Recipient Committee Campaign Statement Cover Page		c	Date Stamp Tity of San Clemente	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from July 1, 2023 through December 31, 2013	Date of election if applicable: (Month, Day, Year)	JAN 1 0 2024 ity Clerk Department	Page of 3
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. 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 To Amendment (Explain b	ermination)	rterly Statement cial Odd-Year Report
STREET ADDRESS OF CITY STATE ZIP CO OPTIONAL: FAX/E-MAIL ADDRESS		Treasurer(s) NAME OF TREASURER MAILING A CITY NAME MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADDR	STATE ZIPCO	ODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on	California that the foregoing is true and c By	or	it Treasurer roponent or Responsible Officer of Spons State Measure Proponent	hedules is true and complete. I

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

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM

Statement covers period

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Knoblock for City Council 2022 1430039 Column A Calendar Year Summary for Candidates Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1/1 through 6/30 7/1 to Date 20. Contributions 5440 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E. Line 4 Candidates 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3 Date of Election Total to Date (mm/dd/yy) **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, 13. Cash Receipts Column A. Line 3 above add amounts in Column A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some amounts in Column A may 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7-1-23

CALIFORNIA 460

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SEE INSTRUCTIONS ON REVERSE		through	Page of
Knoblock for Cety Council	2022		1.D. NUMBER 1430039
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* MTG meeting office expedition petition phone to polling a postage postage postage	r communications as and appearances expenses circulating eanks and survey research and survey and messenger servi- conal services (legal, accounting	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a transfer between committees	uction costs d meals and meals s of the same candidate/sponsor
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.	SU	BTOTAL \$
Schedule E Summary			
 Itemized payments made this period. (Include all Schedule E subtotals.) Unitemized payments made this period of under \$100 Total interest paid this period on loans. (Enter amount from Schedule B, Total payments made this period. (Add Lines 1, 2, and 3. Enter here and 	Part 1, Column (e).)		\$ <u>53.</u>