O	E, OFFICE, AND DISTRICT, OR PR LETTER AND JURISDICTION, COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)		AMOUNT THIS PERIOD	CALE	ATIVE TO DATE NDAR YEAR 1 - DEC. 31)	PER ELECTIC (IF REQU	
Support	Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
SCHEDULE D SUMMARY								c 0.0	00
Itemized contributions and independ	lent expenditures made this peri	iod. (Include all Sche	dule D subtotals.) -	. – – –				\$	
2. Unitemized contributions and indepe	endent expenditures made this p	period of under \$100			. – – – – .			\$	00
3. Total contributions and independent	expenditures made this period.	(Add Lines 1 and 2.	Do not enter on the S	ummary	Page.)		TOTAL	\$0.0	00
		· vindentina de la compansión de la comp	SUBTOT	TAL \$					

Schedule I	E
Payments	Made

Amounts may be rounded to whole dollars.

NAME OF FILER

Victor Cabral for San Clemente 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.

CNS campaign consultants

SEE INSTRUCTIONS ON REVERSE

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID	
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	СМР		132.26	
Office Depot 993 Avenida Pico San Clemente, CA 92673	LIT		467.30	
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	PRO	For September thru October	100.00	
Urtasun Marketing 1636 Granada Avenue San Diego, CA 92102	CNS		5,000.00	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **Description: Substitution of the contribution of the contribut				

Scl	nedule	E
Pay	ments	Made

Amounts may be rounded

SCHEDULE E

Payments Made	to whole dollars.	Statement covers period	CALIFORNIA / CO
		from09/25/2022	FORM 40U
SEE INSTRUCTIONS ON REVERSE		through10/22/2022	Page14 of18
NAME OF FILER	<u> </u>	AND THE RESIDENCE OF THE PARTY	I.D. NUMBER
Victor Cabral for San Clemente City Council 2022			1452835
CODES: If one of the following codes accurately describes the pay		TO SEN	
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 MTC OFC DFC DFC DFC PET PHO LEG legal defense PRO PRO PRO PRO PRO PRO PRO PR	R member communications R meetings and appearances C office expenses P petition circulating D phone banks P polling and survey research R postage, delivery and messenger services D professional services (legal, accounting) P print ads	RAD radio airtime and product RFD returned contributions SAL campaign workers' salaric TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodging TSF transfer between committ VOT voter registration WEB information technology of	es roduction costs and meals ng, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Schedule E Summary	•		•
Itemized payments made this period. (Include all Schedule E subtotals.)			\$5,699.56
2. Unitemized payments made this period of under \$100			\$258.62
3. Total interest paid this period on loans. (Enter amount from Schedule B, F			¢ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and o	on the Summary Page, Column A, Line 6.)		TOTAL \$ 5,958.18
* Payments that are contributions or independent expenditures must also be summarized on Schedul	le D.	SUBTO	TAL \$ 0.00

Schedule F	American man	. h				
Accrued Expenses (Unpaid Bills)	npaid Bills) Amounts may be rounded to whole dollars.				SCHEDULE FORNIA / C	
			Statement covers from09/25		ORM 46(
			through10/22	/2022 Page	15 of18	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUME	RFR	
Victor Cabral for San Clemente City Council 2022					1452835	
CODES: If one of the following codes accurately describes the p 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 communi MTG meetings and app OFC office expenses PET petition circulating PHO phone banks POL polling and survey POS postage, delivery a PRO professional service PRT print ads	cations earances research and messenger services	RAD radio airti RFD returned of SAL campaign TEL t.v. or cab TRC candidate TRS staff/spou TSF transfer by VOT voter regi	workers' salaries le airtime and production co travel, lodging, and meals se travel, lodging, and mea etween committees of the s	ls ame candidate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE A' CLOSE OF THIS PERIOD	
California Outdoor Graphics 3309 S Main St Santa Ana, CA 92707	PRT	0.00	1,524.04	0.00	1,524.04	
SCHEDULE F SUMMARY						
1. Total accrued expenses incurred this period. (Include all Schedule F, C accrued expenses of \$100 or more, plus total unitemized accrued expe	column (b) subtotals for enses under \$100.)			NCURRED TOTALS	\$1,524.04	
2. Total accrued expenses paid this period. (Include all Schedule F, Colur accrued expenses of \$100 or more, plus total unitemized payments on				PAID TOTALS	\$0.00	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. \$UBTOTALS \$ 0.00 \$ 1,524.04 \$ 0.00 \$ 1,524.04

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

on the Summary Page, Column A, Line 9.)

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

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Victor Cabral for San Clemente City Council 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAIL

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

TOTAL * \$

^{**} 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.

Schedule H Loans Made to Others*	Amounts may be rounded to whole dollars.							SCHEDULE
Loans Made to Others			to whole dollars.	_	Statement cove	ers period	CALIFORNIA	460
					from09/	25/2022	FORM	400
					through10/	22/2022	Page17	of <u>18</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	
Victor Cabral for San Clemente City	Council 2022						1452	835
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENESS TH PERIOD *		(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID			1	CALENDAR YEAR
				_	•			SPER ELECTION**
				FORGIVEN	- 5	RATE	\$	TENEESTION
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	
			4		DATE DUE	San compensation and a second	DATE INCORRED	

SUBTOTALS \$ \$ \$

Schedule I Miscellaneous	s Increases to Cash	Amounts may be to whole do	e rounded bllars.	from	overs period 5/2022 2/2022	CALIFOR FORM	
NAME OF FILER Victor Cabral for	San Clemente City Council 2022					I.D. NUMBER	52835
Tiotor Gabrarior	can clement city council 2022						
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT			AMOUNT OF INCREASE TO CASH	
Oak a deda I Oee							
Schedule I Su				•	0.00		
1. Itemized increases to cash this period			\$	0.00	-		
2. Unitemized increases to cash of under \$100 this period.			\$	0.00	_		
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)				\$	0.00	_	
4. Total miscellaneo Summary Page, L	us increases to cash this period. (Add Lines 1, 2, and 3. E ine 14.)	nter here and on the		TOTAL \$	0.00	_	