Recipient Committee Campaign Statement Cover Page					Date Stamp	CALIFOR	COVER PAGE
	Stater from	ment covers 01/01/2		Date of election if applicable: (Month, Day, Year)	Gity of San Clements JAN 2 4 2024	FORI	M 400
	through	01/20/2	2024	11/08/2022	City Clerk Departmen	1 1	Official Use Only
1. Type of Recipient Committee:All Com	mittees - Complete Pa	rte 1 2 3 and 4		0.7	ord, order boyartman		
Officeholder, Candidate Controlled Committee State Candidate Election Committee	Primarily Form			Type of Statement: Preelection Statement	Quarterly St	atement	
Recall	☐ Controlled	4		Semi-annual Statement	Special Odd		
(Also Complete Part 5)	Sponsored			Termination Statement		T dan T toport	
General Purpose Committee	(Also Complete			(Also file a Form 410 Termination	n)		
Sponsored Small Contributor Committee	Primarily Forme Officeholder Co	ommittee		Amendment (Explain Below)			
Political Party/Central Committee	,	.,,					
Committee Information	I.D. NUMBER	1452835		Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO	COMMITTEE)			NAME OF TREASURER			
Victor Cabral for San Clemente City	Council 2022			Anna E. Cabral			
City City	2041011 2022			MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)							
				CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY	STATE	ZIP CODE					ALLAGODEFHONE
	- VIAIL	ZIF CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREE	T OR P O BOY		-				
	TO THE SECOND			MAILING ADDRESS			
CITY	STATE	70.000		*			
OPTIONAL: FAX / E-MAIL ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
E WALL ADDRESS				OPTIONAL: FAX / E-MAIL ADDRESS			
				annaecabral@gmail.com			
I. Verification							
I have used all reasonable diligence in prepa	aring and reviewing	a this stateme	at and to the best of				
I have used all reasonable diligence in prepa certify under penalty of perjury under the lav	s of the State of C	alifornia that t	he foregoing is true a	ny knowledge the information conta	ained herein and in the attache	d schodules is	true and complete. I
04/20/2004				COCCO SECULIA DE PROPERTO DE LA COCCO DE COCCO DECOCO DE COCCO DECOCIO DE COCCO DE COCCO DECOCIO DE COCCO DE COCCO.			
Executed on DATE			By_Ann	a E. Cabral			
Executed on 01/23/2024			Vict	or G. Cabral			
DATE			Dy -	re of Controlling Officeholds		-	
Executed on			Ву			onsor	
DATE			Cy America	Signature of Controlling Officeholder	, Candidate, State Measure Proponent		
Executed onDATE			Ву				
5012				Signature of Controlling Officeholder	r, Candidate, State Measure Proponent		

Recipient Committee Campaign Statement Cover Page - Part 2

			E - PART 2
CALIFOR	₹NIA π	4	60
			<u> </u>
Page	2	of	13

5. Officeholder or Candidate Controlled Committee				6. Primarity Formed Ballot Meas	ure Committee	
VAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE		
Victor Q, Cabral						
OFFIDE SOUGHT OR HELD (INCLUDE LOCATION A	NO DISTRICT NUMBER	(F APPLICABLE)		BALLOT NO. OR LETTER JURISDICTION	1	SUPFORT
		e City Council	79			OPPOSE
City Council Member		STATE	ZIP	identify the controlling officehold	der, candidate, or state meas	sure proponent, if
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	ET) OITY	SIAIE	AP	any.		
				NAME OF OFFICEHOLDER, DANDIDATE, OR PRO	OPONENT	
Related Committees Not included in th	is Statement: Li	any committeed	,	•		
Related Committees Not Included in the not included in this statement that are controlled by make expenditures on behalf of your candidacy	y you or are primarily.	formed to receive	oontributions of	OFFICE SCUGHT OF HELD	DISTRICT NC.	IF ANY
					I	
		LD NIME	(FR			
		LD. NUME	SER .	the second secon		<u> </u>
OOMMITTEE NAME				7. Primarily Formed Candidate/	Officeholder Committee List	t names of
COMMITTEE NAME NAME OF TREASURER		ORTRO	LED COMMITTEE?	7. Primarily Formed Candidate/officeholder(s) or candidate(s) for w	Officeholder Committee <i>Lisi</i>	t names of formed.
OOMMITTEE NAME NAME OF TREASURER		CONTRO D YE	LED COMMITTEE?	officeholder(s) or candidate(s) for w	hich this committee is primarily	Tormed.
DOMMITTEE NAME NAME OF TREASURER	TREET ADDRESS (NO	CONTRO D YE	LED COMMITTEE?	7. Primarily Formed Candidate/officeholder(s) or candidate(s) for working the control of the con	Officeholder Committee List thich this committee is primarily OFFICE SOUGHT OR HELD	Support
DOMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS S'		CONTRO YE P.O. BOX)	LLED COMMITTEE?	Officeholder(s) or candidate(s) for w.	OFFICE SOUGHT OF HELD	SUPPORT
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS S'	TREET ADDRESS (NO STATE	CONTRO D YE	LED COMMITTEE?	officeholder(s) or candidate(s) for w	hich this committee is primarily	SUPPORT OPPOSE SUPPORT
DOMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS S'		P.C. BOX)	LED COMMITTEE? B NO AREA CODE/PHONE	Officeholder(s) or candidate(s) for w.	OFFICE SOUGHT OF HELD	Support Oppose
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS S' OITY		CONTRO YE P.O. BOX)	LED COMMITTEE? B NO AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OF HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER		P.O. BOX) ZIP GODE	LED COMMITTEE? B NO AREA CODE/PHONE BER	Officeholder(s) or candidate(s) for w.	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME COMMITTEE ADDRESS ST CITY COMMITTEE NAME		P.O. BOX) ZIP CODE I.D. NUM	AREA CODE/PHONE BER	NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS ST OITY COMMITTEE NAME NAME OF TREASURER		P.C. BOX) ZIP CODE I.D. NUM CONTAC	AREA CODE/PHONE BER	NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE OPPOSE SUPPORT

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Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Powered by ISPolitical.com

Victor Cabral for San Clemente City Council 2022

Contributions Received	Column A		Column B	<u> </u>			1452835	
	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		OALENDAR YEAR TOTAL TO DATE	Calendar Yo	ear Summ	nary for	Candidate	S
1. Monetary Contributions	\$0.00	\$	0.00	Running in General Ele	ctions	State Pr	imary and	
2. Loans Received	0.00		0,00					
3. SUBTOTAL CASH CONTRIBUTIONS	s	\$	0,00	DD Combile	1/1 throug	ih 6/30	7/1 to Dat	6
4. Nonmonetary Contributions		· ——	0,00	20, Contributions Received	\$	00.0	\$	0.0
5. TOTAL CONTRIBUTIONS RECEIVED	0.00	\$		21. Expenditures Made	\$	0.00	\$	0.0
Expenditures Made			***************************************					
6. Payments Made	th.			Expenditure Candidates	es Limit S	summary	for State	
7. Loans Made		\$ <u>-</u>	<u>273.58</u>					
8. SUBTOTAL CASH PAYMENTS	0.00		0.00	22.	Cumulative Subject to Volui	e Expendit	tures Made*	
9. Accrued Expenses (Unpaid Bills)	273,58	\$	273,58		•	-4-51,2	- FRING	
10. Nonmonetary Adjustment	0,00		0.00	D-1- 15	<u>.,</u> .,			
11. TOTAL EXPENDITURES MADE	0.00		0.00	Date of E (mm/de		T.	otal to Date	
	273,58	\$	273,58			•		
Current Cash Statement		To colo	ulate Column B,			\$	· · · · · · · · · · · · · · · · · · ·	-
12. Beginning Cash Balance Previous Suirmary Page, Line 16 \$	6,116,11	add am	ounts in Column corresponding			\$		
13. Cash Receipts	0.00	amount	s from Column B last report. Some	<u></u>		\$		
4. Miscellaneous Increases to Cash	0.00	amount	s in Column A may tive figures that	ł				
5. Cash Payments Column A, Line 8 above	273,58	should b	pe subtracted from s period amounts. If			\$		
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$	-	this is th	e first report being this calendar year,			\$		
If this is a termination statement, Line 16 must be zero.	0,042.03	only can	ry over the amounts es 2, 7, and 9 (If any).					
7. LOAN GUARANTEES RECEIVED, Schedule B, Line 2 \$	0.00		arima (n mily).	*Amounts in this sec	offion may be d	lifferent from	3	
ash Equivalents and Outstanding Debts	3.00			reported in Column	В.	WOLD HOLD	anioniliz	
8. Cash Equivalents								
Y	0,00							
9. Outstanding Debts Add Line 2 + Line 9 in Column B above \$	0.00					FPPC	Form 460 (.la	n/2016\

•	Contributions Received	Amo	unts may be rounded to whole dollars.	Statement covers	2024	CALIFO FO	
SEE INSTRUCTION NAME OF FILER	IS ON REVERSE 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 (ND)YIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEN	IVETO DATE DAR YEAR - DEO, 31)	PER ELECTION TO DATE (IF REQUIRED)
		OTH SCC					
1. Amount rec (Include all 8 2. Amount rec 0. Tatal mane	A Summary belived this period - Itemized monetary contributions. Schedule A subtotals.)		TOTAL	\$ 0.00 \$ 0.00 \$ 0.00		OTH - Other	lual plent Committee or than PTY or SCC) r (e.g., business entity)
,			SUBTOTA	L\$		and the second second second second second	

Schedule B - Part 1 Loans Received		Am	ounts may be round to whole dollars,	ded			6	SCHEDULE B - PAF
					Statement cov	ers period	CALIFORN	
					from01/	01/2024	FORM	460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER.					through 01/	20/2024	Page 5	of13
Victor Cabral for San Clemente City	Council 2022						I.D. NUMBER	
FULL NAME, STREET ADDRESS AND	IF INDIVIDUAL, ENTER	(a) OUTSTANDING	(b) AMOUNT	(o) AMOUNT PAID	001 (100)	<u> </u>	145	52835
ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	RECEIVED THIS PERIOD	FORGIVEN THIS PERIOD **	OR (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS DATE
			<u> </u>	PAID		· · · · · · · · · · · · · · · · · · ·		
				L				CALENDAR YEAR \$
				\$FORGIVEN	. \$	% RATE	\$	PER ELECTION**
* IND COM COTH PTY SCC		\$	\$	\$		\$		
Schedule B Summani	·				DATE DUE		DATE INCURRED	

Schedule b Summary		
Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)		
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	0.00 Schedule A.)	
 Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Lin 	0.00 NET \$ 0.00 (May be a negative nu	imber)

* 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 \$ \$ \$

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

(Enter (e) on Schedule E, Line 6) 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 roun to whole dollars.	ded	from	rs period 01/2024 20/2024	CALIFORNIA FORM Page 6	4460 of 13
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Victor Cabral for San Clemente City Council 20)22					I.D. NUMBER 14528	35
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)	Ŀ	OAN:	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	☐ IND		L	ENDER		S PER ELECTION (IF REQUIRED)	
OTH OTH PTY SCC				DATE			
	<u>.</u>						

SUBTOTAL	\$ F	Page, Line 17 only.	

Victor Cabral for San Clemente City Council 2022 DATE RECEIVED AND ZIP CODE OF CONTRIBUTOR CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE (IF SELF-EMPLOYED, ENTER NAME GOODS OR SERVICES) IND COM OTH PTY SCC	7 of 13 ER 1452835 TO DATE PER ELECT
RECEIVED NAME OF FILER Victor Cabral for San Clemente City Council 2022 DATE RECEIVED ON THE PLAN AND STREET ADDRESS AND SIP CODE OF CONTRIBUTOR COLLY RECEIVED OF BUSINESS) IF INDIVIDUAL ENTER COUNCIPATION AND EMPIOYER OF BUSINESS) ON THE PLAN AND EMPIOYER OF BUSINESS) IF INDIVIDUAL ENTER OF BUSINESS OF BUSINESS OF BUSINESS) ON THE PLAN AND EMPIOYER OF BUSINESS OF BUS	7 of 13 ER 1452835 TO DATE RYEAR EC, S1) PER ELECT TO DATE
SEE INSTRUCTIONS ON REVERSE Victor Cabral for San Clemente City Council 2022 DATE RECEIVED RICHARD, STREET ADDRESS (IF INDIVIDUAL, ENTER COLIFER AND ZIP CODE OF CONTRIBUTOR CODE*) IND CODE* IND COM OTH PTY SCC	1452835 TO DATE RYEAR PER ELECT TO DATE EC, 31)
PUL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE* CONTRIBUTOR CODE* CODE* CONTRIBUTOR CODE* CODE*	1452835 TO DATE RYEAR PER ELECT TO DATE CO. 31)
DATE RECEIVED AND ZIP DODG OF CONTRIBUTOR CODE 'S CODE 'S ENVICES SO CODE OF CONTRIBUTOR CODE 'S ENVICES SO CODE OF SERVICES	TO DATE R YEAR PER ELECT EC, 31) TO DATE
(IF COMMITTEE, ALSO ENTER LD, NUMBER) CODE* (IF SELF- EMPI-OYED, ENTER NAME OF BUSINESS) DESCRIPTION OF GOODS OR SERVICES AMOUNT/FAIR MARKET VALUE CALENDAR YEAR (JAN. 1 - DEC. 81) AMOUNT/FAIR MARKET VALUE CALENDAR YEAR (JAN. 1 - DEC. 81) AMOUNT/FAIR MARKET VALUE CALENDAR YEAR (JAN. 1 - DEC. 81) AMOUNT/FAIR MARKET VALUE CALENDAR YEAR (JAN. 1 - DEC. 81) AMOUNT/FAIR MARKET VALUE CALENDAR YEAR (JAN. 1 - DEC. 81) AMOUNT/FAIR MARKET VALUE CALENDAR YEAR (JAN. 1 - DEC. 81) AMOUNT/FAIR MARKET VALUE CALENDAR YEAR (JAN. 1 - DEC. 81)	R YEAR PER ELECT EC, 31) TO DATE
COM OTH PTY SCC	
OTH PTY SCC	
IND OOM OTH	l l
IND COM OTH PTY SCC	
IND COM OTH PTY SCC	
SCC IND IND COM OTH PTY SCC	
COM OTH PTY SCC	
OTH PTY SCC	
Schedule C Summary	
1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)	
	lent Committee
3. Total nonmonetary contributions produced this post of	r than PTY or SCC) (e.g., business entity)
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	Contributor Committee
TOTAL \$	· · · · · · · · · · · · · · · · · · ·

Schedule E Summary of Supporting Candidates	of Expenditures g/Opposing Other s, Measures, and Committees	Amounts may to whole	r be rounded dollars.	from _	o1/01/202	4	CALIFO FOR	M	46	0
				throug	1		Page	· ·	л <u></u>	
NAME OF FILER Victor Cabra	I for San Clemente City Council 2022						I.D. NUMBER 1452835			
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	CALE	ATIVE TO DATE NDAR YEAR 1 - DEC. 31)	PER EL (IF	ECTION TO (REQUIRED)	DATE }
	Support Cppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		r.						
SCHEDULE	E D SUMMARY	<u></u>								
	ontributions and independent expenditures made this per	lod. (Include all Sche	edule D subtotals.)					\$	0.00	
	contributions and independent expenditures made this p							.\$	0,00	
	ibutions and Independent expenditures made this period.			Summary	Page.)		TOTAL	\$	0.00	
			SUBT	OTAL \$						

Schedule	E
Payments	Made

Amounts may be rounded

SCHEDULE E Statement covers period **CALIFORNIA FORM** 01/01/2024 from 01/20/2024 through I.D. NUMBER 1452835

to whole dollars. 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 paraphemalia/misc. MBR member communications CNS campaign consultants RAD radio airtime and production costs MTG meetings and appearances CTB contribution (explain nonmonetary)* RFD returned contributions OFC office expenses CVC civic donations SAL campaign workers' salaries PET petition circulating FIL candidate filing/ballot fees TEL t.v. or cable airlime and production costs PHO phone banks FND fundraising events TRC candidate travel, lodging, and meals POL polling and survey research IND independent expenditure supporting/opposing others (explain)* TRS staff/spouse travel, lodging, and meals POS postage, delivery and messenger services LEG legal defense TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) LIT campaign literature and mailings VOT voter registration PRT print ads WEB Information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OH DESCRIPTION OF PAYMENT AMOUNT PAID Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116 February PRO 100.00 Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 100.00 2. Unitermized payments made this period of under \$100 173.58 3. Total Interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) 273.58

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		
and the state of t		
	SUBTOTAL \$	100.00
	- σου ι σι λιμ γ	100.00

Schedule F	Amounts may	SCHEDULE F					
Accrued Expenses (Unpaid Bills)	to whole o	Statemer	nt covers period		CALIFORNIA / C		
			from	01/01/2024	FC	RM	400
			through	01/20/2024	Page	<u>10</u> c	of13
SEE INSTRUCTIONS ON REVERSE		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>		I,D, NUMBE	R	
NAME OF FILER Victor Cabral for San Clemente City Council 2022						145283	5
CODES: If one of the following codes accurately describes the parameter compaign paraphemalia/miso. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC dvic 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 and appropriate petition officulating PHO phone banks POL politing and survey POS postage, delivery a PRO professional service print ads	research	RFD SAL TEL TRO TRS TSF VOT	returned contribut campaign workers t.v. or cable airtim candidate travel, i staff/spouse travel transfer between of voter registration	ions ' salaries e and production co	s ame candidate	/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER J.D., NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANC BEGINNING OF THIS PERI		NOURRED PERIO	(o) DUNT PAID THIS OLO (ALSO REPORT ON E)	OUTSTAND OLOSE O	(d) ING BALANCE AT F THIS PERIOD
SCHEDULE F SUMMARY							
Total accrued expenses incurred this period. (Include all Schedule F, C accrued expenses of \$100 or more, plus total unitemized accrued expenses.)	olumn (b) subtotals for nses under \$100.)			INCUF	RED TOTALS	\$	0.00
Total accrued expenses paid this period. (Include all Schedule F, Colur accrued expenses of \$100 or more, plus total unitemized payments on	nn (c) subtotals for paymen accrued expenses under \$	ts on (00.)			PAID TOTALS	\$	0.00
Net change this period. (Subtract Line 2 from Line 1. Enter the different on the Summary Page, Column A, Line 9.)	ce here and				NET	\$	0.00
			\$	\$		\$	
 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 	SUBTOTALS	3	.	Ψ		T	

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 01/01/2024 from 01/20/2024 through Page 11 of 13 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. CNS campaign consultants

CTB contribution (explain nonmonetary)*

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CVC civic donations

FIL candidate filing/ballot fees FND fundraising events

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

IND independent expenditure supporting/opposing others (explain)*

Victor Cabral for San Clemente City Council 2022

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)			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAIC

TOTAL * \$

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

^{**} 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.			Statement cover	rs period 01/2024	CALIFORNIA 460	
				ļ		20/2024	Page 12	of13
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Victor Cabral for San Clemente City	Council 2022						I.D. NUMBER 14528	
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 FORGIVENESS T PERIOD *	OR (d) OUTSTANDING HIS BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) O'RIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID \$	\$	% RATE	\$	OALENDAR YEAR PER ELECTION**

		*	•		
SUBTOTALS	\$ \$	Ф	Ψ		

DATE INCURRED

Schedule I Miscellaneous I	ncreases to Cash	Amounts may be rounded to whole dollars.	Chatananh	SCHEDULE
		•	Statement covers period from 01/01/2024	CALIFORNIA 460
SEE INSTRUCTIONS ON REV.	ERSE		through01/20/2024	Page 13 of 13
	n Clemente City Council 2022			f.D. NUMBER 1452835
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBE)	75	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Schedule I Summ	narv			
	cash this period.	=	¢ 0,00	
2. Unitemized increases	to cash of under \$100 this period.			·
3. Total of all interest rec	eived this period on loans made to others. (Sched	lule H. Column (e)	\$	
4. Total miscellaneous in Summary Page, Line t	Creases to cash this period (Add Lines 1 o 4	3. Enter here and on the	0.00	
