Recipient Committee Campaign Statement Cover Page			2024 FEB 23 F	) : ц	COVER PAILIFORNIA 460
	Statement covers period from 1/21/2024	Date of election if applicable: (Month, Day, Year)	CITY OF SAN FEI CITY CLER	RNANDO	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>2/17/2024</u>	3/5/2024	OH I CLEN		
1. Type of Recipient Committee: All Committees - Con		2. Type of Statement:	<del>1 </del>	<del></del>	<del></del>
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Jos Complete Part 6) rimarily Formed Candidate/ officeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	nt t Fermination)	Quarterly Str	atement -Year Report
	. NUMBER 465667	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Victoria Garcia for City Council 2024		NAME OF TREASURER Victoria Garcia MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY San Fernando	STATE CA	ZIP CODE 91340	AREA CODE/PHON
CITY STATE ZIP COI San Fernando CA 91340		NAME OF ASSISTANT TREASU		71310	
San Fernando CA 91340 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHON
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR		· · · · · · · · · · · · · · · · · · ·	
victoriaforsanfernando@gmail.com		victoriaforsanfernando@	gmail.com		
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of a Executed on Date  Executed on Date  Executed on Date	California that the foregoing is true and  By Signature of Con	d correct.  Oria Lorra Lorra Signature of Treasurer or Assistant	nt Treasurer 7 Proponent or Responsible Office	··· <del>·</del>	is true and complete. I
Executed on	Ву	Signature of Controlling Officeholder Candidate	State Measure Proponent		

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	GE - PART
CALIFORNIA FORM	460

5.	Officeholder or Candidate Controlled Comm	ittee		6.	Primarily Formed Ballo	t Measure	Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE	<del></del>			NAME OF BALLOT MEASURE		·		***
	Victoria Garcia								
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
	Member of City Council: San Fernando								OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY	STATE ZIP						
	:	San Fernand	CA 91340		Identify the controlling office			measure pro	oponent, if any.
	Related Committees Not included in this Stanot included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily for			OFFICE SOUGHT OR HELD			DISTRICT N	O. IF ANY
	COMMITTEE NAME	I.D. NUMBER						<u>L</u>	
	NAME OF TREASURER	CONTROLLED		7.	Primarily Formed Candofficeholder(s) or candidate(s)	didate/Offic	eholder Co committee is	mmittee primarily for	List names of med.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	YES	□ NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEI	LD SUPPORT
	CITY STATE ZIP C		REA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEI	LD SUPPORT
		I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEI	SUPPORT
	NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED	COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HE	SUPPORT
	CITY STATE ZIP C		REA CODE/PHONE		Atte	nch continuati	on sheets if n	ecessary	

## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PA Statement covers period CALIFORNIA 1/21/2024 FORM from 3 . 17 2/17/2024

SEE INSTRUCTIONS ON REVERSE		through		Page of
NAME OF FILER Victoria Garcia for City Council 2024				I.D. NUMBER 1465667
Contributions Received  1. Monetary Contributions	**Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  **1,230 900 2,130 0 2,130 ** 2,130	**Column B CALENDAR YEAR TOTAL TO DATE  \$ \frac{3,599}{900} \] \$ \frac{4,499}{0} \] \$ \$ \frac{4,499}{0} \]	Running in Both the General Elections	nmary for Candidates ne State Primary and through 6/30 7/1 to Date \$\$
Expenditures Made  6. Payments Made	\$\ \ \frac{3,672.18}{0} \\ \$\ \frac{3,672.18}{0} \\ \\$\ \ \ \frac{0}{0} \\ \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$\frac{3,824.12}{0}\$ \$\frac{3,824.12}{0}\$ \$\frac{0}{0}\$ \$\frac{3,824.12}{3,824.12}\$	Candidates  22. Cumulat	Summary for State  live Expenditures Made* to Voluntary Expenditure Limit)  Total to Date
Current Cash Statement  12. Beginning Cash Balance	\$\frac{2,217.06}{2,130}\\ \[ \frac{0}{3,672.18}\\ \frac{674.88}\\ \frac{0}{\limits}	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).	*Amounts in this section reported in Column B.	may be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 900		FPPC Advice: ad	FPPC Form 460 (Jan/20) vice@fppc.ca.gov (866/275-37

FPPC Advice: advice@fppc.ca.gov (866/275-37 www.fppc.ca.<sub>{</sub>

Schedule A Monetary Contributions Received			its may be rounded whole dollars.	Statement cov	vers period	california 46		
SEE INSTRUCTI	ONS ON REVERSE			through	24	Page	4 of 17	
NAME OF FILER Victoria Gar	rcia for City Council 2024					1.D. NI 14656	UMBER 67	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
1/22/2024	Rosemary Ianni Lancaster, CA 93534	IND COM OTH PTY	Retired	\$100	\$100			
2/3/2024	Jesus Ramos Arleta, CA 91331	☑IND □COM □OTH □PTY □SCC	IT City of Los Angeles	\$100	\$100			
2/10/2024	Judith Goldman  Moorpark, CA 93021	IND COM OTH PTY SCC	Retired	\$200	\$200			
2/10/2024	Gevorg Kbulchyan Northridge, CA 91325	IND COM OTH PTY SCC	CEO Dvin Corp.	\$500	\$500			
	15.	☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 900				
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions Il Schedule A subtotals.)		13		IND COI OTH PT'	other d – Other d – Politic	ual bient Committee r than PTY or SCC) (e.g., business entity)	

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ 1,230

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CC

CALIFORNIA 46

Statement covers period

				from 1/21/2024		F0	
				through	24	Page _	5 of
NAME OF FILER Victoria Gard	cia for San Fernando City Council 2024					1.D. NUI 146566	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
2/17/2024	Monica Lopez San Fernando, CA 91340	☑ IND □ COM □ OTH □ PTY □ SCC	Homemaker	\$100	\$100		
2/17/2024	Alex Ginno Santa Monica, CA 90404	☑ IND □ COM □ OTH □ PTY □ SCC	Producer Platinum Dunes	\$100	\$100		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$ 200			

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

	Am	nounts may be ro	unded				SCHEDULE B - PA		
Schedule B – Part 1		to whole dollars			Statement cov	ers period	CALIFORN	A A AIL	
Loans Received					from		FORM	40	
SEE INSTRUCTIONS ON REVERSE					through	24	Page 6	of_17	
NAME OF FILER							I.D. NUMBER		
Victoria Garcia for City Council 2024							1465667		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN 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 OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATI CONTRIBUT TO DATE	
Victoria Garcia 1300 Warren Street	Attorney, Hunt Ortmann Palffy Nieves Darling &			PAID 0 \$	s <u>900</u>	0 RATE	\$_900	\$ 924	
San Fernando, CA 91340	Mah, Inc.	\$	\$ 900	FORGIVEN		s 0	2/2/2024	PER ELECT	
TIND □ COM □ OTH □ PTY □ SCC				PAID	DATE DUE		DATE INCURRED	CALENDARY	
				\$	s	%	s	s	
				FORGIVEN		RATE		PER ELECT	
† IND COM OTH PTY SCC		\$	s	s	DATE DUE	s	DATE INCURRED	\$	
				PAID				CALENDAR	
	8			\$	\$	RATE	\$	\$	
				FORGIVEN				PER ELECT	
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	S	
		SUBTOTALS \$	5	\$	\$	\$			
Schedule B Summary						(Enter (e) on Scheo	lule E, Line 3)		
Loans received this period				\$ 90	)				
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	ns of less than \$100.)  00 paid or forgiven.)			\$ _0		11	Contributor Codes  ID – Individual  OM – Recipient C		
3. Net change this period. (Subtract Lin	e 2 from Line 1.)			.NET \$	J	0	TH - Other (e.g.,		

(May be a negative number)

OTH - Other (e.g., business entity

PTY - Political Party

SCC - Small Contributor Committee

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

Enter the net here and on the Summary Page, Column A, Line 2.

FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-37 www.fppc.ca.{

	Amounts may be rounded				SCHEDULE B						
Schedule B – Part 2 Loan Guarantors	to whole dollars.			I	Statement covers period from $\frac{1/21/2024}{}$			california 460			
EE INSTRUCTIONS ON REVERSE				through	2/17/2024		Page 7	of			
IAME OF FILER							I.D. NUMBER	3			
Victoria Garcia for San Fernando 2024							1465667				
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (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		UMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE			
N/A	□ IND		LENDER			CA \$.	LENDAR YEAR				
□ OTH □ PTY □ SCC			DATE			P! (I'	ER ELECTION F REQUIRED)				
	□IND		LENDER			CA	LENDAR YEAR				
	□COM □OTH □PTY □SCC		DATE			\$ -	ER ELECTION F REQUIRED)				
			LENDER			CA	LENDAR YEAR				
	☐ IND					\$_					
	□ OTH □ PTY	□отн		DATE		PER ELECTION (IF REQUIRED)					
	□scc		5			\$_					
	□IND		LENDER			CAI	LENDAR YEAR				
	□COM □OTH □PTY □SCC		DATE			\$ _ PE (II	ER ELECTION F REQUIRED)				
			SUE	BTOTAL	\$	s	Enter on ummary Page, Line 17 only.				

Schedule C			Amounts may be rounded						SCHEDU
Nonmo	netary Contributions Received		to whole dollars.		Statement covers period from			CALIFO FOI	DRNIA 46
SEE INSTRUC	CTIONS ON REVERSE				thro	ugh2/17/2024		Page 8	of
NAME OF FIL  Victoria Ga	ER arcia for City Council 2024							1.D. NUME 1465667	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED
	N/A	□IND □COM □OTH □PTY □SCC							
		OTH SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$				
<ol> <li>Amount (Include</li> <li>Amount</li> <li>Total no</li> </ol>	received this period – itemized nonmonetar all Schedule C subtotals.)  received this period – unitemized nonmonetar numerary contributions received this period es 1 and 2. Enter here and on the Summary	ary contribut	ions of less than \$100		\$ _		IND COM	(other the I – Other (e. ' – Political F	t Committee an PTY or SCC) g., business entity

Supporti	e D y of Expenditures ing/Opposing Other tes, Measures and Committees	Amounts may be to whole do		Statement cover from 1/21/2024	s period	CALIFO FOR	SCHEDULE DRNIA 460 RM
SEE INSTRUCT	TIONS ON REVERSE			through <u>2/17/2024</u>		9 Page 1.D. NUME	
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	CUMULATIV CALENDA (JAN. 1 - I	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	N/A	Monetary Contribution					
		Nonmonetary Contribution					
	Support Doppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution	8				
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Dppose	Independent Expenditure					
			SUBTOTAL	\$			
Schedule	D Summary				Comment		a a
	contributions and independent expenditures made						
2. Unitemize	ed contributions and independent expenditures ma	ade this period of ur	nder \$100			\$	

Summar Supporti Candidat	ation Sheet) y of Expenditures ing/Opposing Other tes, Measures and Committees	Amounts may b to whole d		Statement covers 1/21/2024 from 2/17/2024 through 2/17/2024		CALIFORNIA 460 FORM Page 10 of 17		
NAME OF FILER Victoria Gard	cia for City Counci 2024					1.D. NUMI		
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	CUMULATIVI CALENDA (JAN. 1 - D	E TO DATE R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	N/A	Monetary Contribution  Nonmonetary						
	Support Oppose	Contribution Independent Expenditure Monetary						
		Contribution  Nonmonetary Contribution  Independent						
	☐ Support ☐ Oppose	Expenditure  Monetary Contribution  Nonmonetary						
	Support Dppose	Contribution Independent Expenditure						
		Monetary Contribution Nonmonetary Contribution Independent						
	Support Dppose	Expenditure						
			SUBTOTAL	. \$				

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may i to whole d			Statement covers period $\frac{1/21/2024}{\text{from}} \frac{2/17/2024}{\text{through}} \frac{2}{2}$	FC	
Victoria Garcia for City Council 2024					14656	667
CODES: If one of the following codes accurately described ampaign 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 con MTG meetings an OFC office expensional PET petition circular PHO phone banks POL polling and sepos postage, del	nmunications d appearance ses tlating s survey researd ivery and mes	s ch	RAD radio airtime and productions SAL campaign workers' sale t.v. or cable airtime and TRC candidate travel, lodging transfer between community voter registration information technology	aries I production cost Ig, and meals Iging, and meals Ittees of the san	ne candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	ESCRIPTION OF PAYMENT		AMOUNT PA
Local Shine Media (online)		LIT				\$150
NextDayFlyers.com (online)		LIT				\$1,017.26
United States Post Office (online)		POS				\$1,964.03
* Payments that are contributions or independent expenditures must also	be summarized on Sche	edule D.			SUBTOTAL	\$ 3,131.29
Schedule E Summary						2 (4) 41
1. Itemized payments made this period. (Include all Schedu	•				\$ _	3,641.41 
2. Unitemized payments made this period of under \$100	••••••	•••••••	••••••		\$ _	50.77 
3. Total interest paid this period on loans. (Enter amount from					\$	-
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summ	ary Page, Column	n A, Line 6.)	. TOTAL \$ _	3,672.18

Schedule E	A manusta manula a manula d		SCHEDULE E (					
(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period  1/21/2024 from	california 46					
SEE INSTRUCTIONS ON REVERSE		through <u>2/17/2024</u>	Page of					
NAME OF FILER			I.D. NUMBER					
Victoria Garcia for City Council 2024			1465667					
CODES: If one of the following codes accurate	tely describes the payment, you may enter the co	ode. Otherwise, describe the payment	•					

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FiL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others LEG legal defense LIT campaign literature and mailings	OFC office exp PET petition ci PHO phone bar POL polling an s (explain)* POS postage, c	and appearances enses culating	n Benger services	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 sam VOT voter registration WEB information technology costs (internet, e	ls ame candidate/sponso	
NAME AND ADDRESS OF (IF COMMITTEE, ALSO ENTER I.D.		CODE O	PR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Republican Signs (online)			Yard signs		\$175	
Kolony Branding, Inc.			Yard signs		\$335.12	
San Fernando, CA 91340						

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 510.12

Accrued Expenses (Unpaid Bills)  Accrued Expenses (Unpaid Bills)			Statement cover from 1/21/2024		california 46	
SEE INSTRUCTIONS ON REVERSE			through 2/17/202		Page of	
NAME OF FILER Victoria Garcia for City Council 2024				1	D. NUMBER 1465667	
CODES: If one of the following codes accurately describ  CMP campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND LEG legal defense  LIT campaign literature and mailings	es the payment, you may  MBR member communication  MTG meetings and appeara  OFC office expenses  PET patition circulating  PHO phone banks  POL polling and survey rese  POS postage, delivery and reprofessional services (in print ads)	ons nces earch messenger services	RAD radio airtime ai RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production costs butions ters' salaries time and production el, lodging, and mea evel, lodging, and mea en committees of th	n costs als leals e 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 PAIL THIS PERIOD (ALSO REPORT ON	BALANCE AT CLOS	
N/A						
<ul> <li>Payments that are contributions or independent expenditures must also be summarized on Schedule D.</li> </ul>	SUBTOTALS	\$	\$	<b>5</b>	\$	
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all saccrued expenses of \$100 or more, plus total unitemized	Schedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INCU	RRED TOTALS	S \$	
2. Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subtot payments on accrued exp	tals for payments on enses under \$100.).		.PAID TOTALS	S \$	
3. Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	l	••••••	NE	T \$	
					FPPC Form 460 (Jan/201	

Sahadula E	Amounts may be round	led			SCHE	DULE F (CO
Schedule F Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement cove	ers period	CALIFORNIA 46		
			through	24	Page	of
IAME OF FILER		<del></del>	<del></del>		I.D. NUMBER	
Victoria Garcia for City Council 2024					1465667	
CODES: If one of the following codes accurately describes  CMP campaign paraphemalla/misc.  CNS campaign consultants  contribution (explain nonmonetary)*  civic donations  FIL candidate filing/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  campaign literature and mailings  * Payments that are contributions or independent expenditures must al	MBR member communication meetings and appearant office expenses petition circulating phone banks polling and survey rese postage, delivery and reprofessional services (I print ads	ns nces earch nessenger services legal, accounting)	RAD radio airtime at returned contri SAL campaign worl TEL t.v. or cable air TRC candidate traves staff/spouse to transfer betwee VOT voter registration technical staff and transfer betwee voter registration technical staff and transfer between the control of t	nd production cos butions kers' salaries time and product el, lodging, and navel, lodging, and avel, lodging, and en committees of	tion costs neals I meals f the same candi	idate/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 P/ THIS PERIO (ALSO REPORT	OD BALA	(d) JTSTANDING INCE AT CLOS THIS PERIOD
N/A						
			:			· · · · · · · · · · · · · · · · · · ·

SUBTOTALS \$

\$

\$

Sch	edule G									SCHEDUL	
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)				unts may be rounded to whole dollars.			fron	Statement covers period 1/21/2024 n	CALIFORNIA 46		
							thro	ough	Page 15	of	
SEE INS	STRUCTIONS ON REVERSE										
	PF FILER								I.D. NUMB	EK	
Victor	ia Garcia for City Council 2024			~		·			1465667		
NAME (	OF AGENT OR INDEPENDENT CONTRACTOR										
N/A											
COD	ES: If one of the following codes accurately describe	s the pa	yment,	you may e	enter the code.	. Other	wise,	describe the payment	•		
CNS (CTB (CVC (FIL (FND (IND (IND (IND (IND (IND (IND (IND (I	campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundralsing events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings sents that are contributions or independent expenditures must also be	MTG model of the period of the	eetings a fice experi- pitition circo none bant billing and ostage, de rofessiona int ads	ulating ks survey resea slivery and m al services (le	ces	-	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, an staff/spouse travel, lodging, a transfer between committees voter registration information technology costs	uction costs d meals and meals a of the same o	•	
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCR	IPTIO	N OF PAYMENT		AMOUNT PAID	
N/A											

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> 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.

								SCHEDULI	
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement coverage from 1/21/2024	rs period	california 460		
SEE INSTRUCTIONS ON REVERSE					through2/17/20	24	Page 16	of 17	
NAME OF FILER							I.D. NUMBER		
Victoria Garcia for City Council 2024							1465667		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN 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 O FORGIVENESS THIS PERIOD	BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIV LOANS TO DATE	
N/A				PAID \$  FORGIVEN	s	% RATE	\$	\$ PER ELECTION	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		s	5	PAID  \$  FORGIVEN	s	RATE	\$	SPER ELECTIO	
				3	DATE DUE	V	DATE INCURRED	,	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$			
						(Enter (e) on Schedule I, Line 3)			
Schedule H Summary									
Loans made this period     (Total Column (b) plus unitemized loans     Payments received on loans     (Total Column (c) plus unitemized payments	s of less than \$100.)							**If Required	
3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summa	2 from Line 1.)				NET \$				

(May be a negative number)

Schedule Miscellan	I eous Increases to Cash	Amounts may be to whole doll		Statement covers period from 1/21/2024	CALIFORNIA 46
OFF INOTHIOTIC	ONG ON DEVEDOE			through	Page of
NAME OF FILER	ONS ON REVERSE	· · · · · · · · · · · · · · · · · · ·	<del></del>		I.D. NUMBER
Victoria Garc	ia for City Council 2024				1465667
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	CRIPTION OF RECEIPT	AMOUNT OF
	N/A				
Attach add	itional information on appropriately labeled continuation sheets.			SUBTOTA	L\$
	l Summary				
1. Itemized in	ncreases to cash this period		***************************************	\$	<del>_</del>
2. Unitemize	d increases to cash of under \$100 this period	•••••••••••	***************************************	\$	<del></del>
3. Total of all	interest received this period on loans made to others. (School	edule H, Column	(e).)	\$ <sup>`</sup>	_
	ellaneous increases to cash this period. (Add Lines 1, 2, and Page, Line 14.)				FPPC Form 460 (Jan/201