C	cipient Committee mpaign Statement ver Page					Date Stamp	CALIFORNIA 460	
		froi	07/01/2 n09/21/2	024	Date of election if applicable: (Month, Day, Year) 11/05/2024		Page1	ofOfficial Use Only
1.	Type of Recipient Committee	B'All Committees – Comp	ete Parts 1, 2, 3, and 4		2. Type of Statement:			_
	Officeholder, Candidate Controlled Comm State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Comm Comm Comm Comm Comm Comm Comm Comm	ily Formed Ballot Measure ittee ontrolled oonsored Complete Part 6) ly Formed Candidate/ older Committee Complete Part 7)		Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain Below)	Quarterly Special Oc		
3.	Committee Information	I.D. NUI	MBER 1469516		Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NA	·	COUNCIL 2024		NAME OF TREASURER BRIANA BILBRAY 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	ANY		
	MAILING ADDRESS (IF DIFFERENT) NO.	AND STREET OR P.O. BO	х		MAILING ADDRESS			
	CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDRESS BRIANA@BBCAMPAIGNS.COM			
4.	Verification I have used all reasonable diligend certify under penalty of perjury under penalty of pena	der the laws of the S	eviewing this statem ate of California tha	t the foregoing is tr <u>ue a</u>	my knowledge the information conta and correct.	ained herein and in the attac	ched schedules i	s true and complete. I
	Executed on 09/26/2024	DATE DATE	_	By Signa	Signature of Treasurure of Controlling Officeholder, Candidate, Sta	rer or Assistant Treasurer te Measure Proponent or Responsibl	e Officer of Sponsor	
	Executed on	DATE	_	Ву	Signature of Controlling Officeholde	er, Candidate, State Measure Propon	ent	
	Executed on	DATE	_	Ву	Signature of Controlling Officeholds	er, Candidate, State Measure Propon	ent	

Recipient Committee Campaign Statement Cover Page - Part 2

	COVE	R PA	GE - PART 2
CALIFO			160
FOR	VI		
Domo	2	-4	26
Page		of _	20

5. Officeholder or Candidate Controlled Co	ommittee		6. Primarily Formed	Ballot Meas	ure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
RICK LOEFFLER							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION			SUPPORT
CITY COUNCIL MEMBER CITY	OF SAN CLEMENTE	3					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP	Identify the controlli any.	ng officehold	der, candidate, or	state measure	proponent, if
Related Committees Not Included in this Statement included in this statement that are controlled by you or are promake expenditures on behalf of your candidacy			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PRO	PONENT	DISTRICT NO. IF AN	Y
COMMITTEE NAME	I.D. NUME	LLED COMMITTEE?	7. Primarily Formed				
	☐ YE	s no	officeholder(s) or cand	idate(s) for wh	nich this committee	is primarily form	ned.
	ESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	DR HELD	SUPPORT OPPOSE
	ATE ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	DR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUME	3ER	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	DR HELD	SUPPORT
NAME OF TREASURER	CONTRO	LLED COMMITTEE? S NO	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	DR HELD	OPPOSE
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O. BOX)						SUPPORT OPPOSE
CITY ST.	ATE ZIP CODE	AREA					

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024

RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024					<u> </u>	409510
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Su Running in Both t	he State Prin	andidates nary and
1. Monetary Contributions Schedule A, Line 3	\$20,510 . 81	\$	27,240.13	General Elections		_
2. Loans Received Schedule B, Line 3	0.00	_	10,100.00	1/1 tł	nrough 6/30	7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$8 <u>81</u>	\$	37,340.13	20. Contributions Received	0.00	\$ 0.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	_	0.00			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	s20,510 <u>.</u> 81	\$	37,340.13	21. Expenditures Made \$	0.00	\$
Expenditures Made				Expenditures Lim	it Summary	for State
6. Payments Made Schedule E, Line 4	\$ <u>10,956.66</u>	\$	25,418.67	Canadates		
7. Loans Made Schedule H, Line 3	0.00	_	0.00		ative Expenditu Voluntary Expenditu	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	s10,956.66	\$	25,418.67	(m Subject to	Torumary Expenditu	ii o Liiilly
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	187.50	_	187.50			
10. Nonmonetary Adjustment	0.00		0.00	Date of Election (mm/dd/yy)	То	tal to Date
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>11,144.16</u>	\$	25,606.17		\$	
Current Cash Statement		To cak	culate Column B,		_	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$2,367 <u>.</u> 31	add an	nounts in Column e corresponding		_	
13. Cash Receipts Column A, Line 3 above	20,510.81	of your	its from Column B last report. Some		\$	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	be neg	its in Column A may pative figures that be subtracted from		\$	
15. Cash Payments Column A, Line 8 above	10,956.66	previou	us period amounts. If the first report being		\$	

11.921.46

0.00

0.00

10,287.50

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

See instructions on reverse

Add Line 2 + Line 9 in Column B above

Schedule B, Line 2 \$

this is the first report being filed for this calendar year,

only carry over the amounts from Lines 2, 7, and 9 (if any).

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

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

16. ENDING CASH BALANCE

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

17. LOAN GUARANTEES RECEIVED.....

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....

19. Outstanding Debts

Schedule A Monetary Contributions Received		Am	ounts may be rounded to whole dollars.	Statement covers from07/01/2 through09/21/2	2024	CALIFORNIA 460 FORM of 26		
SEE INSTRUCTION	NS ON REVERSE					I.D. NUMBER	•	
RICK LOEF	FLER FOR SAN CLEMENTE CITY COUNCIL 2024					I,D, NOMBER	1469516	
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 1600 NORTH MAIN STREET	□ IND		2,000.00	2,00	0.00	2,000 . 00 G-2024	
09/17/2024	SANTA ANA, CA 92706 ID: 782021	OTH PTY SCC						
09/13/2024	MIKE BARTH	IND COM OTH PTY SCC	CONSTRUCTION EXECUTIVE JEZOWSKI AND MARKEL CONTRACTORS INC	105.24	105	105 . 24 G-2024		
07/10/2024	CORD BAUER	IND COM OTH PTY SCC	BUSINESS OWNER SELF - CORD BAUER	209.95	209). 95	209.95 G-2024	
07/08/2024	NICHOLAS BERKUTA	IND COM OTH PTY SCC	RETIRED RETIRED	105,24	105,24 105,24		105,24 G-2024	
07/26/2024	CAROL BONNER	IND COM OTH PTY SCC	RETIRED RETIRED	100.00	100	0.00	100,00 G-2024	
			SUBTOTAL \$	2,520.43				
			SUBTUTAL \$	2,320,43				

Schedule Monetary	A Contributions Received	Amo	ounts may be rounded to whole dollars.	Statement covers		CALIFORNIA 460			
				from07/01/2024		5 26			
SEE INSTRUCTION NAME OF FILER	INS ON REVERSE FLER FOR SAN CLEMENTE CITY COUNCIL 2024			through		Page _	v _'		
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)			AR YEAR	PER ELECTION TO DATE (IF REQUIRED)		
07/10/2024	MICHELLE BROOKS	IND COM OTH PTY SCC	HOMEMAKER HOMEMAKER	250.00	250	.00	250 . 00 G-2024		
08/23/2024	DONALD BROWN	IND COM OTH PTY SCC	RETIRED RETIRED	100.00	100.00		100.00		100 <u>.</u> 00 G-2024
09/05/2024	BUSINESS FOR A BETTER SAN CLEMENTE 1100 NORTH EL CAMINO REAL SAN CLEMENTE, CA 92672 ID: 882300	IND SCC		3,500,00	3,50	0.00	3,500 . 00 G-2024		
07/26/2024	CHRISTOPHER BUTLER	IND COM OTH PTY SCC	DEVELOPER BOND DESIGN BUILD	500.00	500,00 500.00		500 . 00 G-2024		
CAPISTRANO SHORES, INC. 1880 NORTH EL CAMINO REAL SAN CLEMENTE, CA 92672		IND COM SOTH STY SCC		1,000,00	1,00	0.00	1,000 . 00 G-2024		
			SUBTOTAL \$	5,350.00					

Schedule Monetary	A Contributions Received	Am	ounts may be rounded to whole dollars.	Statement covers period 67/01/2024 69/21/2024		CALIFORNIA 460				
SEE INSTRUCTIONS ON REVERSE										
RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024 1469516										
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	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)			
	JOHN CONLEY	X IND	RETIRED	262,30	262,30		000 00 0 0004			
08/17/2024		COM OTH PTY SCC	RETIRED				262,30 G-2024			
CAMERON COSGROVE		I IND	RETIRED	262,30	786	3,38	786 <u>,</u> 38 G-2024			
08/19/2024		OTH SCC	RETIRED				700,00 0-2024			
	SCOTT DIENER	▼ IND	BUSINESS OWNER	250.00 250.		0.00	250 . 00 G-2024			
07/10/2024		OTH OTH SCC	PRO FRANCHISE ADVISORS				200,00 G 2024			
	LISA EDONE	⊠ IND	MEDICAL SALES	524.08	524	1.08	524 . 08 G-2024			
07/11/2024		OTH OTH SCC	SUNEVA MEDICAL				524,00 G-2024			
	WAYNE EGGLESTON	⊠ IND	BUSINESS OWNER	250.00	250	0,00	250,00 G-2024			
07/10/2024		COM OTH PTY SCC	APPRAISAL RESIDENTIAL				250,00 G-2024			
			SUBTOTAL \$	1,548.68						

	Schedule A Monetary Contributions Received		ounts may be rounded to whole dollars.	SCHE					
Wonetary	Contributions neceived			Statement covers		FO	ORNIA 460		
				through09/21/	2024	Page _	7 of 26		
SEE INSTRUCTION NAME OF FILER	ONS ON REVERSE					I.D. NUMBER	₹		
RICK LOEF	FLER FOR SAN CLEMENTE CITY COUNCIL 2024						1469516		
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 =	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)		
	GARY GIACOMINI	X IND	BUSINESS OWNER	524.08	524,08		504.00.0.0004		
08/15/2024	COM RINCON TRUCK CENTER, INC PTY SCC					524 . 08 G-2024			
	SHARI GRACE	⊠ IND	ASSOCIATE DIRECTOR	105.24	105	.24	105 . 24 G-2024		
08/29/2024		COM OTH PTY SCC	ALCON				105 <u>.</u> 24 G-2024		
	DIANE HARKEY	I IND	BUSINESS OWNER	150.00	150.00		150,00 G-2024		
07/10/2024		OTH OTH SCC	SELF - DIANE HARKEY	DIANE HARKEY					
	JOSEPH JANIS	⊠ IND	ELECTRICAL CONTRACTOR	500.00	500	.00	500 . 00 G-2024		
07/10/2024		COM OTH PTY SCC	ELO ELECTRIC				000,00 4 2024		
	DONNA KALEZ	⊠ IND	coo	250.00	250	0.00	250,00 G-2024		
08/28/2024		COM OTH PTY SCC	SAN CLEMENTE SPORTFISHING				200,00 (7-2024		

1,529.32

SUBTOTAL \$

Schedule A Monetary Contributions Received		Ame	ounts may be rounded to whole dollars.	Statement covers from07/01/2 through09/21/2	2024	CALIFORNIA 460 FORM of 26		
NAME OF FILER						I.D. NUMBER	ł	
RICK LOEF	FLER FOR SAN CLEMENTE CITY COUNCIL 2024						1469516	
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 CALEND (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	RICHARD LAWIN	X IND	RETIRED	105 . 24	105	5,24		
07/28/2024		COM OTH PTY SCC	RETIRED				105 . 24 G-2024	
	CHRISTY MACBRIDEHART	X IND	RETIRED	100.00	100	0.00		
09/07/2024		OTH OTH SCC	RETIRED				100 . 00 G-2024	
	AUDREY MACKINTOSH	X IND	BUSINESS EXECUTION CONSULTANT	100.00	100	0.00		
07/10/2024		OTH OTH SCC	WELLS FARGO				100,00 G-2024	
	SARA MARTIN	X IND	REALTOR	105,24	105	5,24	405.04.0.004	
08/01/2024		OTH OTH SCC	SARA MARTIN LUXURY, LLC				105 . 24 G-2024	
	ALLISON MAUVEZIN	▼ IND	RETIRED	1,000 <u>.</u> 00	1,00	0.00	1 000 00 0 0004	
07/10/2024		OTH PTY SCC	RETIRED				1,000 . 00 G-2024	
			SUBTOTAL \$	1,410.48				

	Schedu l e A Monetary Contributions Received		ounts may be rounded to whole dollars.	Statement covers	CALIF	SCHEDULE	
				from07/01/		FO	
				through09/21/	2024	. Page <u>9</u> of <u>26</u>	
SEE INSTRUCTION	NS ON REVERSE					I,D, NUMBER	•
RICK LOEF	FLER FOR SAN CLEMENTE CITY COUNCIL 2024					IJ, NOMBER	1469516
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)
	ROBERT MERCER	⊠ IND	RETIRED	200,00	200.00		200,00 G-2024
07/10/2024		OTH OTH SCC	RETIRED				
	JIM NIELSEN	IND COM OTH PTY SCC	RETIRED	100.00 100		.00	100 . 00 G-2024
07/02/2024			RETIRED				
	ORANGE COUNTY PROFESSIONAL FIREFIGHTERS ASSN. 1342 BELL AVENUE STE A	☐ IND		5,500.00 5,8		0.00	5,500 . 00 G-2024
09/20/2024	TUSTIN, CA 92780	IBOTH					
	ID: 950925	SCC					
	PAUL PICA	X IND □ COM	PRESIDENT & COO	500.00	500	.00	500,00 G-2024
08/29/2024		OTH PTY SCC	CSI ELECTRICAL		•		
	KEN POCZEKAJ	☑ IND	RETIRED	524.08	524	.08	524.08 G-2024
07/07/2024		OTH PTY SCC	RETIRED				
			SUBTOTAL \$	6,824.08			

Schedule A Monetary Contributions Received		Ame	ounts may be rounded to whole dollars.	Statement covers from07/01/2 through09/21/2	2024	CALIFORNIA 460 FORM Page 10 of 26		
SEE INSTRUCTIO	NS ON REVERSE			anough				
RICK LOEF	FLER FOR SAN CLEMENTE CITY COUNCIL 2024					I,D, NUMBER	1469516	
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)	
	KEN RIECKER	X IND	RETIRED	250.00	250	0.00		
07/11/2024		COM OTH PTY SCC	RETIRED				250.00 G-2024	
	TOM STREETER	X IND	RETIRED	100.00	100	0.00	400 00 0 0004	
08/15/2024		OTH SCC	RETIRED				100 . 00 G-2024	
	RAYMOND TUCKER	▼ IND	RETIRED	105.24	105	5,24	105.04.0.0004	
07/12/2024		COM OTH PTY SCC	RETIRED				105,24 G-2024	
	TERI WEBSTER	▼ IND	RETIRED	400.00	400	0.00	400 . 00 G-2024	
07/10/2024		COM OTH PTY SCC	RETIRED				400 <u>.</u> 00 G-2024	
		□ IND						
		COM OTH PTY SCC						
			SUBTOTAL \$	855.24				

Schedule		Amo		SCHEDULE /				
Monetary	Contributions Received	to whole dollars.		Statem	ent covers 07/01/	period 2024	CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE			through .	09/21/	2024	Page _	11 of 26
NAME OF FILER	FLER FOR SAN CLEMENTE CITY COUNCIL 2024		•				I.D. NUMBER	1469516
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 F THIS P		CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH SCC						
Schedu l e .	A Summary					Г	* Contributor	Codes
1. Amount reco	eived this period - itemized monetary contributions.		\$	20,0	38.23	.		ent Committee
2. Amount rec	eived this period - unitemized monetary contributions of less th	nan \$100	\$	47	2.58		OTH - Other (than PTY or SCC) (e.g., business entity)
	Total monetary contributions received this period. add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)						PTY - Politica SCC - Small (Contributor Committee

Schedule B - Part	1
Loans Received	

SCHEDULE B - PART 1

CALIFORNIA FORM

Statement covers period

CITY OF SAN CLEMENTE CITY OF SAN CLEMENTE CITY OF SAN CLEMENTE CITY COUNCIL MEMBER CITY COUNCIL MEMB						from07/	01/2024	FORM	700
100,000 12/31/2024 100,000 100,000 100,000 100,000 12/31/2024 100,000	SEE INSTRUCTIONS ON REVERSE					through09/	21/2024	Page 12	of <u>26</u>
FULL NAME. STREET ADDRESS AND ZPCODE OF LENDER (II) COUPATION AND BMR/LOYER (II) COUPATION AND BMR/LOYER (III) COUPATION AND B	NAME OF FILER							I.D. NUMBER	
FULL NAME, STEET ADDRESS AND ZIP CODE OF LENDER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RICK LOEFFLER CITY OF SAN CLEMENTE CITY COUNCIL MEMBER CITY COUNCIL MEMBER CITY OF SAN CLEMENTE CITY OF SAN CLEMENTE CITY COUNCIL MEMBER CITY CO	RICK LOEFFLER FOR SAN CLEMEN	ITE CITY COUNCIL 2024						1469	516
S 100,00 S	ZIP CODE OF LENDER	OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME	BALANCE BEGINNING THIS	RECEIVED THIS	FORGIVEN THIS	BALANCE AT CLOSE	PAID THIS	AMOUNT OF	CONTRIBUTIONS TO
\$ 100,00 \$ 0.00	RICK LOEFFLER				\$ 0.00	\$100,00	0,00	\$100.00	\$ 10,100.00 PER ELECTION**
CITY COUNCIL MEMBER CITY COUNCIL MEMBER S 5,000.00 S 0.00 S 0.00 DATE DUE CITY COUNCIL MEMBER CITY OF SAN CLEMENTE CITY COUNCIL MEMBER S 5,000.00 S 0.00 S 0.00 DATE DUE CITY COUNCIL MEMBER CITY COUNCIL MEMBER S 5,000.00 S 0.00 DATE DUE CALENDAR YEAR S 10,100.00 PER ELECTION** 10,100.00 PER ELECTION** 10,100.00 PER ELECTION** 10,100.00 G-202* 10,100.00 PER ELECTION** 10,100.00 G-202* 10,100.00 G-202*			\$	\$	-		\$	l ——	
*XIND COM OTH PTY SCC CITY OF SAN CLEMENTE CITY COUNCIL MEMBER CITY COUNCIL MEMBER S 5,000.00 \$ 0.00 \$ 5,000.00 \$ 0.00	RICK LOEFFLER				\$ 0.00	\$5,000.00	0,00	\$ 5,000.00	\$ 10,100.00
CITY COUNCIL MEMBER CITY COUNCIL MEMBER S 5,000.00 \$ 0.0	*▼IND □ COM □OTH □ PTY□ SCC		\$5,000.00	\$	\$0.00		\$		
5 5,000,00 5 0.00 5 0.00 12/31/2024 5 0.00	RICK LOEFFLER				\$ 0.00	\$5,000.00	0,00	\$ 5,000.00	\$ 10,100.00
	*▼IND □ COM □OTH □ PTY□ SCC		\$5,000.00	\$	\$0.00		\$		
PAID S S S S S S S S S			\$	\$	\$FORGIVEN	\$	RATE	\$	\$ 0.00
* IND COM OTH PTY SCC DATE INCURRED	* IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
SUBTOTALS \$ 0.00 \$ 0.00 \$ 10,100.00 \$ 0.00			SUBTOTALS	\$ 0.00	\$ 0.00	\$ 10,100.00	\$ 0.00		

Schedule B - Part	1
Loans Received	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

FULL NAME, STREET ADDRESS AND

ZIP CODE OF LENDER

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

RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024

IF INDIVIDUAL, ENTER

OCCUPATION AND EMPLOYER

(IF SELF- EMPLOYED, ENTER NAME

OF BUSINESS)

Amounts may be rounded to whole dollars.

(b) AMOUNT

RÉCEIVED THIS

PERIOD

PAID

SCHEDULE B - PART 1 Statement covers period **CALIFORNIA** FORM 07/01/2024 from 09/21/2024 26 through I.D. NUMBER 1469516 (c) AMOUNT PAID OR (e) INTEREST (d) OUTSTANDING (f) ORIGINAL (g) CUMULATIVE CONTRIBUTIONS TO FORGIVEN THIS BALANCE AT CLOSE PAID THIS AMOUNT OF PERIOD ** OF THIS PERIOD PERIOD LOAN DATE CALENDAR YEAR 0,00 0.00 PER ELECTION** RATE FORGIVEN DATE INCURRED * Contributor Codes

IND COM OTH PTY SCC				DATE DUE	
Schedule B Summary					
1. Loans received this period			 \$	0.00	
(Total Column (b) plus unitemized lo	ans of less than \$100.)				
2. Loans paid or forgiven this period			\$	0.00	
(Total Column (c) plus loans under			 v		
(Include loans paid by a third party the	hat are also itemized on Sc	nedule A.)			
3. Net change this period. (Subtract Li	ne 2 from Line 1.)		 NET\$	0.00	
Enter the net here and on the Sumr	nary Page, Column A, Line	2	-	(May be a negative nur	mber)

(a) OUTSTANDING

BALANCE

BEGINNING THIS

PERIOD

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 \$ 0.00 \$ 0.00

Schedule B - Part 2		Amounts may be roun to whole dollars.	nded			SCH	HEDULE B - PART 2
Loan Guarantors		to whole dollars.		Statement co	vers period	CALIFORN FORM	A 160
				from0	7/01/2024	FORM	400
SEE INSTRUCTIONS ON REVERSE				through0	9/21/2024	Page14	of26
NAME OF FILER RICK LOEFFLER FOR SAN CLEMENTE CITY C	OUNCIL 2024					I,D, NUMBER 1469	516
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		1	LENDER		\$PER ELECTION	
	OTH OTH SCC			DATE		(IF REQUIRED)	

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024 DATE PULL NAME, STREET ADDRESS AND 2P CODE OF CONTRIBUTOR COUNTIBUTOR (IF COMMITTEE, ALSO ENTER LD, NAMBER) OOCUPATION AND EMPLOYER OF BUSINESS) IND COM OTH IND COM OTH PTY SCC SCHEdule C Summary Page 15 of 26 LID, NUMBER LID, NUMBER LID, NUMBER LID, NUMBER 1469516 CUMILITATIE TO DATE (IF RELECTION OF OCCUPATION AND EMPLOYER) DESCRIPTION OF OCCUPATION AND EMPLOYER OCCUPATION OCCUPATION AND EMPLOYER OCCUPATION OCCUPATION AND EMPLOYER OCCUPATION OCCUPATION AND EMPLOYER OCCUPATION OCCU	Schedule C		Amounts may be rounded						SCHEDULE	
SEE INSTRUCTIONS ON REVERSE NAME OF FLER RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024 RICK LOEFFLER FOR SAN CLEMENT FOR SAN CLEMENT FOR SAND 2000 CONTRIBUTOR COUNCIL 2024 RICK LOEFFLER FOR SAN CLEMENT FOR SAND 2000 CONTRIBUTOR COUNCIL 2024 RICK LOEFFLER FOR SAN CLEMENT FOR SAND 2000 CONTRIBUTOR COUNCIL 2024 RICK LOEFFLER FOR SAN CLEMENT FOR SAND 2000 CONTRIBUTOR COUNCIL 2024 RICK LOEFFLER FOR SAN CLEMENT FOR SAND 2000 CONTRIBUTOR COUNCIL 2024 RICK LOEFFLER FOR SAN CLEMENT FOR SAND 2000 CONTRIBUTOR COUNCIL 2024 RICK LOEFFLER FOR SAN CLEMENT FOR SAND 2000 CONTRIBUTOR COUNCIL 2024 RICK LOEFFLER FOR SAN CLEMENT FOR SAND 2000 CONTRIBUTOR COUNCIL 2024 RICK LOEFFLER FOR SAN CLEMENT FOR SAND 2000 CONTRIBUTOR COUNCIL 2024 RICK LOEFFLER FOR SAN CLEMENT FOR SAND 2000 CONTRIBUTOR COUNCIL 2024 RICK LOEFFLER FOR SAN CLEMENT FOR SAND 2000 CONTRIBUTOR COUNCIL 2024 RICK LOEFFLER FOR SAN CLEMENT FOR SAND 2000 CONTRIBUTOR COUNCIL 2024 RICK LOEFFLER FOR SAND 2000 COUNCIL 2	Nonmonetary Contributions Received		to whole dollars.			Staten	nent covers period	CALIFORNIA / C		
SEE INSTRUCTIONS ON REVERSE NAME OF FLER RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024 LID, NUMBER 1469516 LID, NUMBER 1469516 LID, NUMBER 1469516 LID, NUMBER 1469516 CONTRIBUTOR RECEIVED AND 2P CODE of CONTRIBUTOR (IP COMMITTEE, ALSO ENTER LID, NUMBER) CONTRIBUTOR CODE IND COM OTH PRY SCC SCC SCHEDULE C Summary 1. Amount received this period - intermized nonmonetary contributions of less than \$100 2. Amount received this period - unitermized nonmonetary contributions of less than \$100 3. Total nonmonetary contributions received this period - unitermized nonmonetary contributions of less than \$100 3. Total nonmonetary contributions received this period - unitermized nonmonetary contributions of less than \$100 3. Total nonmonetary contributions received this period - unitermized nonmonetary contributions of less than \$100 3. Total nonmonetary contributions received this period - unitermized nonmonetary contributions of less than \$100 3. Total nonmonetary contributions received this period - unitermized nonmonetary contributions of less than \$100 3. Total nonmonetary contributions received this period - unitermized nonmonetary contributions of less than \$100 3. Total nonmonetary contributions received this period - unitermized nonmonetary contributions of less than \$100 3. Total nonmonetary contributions received this period - unitermized nonmonetary contributions of less than \$100 3. Total nonmonetary contributions received this period - unitermized nonmonetary contributions of less than \$100 3. Total nonmonetary contributions received this period - unitermized nonmonetary contributions of less than \$100 3. Total nonmonetary contributions received this period - unitermized no						from	07/01/2024	FORM	400	
NAME OF FLER RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024 1469516 1469516 1469516						through	09/21/2024	_ Page15	_ of26	
RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024 FULL NAME, STREET ADDRESS COUNTING TO AND EMPLOYER (IF COMMITTEE ALSO ENTER I.D. NUMBER) CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER) CONTRIBUTOR (IF SELF-EMPLOYED, BATER NAME OGODS OR SERVICES AMOUNT/FAIR MARKET VALUE CALENDARY PERR (JAN. 1 - DEC. 31) PER BLEETING MARKET VALUE CONTRIBUTOR (IF REQUIRED) COMMITTEE ALSO ENTER I.D. NUMBER) CONTRIBUTOR (IF REQUIRED) COMM		NS ON REVERSE						LD. NUMBER		
DATE RECEIVED AND ZEP COLOR OF CONTINUOUS (IF COMMITTEE, ALSO ENTER LD, NUMBER) PER LECTION (IF COMMITTEE, ALSO ENTER LD, NUMBER)	RICK LOEF	FLER FOR SAN CLEMENTE CITY COUNCI	L 2024					1	516	
Schedule C Summary Scc IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND Individual COM Recipient Committee Cother than PTY or SCC IND - Individual COM - Recipient Committee Cother than PTY or SCC IND - Individual COM - Recipient Committee Cother than PTY or SCC IND - Individual COM - Recipient Committee Cother than PTY or SCC IND - Individual COM - Recipient Committee Cother than PTY or SCC CTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee Cother than PTY or SCC CTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee Cother than PTY or SCC CTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee Cother than PTY or SCC CTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee Cother than PTY or SCC CTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee CTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee CTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee CTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee CTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee CTH - Other (e.g., business entity) SCC - Small Contributor Committee CTH - Other (e.g., business entity) SCC - Small Contributor Committee CTH - Other (e.g., business entity) SCC - Small Contributor Committee CTH - Other (e.g., business entity) SCC - Small Contributor Committee CTH - Other (e.g., business entity) SCC - Small Contributor Committee CTH - Other (e.g., business entity) SCC		AND ZIP CODE OF CONTRIBUTOR		OCCUPATION AND EMPLOYER (IF SELF= EMPLOYED, ENTER NAME				CALENDAR YEAR	TO DATE	
Schedule C Summary 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 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.)			☐ сом □ отн							
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 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.)			COM							
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 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.)			□ сом □ отн							
(Include all Schedule C subtotals.) \$ 0.00 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 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.)	Schedule	C Summary	•					* Contributor Codes		
	(Include all \$ 2. Amount rec 3. Total nonme	Schedule C subtotals.)	utions of less tha		\$	\$	0.00	IND - Individual COM - Recipient Com (other than PT OTH - Other (e.g., bus PTY - Political Party	Y or SCC) siness entity)	
SURTOTAL \$										

Supportin	e D y of Expenditures ng/Opposing Other es, Measures, and Committees	Amounts may be rounded to whole dollars.			Statement covers period from 07/01/2024			CALIFORNIA 460		
				throu	igh09/21/202	24	Page	16 of 26		
RICK LOEF	FFLER FOR SAN CLEMENTE CITY COUNCIL 2024						I.D. NUMBER 1469516			
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 TO DATE (IF REQUIRED)		
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure								
	E D SUMMARY							¢ 0,00		
	ontributions and independent expenditures made this peri d contributions and independent expenditures made this p		dule D subtotals.) –					¢ 0.00		
	ributions and independent expenditures made this period.		Do not enter on the Si	– – – ummary			TOTAL	Ψ		

SUBTOTAL \$

Schedule I	Ε
Payments	Made

	SCHEDULE E
Statement covers period	CALIFORNIA / CO
from07/01/2024	FORM 400
through09/21/2024	Page17 of26
	I.D. NUMBER 1469516

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024

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)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$					
EFUNDRAISING CONNECTIONS 2831 G STREET SUITE 200 SACRAMENTO, CA 95816	OFC		38,58		
EFUNDRAISING CONNECTIONS 2831 G STREET SUITE 200 SACRAMENTO, CA 95816	OFC		47.95		
BRIANA BILBRAY 970 SEACOAST DRIVE STE 7 IMPERIAL BEACH, CA 91932	PRO		250.00		
BRIANA BILBRAY 970 SEACOAST DRIVE STE 7 IMPERIAL BEACH, CA 91932	PRO		250.00		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID		

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

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www.fppc.ca.gov

Schedule I	Ε
Payments	Made

		SCHEDULE E
Γ	Statement covers period	CALIFORNIA / CO
	from07/01/2024	FORM 400
	through09/21/2024	Page18 of26
		I.D. NUMBER 1469516

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024

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 (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
EFUNDRAISING CONNECTIONS 2831 G STREET SUITE 200 SACRAMENTO, CA 95816	OFC		0.95
EFUNDRAISING CONNECTIONS 2831 G STREET SUITE 200 SACRAMENTO, CA 95816	OFC		5,24
EFUNDRAISING CONNECTIONS 2831 G STREET SUITE 200 SACRAMENTO, CA 95816	OFC		5,24
EFUNDRAISING CONNECTIONS 2831 G STREET SUITE 200 SACRAMENTO, CA 95816	OFC		24,08
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			35.51

FPPC Form 460 (Jan/2016)

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Schedule I	Ε
Payments	Made

		SCHEDOLE E
Stateme	nt covers period	CALIFORNIA / CO
from	07/01/2024	FORM 400
through _	09/21/2024	Page 19 of 26
		I.D. NUMBER
		1469516

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER

RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024

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	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
EFUNDRAISING CONNECTIONS 2831 G STREET SUITE 200 SACRAMENTO, CA 95816	OFC		25,55
EFUNDRAISING CONNECTIONS 2831 G STREET SUITE 200 SACRAMENTO, CA 95816	OFC		6,70
EFUNDRAISING CONNECTIONS 2831 G STREET SUITE 200 SACRAMENTO, CA 95816	OFC		31,12
EFUNDRAISING CONNECTIONS 2831 G STREET SUITE 200 SACRAMENTO, CA 95816	OFC		11,75
* Payments that are contributions or independent expenditures must also be summarized on Schedu	le D.	SUBTOTAL \$	75.12

Schedule	E
Payments	Made

		30HEDOLE E
Stateme	nt covers period	CALIFORNIA / CO
from	07/01/2024	FORM 400
through _	09/21/2024	Page 20 of 26
		I.D. NUMBER
		1469516

COUEDINE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024

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)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			225.24
INTEGRATED SOLUTIONS: POLITICAL 4142 ADAMS AVENUE SUITE 103-550 SAN DIEGO, CA 92116	OFC		100,00
INTEGRATED SOLUTIONS: POLITICAL 4142 ADAMS AVENUE SUITE 103-550 SAN DIEGO, CA 92116	OFC		115,00
EFUNDRAISING CONNECTIONS 2831 G STREET SUITE 200 SACRAMENTO, CA 95816	OFC		5,24
EFUNDRAISING CONNECTIONS 2831 G STREET SUITE 200 SACRAMENTO, CA 95816	OFC		5,00
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I,D, NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID

Schedule E	
Payments M	ade

SCHEDULE E
CALIFORNIA / CO
FORM 400
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I.D. NUMBER 1469516

SEE INSTRUCTIONS ON REVERSE NAME OF FILER RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024

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	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
PACIFIC POLITICAL, INC. 1800 THIBODO ROAD STE. 300 VISTA, CA 92081	LIT		4,404.70
REGIONAL STRATEGIES GROUP 1861 HAYMARKET ROAD ENCINITAS, CA 92024	CNS		4,040.00
REGIONAL STRATEGIES GROUP 1861 HAYMARKET ROAD ENCINITAS, CA 92024		DIGITAL ADS	500.00
REGIONAL STRATEGIES GROUP 1861 HAYMARKET ROAD ENCINITAS, CA 92024		DIGITAL ADS	1,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **Description of the contributions or independent expenditures must also be summarized on Schedule D.			9,944.70

Schedule	E
Payments	Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024

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
Schedule E Summary					10,867.10
 Itemized payments made this period. (Include all Schedule E subtotals.) Unitemized payments made this period of under \$100 				5	89.56
3. Total interest paid this period on loans. (Enter amount from Schedule B, P	art 1, Column	(e).)			0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and o	on the Summa	ry Pa	age, Column A, Line 6.)	TOTAL :	10,956,66
* Payments that are contributions or independent expenditures must also be summarized on Schedule	e D.			SUBTOTAL \$	0.00

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2024 through09/21/2024	CALIFORNIA 460 FORM Page 23 of 26
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			15 18 18 18 18 18 18 18 18 18 18 18 18 18
RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024			I.D. NUMBER 1469516
CODES: If one of the following codes accurately describes the payme 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	nt, you may enter the code. Otherwise, de 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 product RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and pr TRC candidate travel, lodging, TRS staff/spouse travel, lodgin	es roduction costs and meals g, and meals ees of the 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 INCURRE THIS PERIOD		(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
BRIANA BILBRAY 970 SEACOAST DRIVE STE 7 IMPERIAL BEACH, CA 91932	PRO	0.00	187.50	0.00	187.50		
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.) 187.50							
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	\$187.50		

SUBTOTALS \$

0.00

\$

187.50

\$

0.00

187.50

\$

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

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 / CO
fro	om07/01/2024	FORM 400
th	rough09/21/2024	Page24 of26
		I.D. NUMBER 1469516

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

REGIONAL STRATEGIES GROUP

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	0	R DESCRIPTION OF PAYMENT	AMOUNT PAID
SABRINA ANDERSON 1165 NEVIN STREET SAN DIEGO, CA 92154			CREATIVE DEVELOPMENT, GRAPHIC DESIGN, WEB DESIGN, DOOR HANGER DESIGN	1,620 . 00
APOLLO PRINTING 2100 WEST LINCOLN AVENUE ANAHEIM, CA 92801			PRINTING FOR DOOR HANGERS	1,700,00
META 1 HACKER WAY MENLO PARK, CA 94025			DIGITAL ADS	346,00
META 1 HACKER WAY MENLO PARK, CA 94025			DIGITAL ADS	800,00
			TOTAL + ¢	4.466.00

** Do not transfer to any other schedule or to the Summary Page, This total may not equal the amount paid to the agent or

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

independent contractor as reported on Schedule E.

TOTAL * \$ 4,466.00

Sched	ule H	
Loans	Made to	Others*

Amounts may be rounded

SCHEDULE H to whole dollars. **CALIFORNIA** Statement covers period **FORM** 07/01/2024 from 09/21/2024 26 through of SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024 1469516 (a) OUTSTANDING (b) AMOUNT LOANED (c) REPAYMENT OR FORGIVENESS THIS (d) OUTSTANDING (f) ORIGINAL AMOUNT OF IF INDIVIDUAL, ENTER (e) INTEREST (g) CUMULATIVE FULL NAME, STREET ADDRESS AND OCCUPATION AND EMPLOYER BALANCE THIS PERIOD BALANCE AT CLOSE RECEIVED LOANS TO DATE ZIP CODE OF RECIPIENT (IF SELF- EMPLOYED, ENTER NAME BEGINNING THIS PERIOD * OF THIS PERIOD LOAN (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD OF BUSINESS) CALENDAR YEAR PAID PER ELECTION** RATE FORGIVEN \$ DATE DUE DATE INCURRED

SUBTOTALS	\$ \$	\$ \$	

Schedule I Miscellaneous Increases to Cash		Amounts n	nay be rounded ble dollars.			SCHEDUL
MISCEIIAIN	eous increases to Cash	to who	ole dollars.	Staten	07/01/2024	CALIFORNIA 46
				through	09/21/2024	Page <u>26</u> of <u>26</u>
NAME OF FILER	NS ON REVERSE			<u> </u>		I.D. NUMBER
RICK LOEFF	FLER FOR SAN CLEMENTE CITY COUNCIL 2024					1469516
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I,D, NUMBER)		DESCI	RIPTION OF REC	CEIPT	AMOUNT OF INCREASE TO CASH
Schedule I	Summary					
1. Itemized inc	creases to cash this period			\$	0,00	_
2. Unitemized i	increases to cash of under \$100 this period.			\$	0,00	_

_____ TOTAL \$ __

0.00

0.00

Summary Page, Line 14.)

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the