

**Recipient Committee
Campaign Statement
Cover Page**

City of San Clemente

**CALIFORNIA
FORM 460**

Statement covers period
 from 10/23/2022
 through 12/31/2022

**Date of election if applicable:
(Month, Day, Year)**
JAN 17 2023

City Clerk Department

Page 1 of 16
 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 **1452835**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Victor Cabral for San Clemente City Council 2022

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
San Clemente, CA [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
San Clemente, CA [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

Treasurer(s)

NAME OF TREASURER
Anna E. Cabral

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
San Clemente, CA 92676 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

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

Executed on 01/16/2023
 DATE

Executed on 01/16/2023
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

By [REDACTED]
 Signature of Treasurer or Assistant Treasurer
Anna E. Cabral

By [REDACTED]
 Signature of Controlling Officeholder, Candidate, State Measure Proponent, Responsible Officer of Sponsor

By [REDACTED]
 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**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Victor G. Cabral			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
City Council Member	San Clemente City Council	73	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[REDACTED]	San Clemente, CA	[REDACTED]	[REDACTED]

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? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	10/23/2022	
through	12/31/2022	Page <u>3</u> of <u>16</u>
I.D. NUMBER		1452835

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Victor Cabral for San Clemente City Council 2022

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 18,050.00	\$ 46,214.00
2. Loans Received	Schedule B, Line 3	0.00	20,000.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 18,050.00	\$ 66,214.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	300.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 18,050.00	\$ 66,514.00

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

Expenditures Made

		Column A	Column B
6. Payments Made	Schedule E, Line 4	\$ 11,746.03	\$ 35,688.40
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 11,746.03	\$ 35,688.40
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	300.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 11,746.03	\$ 35,988.40

**Expenditures 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	\$ 24,221.63
13. Cash Receipts.....	Column A, Line 3 above	18,050.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	11,746.03
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 30,525.60
<i>If this is a termination statement, Line 16 must be zero.</i>		
17. LOAN GUARANTEES RECEIVED.....	Schedule B, Line 2	\$ 0.00

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).

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	\$ 20,000.00

*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 <u>10/23/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM 460
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NAME OF FILER

Victor Cabral for San Clemente City Council 2022

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2022	Jess Hatch [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	4,900.00	4,900.00	4,900.00 G-2022
10/24/2022	Mary Alice Hatch [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	4,900.00	4,900.00	4,900.00 G-2022
11/02/2022	Richard Kay [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self employed GCI Construction	4,900.00	4,900.00	4,900.00 G 2022
11/10/2022	Standiford Helm, II [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Helm Center	250.00	250.00	250.00 G-2022
11/10/2022	OC TaxPAC, Sponsored by the Orange County Taxpayers 701 East Chapman Avenue Orange, CA 92866 ID: 1288619	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	2,500.00 G-2022

SUBTOTAL \$ 17,450.00

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

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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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2022	Linda Pilsbury [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	100.00	100.00 G-2022
11/10/2022	The Lincoln Club of Orange County Issues PAC 17542 17th Street Tustin, CA 92780 ID: 1340182	<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	500.00 G-2022

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$	18,050.00
2. Amount received this period - unitemized monetary contributions of less than \$100	\$	0.00
3. Total monetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	18,050.00

* Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

SUBTOTAL \$ 600.00

**Schedule B - Part 1
Loans Received**

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>10/23/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM 460
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (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 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
Victor G. Cabral, Candidate [REDACTED]	Energy Capital Group Self Employed			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 10,000.00	0% RATE	\$ 10,000.00	CALENDAR YEAR \$ 20,000.00 PER ELECTION** 20,000.00 G-2022
* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 10,000.00	\$ 0.00	\$ 0.00	09/06/2022 DATE DUE	\$ 0.00	09/07/2022 DATE INCURRED	
Victor G. Cabral, Candidate [REDACTED]	Energy Capital Group Self Employed			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 10,000.00	0 RATE	\$ 10,000.00	CALENDAR YEAR \$ 20,000.00 PER ELECTION** 20,000.00 G-2022
* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 10,000.00	\$ 0.00	\$ 0.00	DATE DUE	\$ 0.00	09/19/2022 DATE INCURRED	

Schedule B Summary

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

2. Loans paid or forgiven this period ----- \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ----- **NET \$ 0.00**
Enter the net here and on the Summary Page, Column A, Line 2
(May be a negative number)

* Contributor Codes

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SUBTOTALS \$ 0.00 \$ 0.00 \$ 20,000.00 \$ 0.00

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

(Enter (e) on Schedule E, Line 3)
FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Schedule B - Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>10/23/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM 460
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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 THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
			LENDER	DATE		\$ _____ PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC						

SUBTOTAL \$

Enter on Summary
Page. Line 17 only.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

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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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<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					

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$ 0.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$ 0.00
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.)	\$ 0.00
TOTAL	\$ 0.00

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

SUBTOTAL \$

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

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>10/23/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM 460
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NAME OF FILER Victor Cabral for San Clemente City Council 2022	I.D. NUMBER 1452835
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SCHEDULE D SUMMARY

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

SUBTOTAL \$	
--------------------	--

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Victor Cabral for San Clemente City Council 2022

I.D. NUMBER

1452835

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, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Outdoor Graphics 3309 S Main St Santa Ana, CA 92707	CMP		1,524.04
eFundraising Connections 2831 G Street Suite 200 Sacramento, CA 95816	CMP		326.00
San Clemente Times 34932 Calle Del Sol Dana Point, CA 92624	PRT		1,371.25
Urtasun Marketing 1636 Granada Avenue San Diego, CA 92102	CNS		4,000.00
SUBTOTAL \$			7,221.29

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

SUBTOTAL \$ 7,221.29

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

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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, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Federal Express 231 Avenida Del Mar San Clemente, CA 92672	CNS		236.02
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	PRO	For September thru October	200.00
Urtasun Marketing 1636 Granada Avenue San Diego, CA 92102	CNS		3,101.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	PRO	For September thru October	100.00
SUBTOTAL \$			3,637.02

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
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. | 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, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sol Agave 111 Avenida Del Mar San Clemente, CA 92672	CNS		516.52
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	PRO	For September thru October	200.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	-----	\$ 11,574.83
2. Unitemized payments made this period of under \$100	-----	\$ 171.20
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.)	-----	\$ 11,746.03
	TOTAL	\$ 11,746.03

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

SUBTOTAL \$ 716.52

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

SCHEDULE F

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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, e-mail) |

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 AT CLOSE OF THIS PERIOD

SCHEDULE F SUMMARY

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$	0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	0.00

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

SUBTOTALS \$ \$ \$ \$

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

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/23/2022	
through	12/31/2022	Page 14 of 16
NAME OF FILER		I.D. NUMBER
Victor Cabral for San Clemente City Council 2022		1452835
NAME OF AGENT OR INDEPENDENT CONTRACTOR		

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. | 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, e-mail) |

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

* 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 I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from <u>10/23/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM 460
	Page <u>16</u> of <u>16</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Victor Cabral for San Clemente City Council 2022

I.D. NUMBER

1452835

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Schedule I Summary

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 miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	\$ 0.00
TOTAL	\$ 0.00

SUBTOTAL \$