Ca	ecipient Committee ampaign Statement over Page				Date Stamp	CALIFORNIA 460
		Statement covers pe from01/01/20 through04/30/20	024	Date of election if applicable: (Month, Day, Year)	MAY 0 1 2024	Page 1 of 15 For Official Use Only
_				Cit	y Clerk Department	
1.	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee	B - Complete 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)	in the second se	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain Below)	☐ Quarterly S ☐ Special Oct	
3.	Committee Information	I.D. NUMBER 1452835		Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMM	AITTEE)		NAME OF TREASURER	· · · · · · · · · · · · · · · · · · ·	
	Victor Cabral for San Clemente City Cou	ncil 2022		Anna E. Cabral MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE AREA CODE/PHONE
	CITY	STATE ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	FANY	
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF	P.O. BOX		MAILING ADDRESS		
	CITY	STATE ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS annaecabral @gmail.com	was and a second se		OPTIONAL: FAX / E-MAIL ADDRESS annaecabral@gmail.com		
4.	Verification I have used all reasonable diligence in preparing certify under penalty of perjury under the laws of		the foregoing is true a _{By_} An			
	Executed onDATE	Parameter section 1	Ву	Signature of Controlling Officehold	ier, Candidate, State Measure Propone	ant
	Executed on		Ву	ograduo o contoning chicerote	on, candidate, ciale Measure Proporte	41 15-
	DATE	Aggregative and address of the same of the	<i></i>	Signature of Controlling Officehold	der, Candidate, State Measure Propone	ent

Recipient Committee Campaign Statement Cover Page - Part 2

	CO	VER PA	GE - PA	ART 2
CALIFO FO	ORNI RM	A <u>/</u>	16	0
Page	2	of	15	

5. Officeholder or Candidate Controlled Committee		6. Primarily Formed	Ballot Meas	ure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE Victor G. Cabral		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLI	CABLE)	BALLOT NO. OR LETTER	JURISDICTION		
City Council Member San Clemente City Co	ouncil 73	e u no sagre pe	-		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STA	ATE ZIP	Identify the controlli	ng officehold	der, candidate, or sta	ate measure proponent, if
Related Committees Not Included in this Statement: List any controlled by you or are primarily formed to	nmitteee ressive contributions or	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PRO	PONENT	
not included in this statement that are controlled by you or are primarily formed to make expenditures on behalf of your candidacy	receive communicity of	OFFICE SOUGHT OR HELD	-	DIS	STRICT NO. IF ANY
I.D. DAMA BATTIMMOS). NUMBER		e zani ke kirik ca ka ili punka kala dalam		
I -	ONTROLLED COMMITTEE? YES NO	 Primarily Formed officeholder(s) or cand 	Candidate/0 idate(s) for wh	Officeholder Commit nich this committee is p	tee <i>List names of</i> primarily formed.
COMMITTEE ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
DITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT
COMMITTEE NAME I.C	D. NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	□ OPPOSE ELD □ SUPPORT
	ONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	□ OPPOSE ELD □ SUPPORT
COMMITTEE ADDRESS (NO P.O. BOX)		-			OPPOSE
DITY STATE ZIP	CODE AREA				

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA FORM** 01/01/2024 04/30/2024 of ___15 through Page I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Victor Cabral for San Clemente City Council 2022

1452835

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$0.00	General Elections
2. Loans Received	0.00	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0.00	\$0.00	20. Contributions S 0.00 S 0.00
4. Nonmonetary Contributions	0.00	0.00	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	\$	\$0.00	21. Expenditures \$ 0.00 \$ 0.00
Expenditures Made			Expenditures Limit Summary for State Candidates
6. Payments Made Schedule E, Line 4	\$6,676.26	\$6,676.26	Canadates
7. Loans Made Schedule H, Line 3	0.00	0.00	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$6,676.26	\$6,676.26	(,),,_,
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00	5. (5
10. Nonmonetary Adjustment	0.00	0.00	Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 6,676.26	\$6,676.26	\$
Current Cash Statement		To calculate Column B,	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$6,263.11	add amounts in Column A to the corresponding	Ψ
13. Cash Receipts Column A, Line 3 above	0.00	amounts from Column B of your last report. Some amounts in Column A may	\$
14. Miscellaneous Increases to Cash Schedule I, Line 4	413.15	be negative figures that should be subtracted from	 \$
15. Cash Payments	6,676.26	previous period amounts. If this is the first report being	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$0.00_	filed for this calendar year, only carry over the amounts	
If this is a termination statement, Line 16 must be zero.		from Lines 2, 7, and 9 (if any).	
17. LOAN GUARANTEES RECEIVED. Schedule B, Line 2	\$0.00		*Amounts in this section may be different from amounts reported in Column B.
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 \$	0.00		FPPC Form 460 (Jan/2016) FPPC Advice; advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

	Contributions Received		ounts may be rounded to whole dollars.	Statem from through _	01/01/2 04/30/2			ORNIA 460 RM 4 15
SEE INSTRUCTION NAME OF FILER	NS ON REVERSE						I.D. NUMBER	
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 R THIS PE		CUMULATIV CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		IND						
		OTH PTY SCC			ga iya jan karan ya gaal			
Schedule	A Summary		<u> </u>			ſ	* Contributor (Codes
	eived this period - itemized monetary contributions.		\$	0.	00			ent Committee
	eived this period - unitemized monetary contributions of less th	nan \$100	\$	0.	00		OTH - Other (PTY - Politica	
	ary contributions received this period. and 2. Enter here and on the Summary Page, Column A, Line	e 1.) — — — —	TOTAL \$	0.	00	. [SCC - Small (Contributor Committee

Schedule B - Part 1 Loans Received		Amo	ounts may be round to whole dollars.	led			5	SCHEDULE B - PART
Loans Neceived			to whole dollars.	Γ	Statement cov	ers period	CALIFORN	460
					from01	/01/2024	FORM	400
SEE INSTRUCTIONS ON REVERSE					through04	/30/2024	Page5	of15
NAME OF FILER							I.D. NUMBER	
Victor Cabral for San Clemente City	Council 2022						14	52835
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 FORGIVEN THIS PERIOD **		(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS DATE
			3	PAID \$ FORGIVEN	\$	RATE	\$	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	s		\$		
* IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	i
Schedule B Summary								
1. Loans received this period	one of less than \$100.			5	0.00			***
(Total Column (b) plus unitemized lo	ans of less than \$100.)						* Contributor Cod	es
 Loans paid or forgiven this period (Total Column (c) plus loans under (Include loans paid by a third party the 		 hedule A.)			0.00			n PTY or SCC) ., business entity)

SUBTOTA	ALS\$	3	\$ \$	

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

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

SCC - Small Contributor Committee

0.00

(May be a negative number)

_ NET\$

Schedule B - Part 2 Loan Guarantors		Amounts may be roun to whole dollars.	ded	Statement co		CALIFORNIA 460		
				from01	/01/2024	FORM		
				through0	/30/2024	Page 6	of15	
NAME OF FILER Victor Cabral for San Clemente City Council 26)22			.		I.D. NUMBER 14528	335	
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 THI PERIOD	S CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	
	□ IND			LENDER		CALENDAR DATE		
	COM				4	PER ELECTION (IF REQUIRED)		
	PTY			DATE				
	U				-			

Enter on Summary Page. Line 17 only.

SUBTOTAL \$

Schedule	C tary Contributions Received		Amounts may be rounded to whole dollars.	i				SCHEDULE C
Nonnone	tary contributions neceived		to whole dollars.		Statem	ent covers period	CALIFORN	IA 460
					from	01/01/2024	FORM	400
SEE INSTRUCTIO	NS ON REVERSE				through .	04/30/2024	_ Page7	of15
NAME OF FILER							I.D. NUMBER	
Victor Cabra	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)		PTION OF R SERVICES	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		A second				* Contributor Codes	
(Include all S 2. Amount reco 3. Total nonmo	eived this period - itemized nonmonetary contribution Schedule C subtotals.)	itions of less tha	n \$100)	.00	IND - Individual COM - Recipient Com (other than PT OTH - Other (e.g., bus PTY - Political Party SCC - Small Contribu	Y or SCC) siness entity)
	and 2. Enter here and on the Summary Page, Colu	mn A, Lines 4 a	nd 10.)	_TOTAL S	\$ <u> </u>	.00		
					SUBTOTAL \$	}		

Schedule Summary Supporti	D of Expenditures ng/Opposing Other	Amounts ma to whole	y be rounded e dollars.		Statement covers per	iod	CALIFORNIA 460		
Candidat	es, Measures, and Committees			froi	n01/01/202	24	FOR	M	
				thro	ough04/30/202	.4	Page	8 of _	15
Victor Cabi	ral 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	TIVE TO DATE NDAR YEAR 1 - DEC. 31)	PER ELECTION (IF REC	
02/14/2024	Margarita Wilkinson for Congress DISTRICT #:	X Monetary Contribution Nonmonetary Contribution Independent Expenditure			250.00		250.00	250.00	G-2022
	X Support Dppose	Experiditure							
SCHEDULI	E D SUMMARY								
1. Itemized c	ontributions and independent expenditures made this per	iod. (Include all Sche	edule D subtotals.) 👤			:		\$250	0.00
2. Unitemized	d contributions and independent expenditures made this p	period of under \$100						\$0.	00
3. Total contr	ibutions and independent expenditures made this period.	(Add Lines 1 and 2.	Do not enter on the S	umma	ry Page.)		TOTAL	\$250	0.00

SUBTOTAL \$

250.00

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA** 01/01/2024 from 04/30/2024 15 through I.D. NUMBER 1452835

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

NAME OF FILER

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	PRO		100.00
Integrated Solutions: Political 4142 Adams Avenue Sulte 103-550 San Diego, CA 92116	PRO		100.00
Margarita Wilkinson for Congress 401 North Coast Highway Oceanside, CA 92054 ID: FILING FEC-1757107	PRO		250.00
Integrated Solutions: Political 4142 Adams Avenue Sulte 103-550 San Diego, CA 92116	PRO		100.00
* Payments that are contributions or independent expenditures must also be summarized on Schedu	le D.	SUBTOTAL \$	550.00

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

SCHEDULE E

Payments Made	to whole dollars.	Statement covers period		CALIFORNIA 460	
		from	01/01/2024	FORM	400
SEE INSTRUCTIONS ON REVERSE		through _	04/30/2024	Page10 or	15
NAME OF FILER				I.D. NUMBER	
Victor Cabral for San Clemente City Council 2022				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)* 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
California Outdoor Graphics 3309 S Main St Santa Ana, CA 92707	СМР		650.00
California Outdoor Graphics 3309 S Main St Santa Ana, CA 92707	СМР		644.61
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	PRO		100.00
The Lincoln Club of Orange County Issues PAC 17542 17th Street Tustin, CA 92780 ID: 1340182	FND		4,250.00
* Payments that are contributions or independent expenditures must also be summarized on Schedul	le D.	SUBTOTAL \$	5,644.61

Schedule E	Amounts may be rounded to whole dollars.	SCHEDUL				
Payments Made	to whole dollars.	Statement covers period	CALIFORNIA	AC		
		from01/01/2024	CALIFORNIA FORM	40		
		through04/30/2024	Page11 o	f15		
SEE INSTRUCTIONS ON REVERSE						
NAME OF FILER			I.D. NUMBER			
Victor Cabral for San Clemente City Council 2022			145283	5		

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

MBR member communications

OFC office expenses

PRT print ads

PET petition circulating

MTG meetings and appearances

PHO phone banks
POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

i .							
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT		AMOUNT PAID			
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E subtotals.) .			\$	6,194.61			
2. Unitemized payments made this period of under \$100			\$	481.65			
3. Total interest paid this period on loans. (Enter amount from Schedule B, F	Part 1, Column (e	9).)	\$	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 \$	6,676.26			
* Payments that are contributions or independent expenditures must also be summarized on Schedul	e D.		SUBTOTAL \$	0.00			

RAD radio airtime and production costs

TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals

WEB information technology costs (internet, e-mail)

TSF transfer between committees of the same candidate/sponsor

RFD returned contributions

VOT voter registration

SAL campaign workers' salaries

CMP campaign paraphernalia/misc.

LIT campaign literature and mailings

CTB contribution (explain nonmonetary)*

IND independent expenditure supporting/opposing others (explain)*

CNS campaign consultants

FIL candidate filing/ballot fees

CVC civic donations

LEG legal defense

FND fundraising events

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.		Statement covers	period CAL	SCHEDULE F
			from01/01/		ORM 40U
SEE INSTRUCTIONS ON REVERSE			through04/30/	/2024 Page	e12 of15
Victor Cabral for San Clemente City Council 2022				I.D. NUM	BER 1452835
CODES: If one of the following codes accurately describes the payr 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	Ment, you may enter the 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	ications learances research and messenger services	RAD radio airtir RFD returned c SAL campaign TEL t.v. or cabl TRC candidate TRS staff/spous TSF transfer be VOT voter regis	workers' salaries e airtime and production c travel, lodging, and meals se travel, lodging, and mea stween committees of the s	als same 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 AT CLOSE OF THIS PERIOD
SCHEDULE F SUMMARY					
 Total accrued expenses incurred this period. (Include all Schedule F, Colu accrued expenses of \$100 or more, plus total unitemized accrued expenses 	mn (b) subtotals for es under \$100.)		II	ICURRED TOTALS	\$0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column accrued expenses of \$100 or more, plus total unitemized payments on acc		00 \		PAID TOTALS	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference hon the Summary Page, Column A, Line 9.)	here and			NET	\$0.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from01/01/2024 through04/30/2024	CALIFORNIA 46 FORM
Victor Cabral for San Clemente City Council 2022			I.D. NUMBER 1452835
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
CODES: If one of the following codes accurately describes the parameter 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	Ayment, you may enter the code. Otherwise, do 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 productio RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging	oduction costs and meals I, and meals es of the same candidate/sponsor

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

* 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*		Amo	ounts may be rounde to whole dollars.	ed .				SCHEDULE
Louis made to other				1	Statement c	overs period	CALIFORNI	⁴ 460
					from	01/01/2024	FORM	400
					through	04/30/2024	Page 14	of <u>15</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Producer durant system and resident (MERS and Planta and polyber and the control of the control				OTE CENTER IN TO THE OTE CONSCIOUS WARRANCE WITH A		LD MUMBER	
Victor Cabral for San Clemente City	Council 2022						I.D. NUMBER 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 (FORGIVENESS T PERIOD *		SE RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID \$ FORGIVEN	\$	- RATE	\$	CALENDAR YEAR S PER ELECTION**
	1		1		1	1	1	1

SUBTOTALS \$ \$ \$

SEE INSTRUCTIO	eous Increases to Cash	Amounts may be rounded to whole dollars.		Statement cover		CALIFORNIA 460 FORM of 15
Victor Cabr	al 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)		DESCR	RIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
04/01/2024	Victor G. Cabral, Candidate					413.15
	I Summary				449.45	4 Management & Market and Market
 Itemized in 	creases to cash this period.			\$	413.15	-
2. Unitemized	increases to cash of under \$100 this period.			\$	0.00	
3. Total of all i	nterest received this period on loans made to others. (Schedule H, Column	n (e).)		\$	0.00	
	llaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here a Page, Line 14.)	and on the		TOTAL ¢	413 15	