Ca	ecipient Committee ampaign Statement over Page				R-E-CEIV	CALIFO FOR	
C	ovel rage	Statement covers 01/01/		Date of election if applicable: (Month, Day, Year)	2024 JUL 31 F	2; _a 3,5	1 of14
		through06/30/	2024		CITY OF SAN FER CITY CLERI	NANDO For	Official Use Only
1.	Type of Recipient Committee All Committee	tees - Complete Parts 1, 2, 3, and 4		2. Type of Statement:			
	Officeholder, Candidate Controlled Committee X State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	a	Preelection Statement X Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain Below)	Quarterly S		
3.	Committee Information	I.D. NUMBER 1469338		Treasurer(s)			-
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO CO	DMMITTEE)		NAME OF TREASURER			
	VICTORIA GARCIA FOR ASSEMBLY	2024		BRIANA BILBRAY MAILING ADDRESS			
				970 SEACOAST DRIVE STE 7			
	STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE
	970 SEACOAST DRIVE STE 7			IMPERIAL BEACH, CA 91932			
	CITY	STATE ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	ANY		
	IMPERIAL BEACH, CA 91932						
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	OR P.O. BOX		MAILING ADDRESS			
	970 SEACOAST DRIVE STE 7						
	CITY	STATE ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	IMPERIAL BEACH, CA 91932			*			
	OPTIONAL: FAX / E-MAIL ADDRESS VICTORIAFORSANFERNANDO@GMAIL.COM			OPTIONAL: FAX / E-MAIL ADDRESS BRIANA@BBCAMPAIGNS.COM			
4.	Verification						
	I have used all reasonable diligence in prepa certify under penalty of perjury under the laws	ring and reviewing this stater s of the State of California tha	nent and to the best of at the foregoing is true $\frac{2}{2}$	my knowledge the information conta and correct.	ained herein and in the attac	hed schedules i	s true and complete. I
	07/24/2024 Executed on		Bv Ĉ				
	07/30/202 ^{ATE}		By_victs	Victoria Garcia Signature of Treasure	er or Assistant Treasurer		
	DATE		Signe	ture of Controlling Officeholder, Candidate, State	e Measure Proponent or Responsible	Officer of Sponsor	
	Executed onDATE		Ву	Signature of Controlling Officeholder	r. Candidate. State Measure Propone	nt .	
	Executed on		Ву				
	DATE			Signature of Controlling Officeholder	r. Candidate. State Measure Pronoce	ent	

Recipient Committee Campaign Statement Cover Page - Part 2

	COVER PAGE - PART 2						
	ORNIA RM	4	60				
Page _	2	of _	14				

5. Officeholder or Candidate Controlled C	committee		6. Primarily Formed	Ballot Meas	ure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE VICTORIA GARCIA			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE	·	BALLOT NO. OR LETTER	JURISDICTION	 I		
STATE ASSEMBLY PERSON	THOMSELL IN THE LIGHTEE	43	5/ 225 / // / / / / / / / / / / / / / /				SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE AN FERNANDO, CA 913	ZIP 40	Identify the controlling	ng officehold	der, candidate, or st	tate measure pro	pponent, if
Related Committees Not Included In this Statem not included in this statement that are controlled by you or are make expenditures on behalf of your candidacy	nent: List any committee primarily formed to receive	s contributions or	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PRO		DISTRICT NO. IF ANY	
COMMITTEE NAME NAME OF TREASURER	I.D. NUME	LED COMMITTEE?	7. Primarily Formed officeholder(s) or cand	Candidate/0	Officeholder Comm	ittee <i>List names</i> primarily formed.	of
	RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
CITY S'	TATE ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
NAME OF TREASURER		LED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDR	YESS (NO P.O. BOX)	s NO	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
CITY S:	TATE 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 from 06/30/2024 14 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

Contributions Received

VICTORIA GARCIA FOR ASSEMBLY 2024

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

1469338

Total to Date

Ex	Expenditures Made							Expenditures Limit Summary for State			
5.	TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	4,020.43	\$	4,020.43	21. Expenditures Made	\$ _	1,587.42	s _		0.00
4.	Nonmonetary Contributions	Schedule C, Line 3	0.00		0.00			_			
3.	SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	4,020.43	\$	4,020.43	20. Contributions Received	\$	4,020.43	s _		0.00
2.	Loans Received	Schedule B, Line 3	0.00		0.00		1/	1 through 6/30		7/1 to Date	
1.	Monetary Contributions	Schedule A, Line 3	4,020.43	\$	4,020.43	General Lie	CLIOI	13			

0.00

4,020.43

1,587.42

2,433.01

Column A

TOTAL THIS PERIOD

(FROM ATTACHED SCHEDULES)

6. Payments Made Schedule E. Line 4 1.587.42 1.587.42 7. Loans Made Schedule H, Line 3 0.00 0.00 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 1.587.42 1.587.42 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 1.587.42 1.587.42 **Current Cash Statement**

Column A, Line 3 above

Column A, Line 8 above

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year. only carry over the amounts from Lines 2, 7, and 9 (if any).

Column B

CALENDAR YEAR

TOTAL TO DATE

Expenditures Limit Summary for State Candidates

Date of Election

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

(mm/dd/yy)	
	\$
	\$
	\$
	\$
	œ.

reported in Column B.

Cash Equivalents and Outstanding Debts

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

13. Cash Receipts.....

15. Cash Payments

16. ENDING CASH BALANCE

0.00 18. Cash Equivalents See instructions on reverse 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above

17. LOAN GUARANTEES RECEIVED...... Schedule B, Line 2 \$

14. Miscellaneous Increases to Cash Schedule I, Line 4

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

^{*}Amounts in this section may be different from amounts

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period

from

01/01/2024

CALIFORNIA 460

SEE INSTRUCTIO	DNS ON REVERSE			through06/30	/2024	Page _	4 of 14
NAME OF FILER	GARCIA FOR ASSEMBLY 2024					I.D. NUMBER	1469338
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)
05/14/2024	DAVID BOLOG LOS ANGELES, CA 91344	ND □ COM □ OTH □ PTY □ SCC	CONTROLS MECHANIC LOS ANGELES DEPARTMENT OF WATER AND POWER	2,500.00	2,50	0.00	2,500.00 G-2024
05/16/2024	PATRICIA CARMICHAEL LOS ANGELES, CA 91602	IX IND COM OTH PTY SCC	BUSINESS OWNER ALLTORC	500.00	500	0.00	500.00 G-2024
05/16/2024	MARIA RAMOS ORANGE, CA 92869	X IND COM OTH PTY SCC	MANAGER RESTAURANTE	209.95	209.95		. 209.95 G-2024
05/16/2024	LYDIA RODRIGUEZ TROLLER LOS ANGELES, CA 91352	IND COM OTH PTY SCC	RETIRED RETIRED	105.24	108	5.24	105.24 G-2024
05/16/2024	ANGELA TAYLOR YORBA LINDA, CA 92887	IND COM OTH PTY SCC	HUMAN RESOURCES U.S. BANK	100.00	100.00		100.00 G-2024
			SUBTOTAL \$	3,415.19			

Monetary Contributions Received		to whole dollars.		Statement covers period from01/01/2024		CALIFORNIA 460	
			through06/30/2024		Page _	5 of 14	
ON REVERSE					LD NUMBER		
RCIA FOR ASSEMBLY 2024						1469338	
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	CALENI	DAR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
VILLIAM TROLLER	⊠ IND	RETIRED	105.24		5.24	105.24 G-2024	
OS ANGELES, CA 91352	OTH PTY SCC	netineb					
ORGE VASQUEZ	⊠ IND	FOREMAN	500.00		0.00	500.00 G-2024	
AN FERNANDO, CA 91340	OTH PTY SCC	TORO ENTERPRISES					
Summary	***		0 600		* Contributor	Codes	
red this period - itemized monetary contributions. nedule A subtotals.)		\$	4,020.43			ient Committee	
ved this period - unitemized monetary contributions of less the	nan \$100	\$	0.00		OTH - Other (PTY - Politica		
y contributions received this period. nd 2. Enter here and on the Summary Page, Column A, Line	TOTAL \$	4,020.43		SCC - Small Contributor Committee			
A Yee	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) LLIAM TROLLER T S ANGELES, CA 91352 PRGE VASQUEZ N FERNANDO, CA 91340 Summary ed this period - itemized monetary contributions. edule A subtotals.) ed this period - unitemized monetary contributions of less the contributions received this period.	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE LLIAM TROLLER T S ANGELES, CA 91352 PRGE VASQUEZ N FERNANDO, CA 91340 Summary ad this period - itemized monetary contributions. Edule A subtotals.) ad this period - unitemized monetary contributions of less than \$100 contributions received this period. dt 2. Enter here and on the Summary Page, Column A. Line 1.)	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE CONTRIBUTOR COMMITTER NAME OF BUSINESS) LLIAM TROLLER T S ANGELES, CA 91352 PROBLEM ASSEMBLY 2024 TO COMMITTER NAME OF BUSINESS) RETIRED RETIRED FOREMAN TORO ENTERPRISES COMMITTER NAME OF BUSINESS) RETIRED FOREMAN TORO ENTERPRISES RETIRED FOREMAN TORO ENTERPRISES FOREMAN TORO ENTERPR	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) CONTRIBUTOR (IF SELF- EMPLOYED, ENTER NAME OF THIS PERIOD LLIAM TROLLER T S ANGELES, CA 91352 PROBE VASQUEZ N FERNANDO, CA 91340 Summary ed this period - itemized monetary contributions. and this period - unitemized monetary contributions of less than \$100 contributions received this period.	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS) LLIAM TROLLER T S ANGELES, CA 91352 PREE VASQUEZ N FERNANDO, CA 91340 SUMMARY and this period - itemized monetary contributions. and this period - itemized monetary contributions of less than \$100 contributors received this period. 1.2. Enter here and on the Summary Page Column A. Line 1.)	RCIA FOR ASSEMBLY 2024 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR (IF SELF- EMPLOYED, ENTER NAME OF ITS PERIOD CALLEANDAR YEAR (JAN. 1 - DEC. 31)	

SUBTOTAL \$

605.24

Schedule B - Part 1		Ame	ounts may be round to whole dollars.	ded	SCHEDULE B - PART						
Loans Received	s Received			Trector of	Statement cove	rs period 01/2024	FORM 460				
					through06/3	30/2024	Page 6	_ of14			
NAME OF FILER							I.D. NUMBER				
VICTORIA GARCIA FOR ASSEMBL	Y 2024						146	9338			
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 OF FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS DATE			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			PAID				CALENDAR YEAR			
			4.00	s	s	%	s	PER ELECTION**			
			H	FORGIVEN	ļ 	RATE					
	A Secretary Sec. 3	\$	S	s		\$		Land of			
* IND COM OTH PTY SCC		Ψ		—	DATE DUE		DATE INCURRED				
Schedule B Summary											
1. Loans received this period				\$	0.00						
(Total Column (b) plus unitemized le	oans of less than \$100.)						* Contributor Code	s			
Loans paid or forgiven this period (Total Column (c) plus loans under (Include loans paid by a third party)		 hedule A.)		\$	0.00	-	IND - Individual COM - Recipient C (other than OTH - Other (e.g., PTY - Political Par	PTY or SCC) business entity)			

SUBTOTALS \$ \$ \$

*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

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

SCC - Small Contributor Committee

0.00 (May be a negative number)

Schedule B - Part 2		Amounts may be rounded to whole dollars.		SCHEDULE B - PART					
Loan Guarantors	rs		Statement co		CALIFORNI				
			from0	1/01/2024	FORM	700			
			through0	6/30/2024	Page 7	of14			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER VICTORIA GARCIA FOR ASSEMBLY 2024					I.D. NUMBER 14693	138			
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE			
The second secon	☐ IND		LENDER		CALENDAR DATE S PER ELECTION (IF REQUIRED)				
	OTH PTY SCC		DATE		(IF REQUIRED)				
			SUBTOTAL	- \$	Enter on Summary Page. Line 17 only.				

Schedule C			Amounts may be rounded to whole dollars.		0.5			SCHEDULE
Nonmoneta	ry Contributions Received		to whole donars.		Stater	nent covers period 01/01/2024	CALIFORNIA 4	
					through	06/30/2024	Page 8	of 14
SEE INSTRUCTIONS NAME OF FILER	ON REVERSE						I.D. NUMBER	
	RCIA FOR ASSEMBLY 2024						1.D. NOMBER	9338
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						
(Include all Sch	Summary ed this period - itemized nonmonetary contributi ledule C subtotals.) ed this period - unitemized nonmonetary contribution			!	>	0.00	* Contributor Codes IND - Individual COM - Recipient Com (other than PT OTH - Other (e.g., bu PTY - Political Party	Y or SCC) siness entity)
	etary contributions received this period. Id 2. Enter here and on the Summary Page, Col	umn A, Lines 4 a	and 10.)	_TOTAL	\$	0.00	SCC - Small Contribu	tor Committee

SUBTOTAL \$

Schedule D		Amounts may b	e rounded	SCHEDULE I					
Summary of Supporting Candidates	of Expenditures g/Opposing Other s, Measures, and Committees	to whole do	ollars.	Statement covers period from01/01/2024		FORM 460			
			through06/30/2024				9 of 14		
NAME OF FILER VICTORIA GA	ARCIA FOR ASSEMBLY 2024	of the contract of				I.D. NUMBER 1469338			
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED		CA CA	ILATIVE TO DATE LENDAR YEAR N. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
SCHEDULE	D SUMMARY		- 1	-			Town safes		
1. Itemized con	ntributions and independent expenditures made th	is period. (Include all Schedu	ıle D subtotals.)				\$		
2. Unitemized of	contributions and independent expenditures made	this period of under \$100					\$		
3. Total contrib	outions and independent expenditures made this p	eriod. (Add Lines 1 and 2. Do	o not enter on the	Summary Page.)		TOTAL	\$		

SUBTOTAL \$

Schedule E	
Payments Mad	е

Amounts may be rounded to whole dollars.

_	SCHEDULE E
Statement covers	CALIFORNIA / CO
from01/01/2	CODM (410)
through06/30/2	Page10of14
	I.D. NUMBER
	1469338

VICTORIA GARCIA FOR ASSEMBLY 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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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 Schedu	ıle D.	SUBTOTAL \$	1,387.10			
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)						
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)						
2. Unitemized payments made this period of under \$100 \$.						
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)						
INTEGRATED SOLUTIONS: POLITICAL 4142 ADAMS AVENUE SUITE 103-550 SAN DIEGO, CA 92116	OFC	SOFTWARE SERVICE	387.10			
BRIANA BILBRAY 970 SEACOAST DRIVE STE 7 IMPERIAL BEACH, CA 91932	PRO	ACCOUNTING SERVICES	1,000.00			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID			

Schedule F	Amounts may	v be rounded			SCHEDULE	
Accrued Expenses (Unpaid Bills)	to whole	dollars.	Statement covers	period CAL	CALIFORNIA / C	
		1	from01/01	i i i i i i i i i i i i i i i i i i i	ORM 460	
		,	through06/30)/2024 Page	11 of14	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER VICTORIA GARCIA FOR ASSEMBLY 2024		L .		I.D. NUMI	1469338	
CODES: If one of the following codes accurately describes the parameter compaign 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 commun MTG meetings and app OFC office expenses PET petition circulating PHO phone banks POL polling and survey	ications pearances r research and messenger services	RAD radio airti RFD returned of SAL campaign TEL t.v. or cab TRC candidate TRS staff/spou TSF transfer b VOT voter regi	workers' salaries ble airtime and production on e travel, lodging, and meals use travel, lodging, and mea etween committees of the s	ils ame 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, Co accrued expenses of \$100 or more, plus total uniternized accrued exper 	olumn (b) subtotals for nses under \$100.)			NCURRED TOTALS	\$0.00	
2. Total accrued expenses paid this period. (Include all Schedule F, Colum accrued expenses of \$100 or more, plus total unitemized payments on a	accrued expenses under \$1			PAID TOTALS	\$ 0.00	
 Net change this period. (Subtract Line 2 from Line 1. Enter the difference on the Summary Page, Column A, Line 9.) 	e nere and 			NET	\$ 0.00	

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

Schedule G			
Payments N	lade by an	Agent or	Independent
Contractor (on Behalf	of This Co	ommittee)

Amounts may be rounded to whole dollars.

VICTORIA GARCIA FOR ASSEMBLY 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

^{*} 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.			ed	<u> بمشاعلتات :</u>	1.4406	SCHEDULE H		
Loans made to Others			to miloto dollaro.		Statement cove	ors period 01/2024	CALIFORNI FORM	460	
							Page 13 of 14		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER VICTORIA GARCIA FOR ASSEMBI	LY 2024						I.D. NUMBER 1469	338	
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 OF FORGIVENESS THIS PERIOD *	(d) OUTSTANDING S BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
				PAID				CALENDAR YEAR	
				\$ FORGIVEN	\$	RATE	\$	PER ELECTION**	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED		
		SUBTOTALS	\$	\$	\$	\$		10 10 11 11 11 11	

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

Schedule I Miscellaneous Increases to Cash	Amounts may be rounded to whole dollars.		SCHEDULE		
Wilscellaneous increases to Cash	to whole donais.	Statement covers period from01/01/2024	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE		through06/30/2024	Page14of14		
NAME OF FILER VICTORIA GARCIA FOR ASSEMBLY 2024			I.D. NUMBER 1469338		
DATE FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
Schedule I Summary					
1. Itemized increases to cash this period		\$			
2. Unitemized increases to cash of under \$100 this period		\$0.00			
3. Total of all interest received this period on loans made to others. (Schedu	le H, Column (e).)	5			
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Summary Page, Line 14.)	Enter here and on the	•			
		TOTAL \$0.00			