Recipient Committ	ee
Campaign Stateme	
Cover Page	



COVER PAGE

Date Stamp CALIFORNIA **FORM** Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 1/1/2025 11/5/2024 6/30/2025 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. ✓ Officeholder, Candidate Controlled Committee Preelection Statement Primarily Formed Ballot Measure Quarterly Statement Semi-annual Statement State Candidate Election Committee Committee Special Odd-Year Report Recall Controlled Termination Statement CITY OF SAM FERNANDA (Also file a Form 410 Termination) (Also Complete Part 5) Sponsored Amendment (Explain below) (Also Complete Part 6) ☐ General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1469338 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Victoria Garcia for Assembly 2024 Victoria Garcia MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE San Fernando 91340 CA CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY San Fernando CA 91340 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS victoriaforsanfernando@gmail.com victoriaforsanfernando@gmail.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best new knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing in the state of California that the s 7/31/2025 Executed on . Signature of Treasurer or Assistant Treasure Date 7/31/2025 Executed on . netងទ្រី៖ 08 ជាចិត្ត្រាំងហ៊ុរ៉ា ល្មែងCarficeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Date Executed on . Date Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent Date

FPPC Form 460 (Jan/2016))

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALIFORNIA FORM	460						
Page o	of <u>17</u>						

Officeholder or Candidate Controlled Committee			. Primarily Formed Ballo	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Victoria Garcia						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLI	CABLE)	BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
State Assemblymember						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE	ZIP				
:	San Fernand CA	91340	Identify the controlling office	holder, candi	date, or state measure pro	pponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT	
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER					
Victoria Garcia for City Council 2024	1465667	_	.			
NAME OF TREASURER	CONTROLLED COMM	AITTEE?	 Primarily Formed Cand officeholder(s) or candidate(s) 	lidate/Office for which this	eholder Committee : committee is primarily form	List names of ned.
Victoria Garcia	✓ YES □ N	o			· · · · · · · · · · · · · · · · · · ·	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
CITY STATE ZIP C		DDE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D _
San Fernando CA 913-						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD		D SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMM	NITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D D average
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	YES NO	0				SUPPORT OPPOSE
,	•		······································			
CITY STATE ZIP C	ODE AREA CO	DDE/PHONE	Atta	ch continuatio	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMART PAGE
Statement covers period from 1/1/2025	CALIFORNIA 460
through 6/30/2025	Page of
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1469338 Victoria Garcia for Assembly 2024 **Calendar Year Summary for Candidates** Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 7/1 to Date 1/1 through 6/30 20. Contributions Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State Candidates** 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 50 50 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 50 50 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 600 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column 13. Cash Receipts Column A. Line 3 above A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 50 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 550 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED....... Schedule B. Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** anv). FPPC Form 460 (Jan/2016)) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A			ts may be rounded			SCHEDULE A		
Monetary (Contributions Received	to	whole dollars.	Statement confirm 1/1/2025	vers period		FORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through6/30/202	25	Page	4 of	
NAME OF FILER Victoria Garcia	a for Assembly 2024		1 10 - 1			I.D. NU 146933	IMBER	
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	EAR	PER ELECTION TO DATE	
		IND COM OTH PTY SCC			(JAN. 1 - DEC		(IF REQUIRED)	
		□scc	SUBTOTAL	<u> </u>	- 683/49/146	all prot	megallast fassas i kala	
(Include all	eived this period – itemized monetary contribution Schedule A subtotals.)	•••••	·		IND - COM OTH PTY	(other to - Other (output) - Politica	al ent Committee than PTY or SCC) e.g., business entity)	
3. Total monet (Add Lines	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1.)TOTAL \$ <u>0</u>	F	PPC Advice: advice:		C Form 460 (Jan/2016)) .ca.gov (866/275-3772)	

www.fppc.ca.gov

Schedule A (Continuation Sheet)	Amounts may be rounded		SCHEDULE A (CONT
Monetary Contributions Received	to whole dollars.	Statement covers period from 1/1/2025	CALIFORNIA 460
		through <u>6/30/2025</u>	Page of
NAME OF FILER		,	I.D. NUMBER

Victoria Garcia for Assembly 2024 1469338 FULL NAME, STREET ADDRESS AND ZIP CODE OF AMOUNT **CUMULATIVE TO DATE** PER ELECTION IF AN INDIVIDUAL, ENTER DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR CONTRIBUTOR TO DATE CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) □сом □отн PTY scc □сом □отн □ PTY □ scc □сом □ OTH PTY □scc □сом □отн PTY □scc □сом □отн ☐ PTY □scc

SUBTOTAL \$ 0

*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

and the second of the second of the second

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

** If required.

	Am	ounts may be ro	unded				SCHEDULE B - PART 1			
Schedule B – Part 1	to whole dollars.				Statement cov	ers period	CALIFORNIA 460			
Loans Received				from 1/1/2025		FORM	··· 400			
SEE INSTRUCTIONS ON REVERSE					through	25	Page 6	of_ <u>17</u>		
NAME OF FILER						·	I.D. NUMBER			
Victoria Garcia for Assembly 2024							1469338			
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	CUMULATIVE CONTRIBUTIONS TO DATE		
				PAID 0 s	s 4,500	0 %	s_4,500	CALENDAR YEAR 0 \$		
		4,500	0	FORGIVEN 0	12/31/2020	RATE	10/10/202	PER ELECTION**		
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	DATE DUE	s_0	DATE INCURRED	\$		
				PAID				CALENDAR YEAR		
				s	s	% RATE	s	s		
				FORGIVEN		RATE		PER ELECTION**		
† IND COM OTH PTY SCC		s	\$	s	DATE DUE	s	DATE INCURRED	s		
				PAID				CALENDAR YEAR		
				s	s	×	s	s		
		<u> </u>		FORGIVEN		RATE		PER ELECTION**		
† IND COM OTH PTY SCC		\$	s	s	DATE DUE	s	DATE INCURRED	s		
	S	SUBTOTALS \$	0 4	0	\$ 4,500	\$ 0				
Schedule B Summary				'' -		(Enter (e) on Sched	ule E, Line 3)	The state of the s		
1. Loans received this period			•••••	\$ _0						
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period			***************************************	\$ <u>0</u>			Contributor Codes			
(Total Column (c) plus loans under \$10		odulo A \					OM - Recipient C			
(Include loans paid by a third party tha 3. Net change this period. (Subtract Line				NET \$ 0		o	other than I) TH – Other (e.g., l	PTY or SCC) business entity)		
Enter the net here and on the Summar						P.	TY – Political Part CC – Small Contri	y		
				(M:	sy be a negative number)	_				

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

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.			Statement covers period 1/1/2025 from			NIA 460													
SEE INSTRUCTIONS ON REVERSE				through	6/30/2025	_ [Page	of													
NAME OF FILER Victoria Garcia for Assembly 2024						_	I.D. NUMBER 1469338														
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		MULATIVE TO DATE	BALANCE OUTSTANDING TO DATE													
	□IND □COM		LENDER			CAL	ENDAR YEAR														
	□OTH □PTY □SCC		DATE				R ELECTION REQUIRED)														
			LENDER			CAL	ENDAR YEAR														
	□COM □OTH □PTY	□OTH □PTY	□OTH □PTY	□отн	□OTH □PTY	□OTH □PTY	□OTH □PTY	□OTH □PTY	□OTH □PTY	□OTH □PTY	□OTH □PTY	□отн □ртү	□OTH □PTY	□OTH □PTY		DATE			PEI (IF	R ELECTION REQUIRED)	
			LENDER			CAL \$_	ENDAR YEAR														
	□COM □OTH □PTY □SCC		DATE		:		R ELECTION REQUIRED)														
	□IND		LENDER			CAL	ENDAR YEAR														
	□COM □OTH □PTY □SCC		DATE			PE (IF	R ELECTION REQUIRED)														
			SUE	BTOTAL	\$ 0	Su.	Enter on mmary Page,	-													

Schedule C Nonmonetary Contributions Received		Amounts may be rounded					SCHEDULE (
		to whole dollars.			fron	Statement covers	period	CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE					through			of
NAME OF FILER	SNO ON REVEROE				-		-	I.D. NUM	BER
Victoria Garc	ia for Assembly 2024							146933	
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 SERVI		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach addit	ional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	}			
1. Amount re	C Summary ceived this period – itemized nonmonetar II Schedule C subtotals.)				\$ _)	IND-	•	
2. Amount re	eceived this period – unitemized nonmone	tary contributi	ions of less than \$100		\$_		PTY	Other (e.Political I	g., business entity)
	nonetary contributions received this periods 1 and 2. Enter here and on the Summan		mn A, Lines 4 and 10.)	TOTAL	- \$ _)	_		orm 460 (lon/2016))

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees			Amounts may be rounded to whole dollars.			CALIFORNIA 460		
	IONS ON REVERSE					Page	17 of	
AME OF FILER						1.D. NUMB 1469338		
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	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
ė)		Monetary Contribution			la .			
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
			SUBTOTAL	\$ 0				
Schedule	D Summary							
	contributions and independent expenditures mad	e this period. (Include a	all Schedule D subtotals)		\$_0		
Unitemize	ed contributions and independent expenditures m	ade this period of unde	r \$100			\$ <u>0</u>		
. Total cont	ributions and independent expenditures made th	is period. (Add Lines 1	and 2. Do not enter on	the Summary Page	e.) T	OTAL \$ _0		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees NAME OF FILER Victoria Garcia for Assembly 2024		Amounts may be r to whole dolla		Statement cover	SCHEDULE D (CON CALIFORNIA 460 FORM Page of 1.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)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - E	E TO DATE AR YEAR	PER ELECTIO TO DATE (IF REQUIRED	
	Support Oppose Support Oppose Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Independent Expenditure						
			SUBTOTAL S	\$ 0				

						SCHEDULE E				
Schedule E	Amounts may be rounded to whole dollars.				Statement covers period	CALIF	ORNIA 460			
Payments Made					from	- FC	ORM 400			
SEE INSTRUCTIONS ON REVERSE					through 6/30/2025	_ Page _	11 of			
NAME OF FILER						I.D. NUI	MBER			
Victoria Garcia for Assembly 2024						14693	338			
CODES: If one of the following codes accurately de 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 con MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s	nmunications d appearance ses tlating s survey resea ivery and me	es es rch essenger services		rise, describe the payment. RAD radio airtime and production returned contributions campaign workers' salaries TEL t.v. or cable airtime and pro candidate travel, lodging, a staff/spouse travel, lodging transfer between committed voter registration information technology cos	n costs duction cost and meals and meals es of the san	me candidate/sponsor			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCF	RIPTION OF PAYMENT		AMOUNT PAID			
* Payments that are contributions or independent expenditures must	also be summarized on Scho	edule D.			S	UBTOTAL	\$ 0			
Schedule E Summary										
1. Itemized payments made this period. (Include all Sci	nedule E subtotals.)		•••••			\$ _	0			
Uniternized payments made this period of under \$10	0					\$ _	50			
3. Total interest paid this period on loans. (Enter amour	nt from Schedule B, Pa	rt 1, Colur	nn (e).)			\$ _				
4 Total navments made this period (Add Lines 1, 2, ar	nd 3. Enter here and on	the Sumi	nany Page, Co	olumn A	Line 6.) To	OTAL \$	50			

Schedule E (Continuation Sheet) Payments Made Amounts may be rounded to whole dollars. Statement covers in 1/1/2025 from				1/1/2025	riod CALIF	CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE				throug	jh <u>6/30/2023</u>	Page .	of	
NAME OF FILER						I.D. NU	MBER	
Victoria Garcia for Assembly 2024						146933	18	
CODES: If one of the following codes accurately descr CMP campaign paraphernalia/misc. CNS campaign consultants 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 expens PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearances ses llating s survey researci	s n senger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and p returned contributic campaign workers' t.v. or cable airtime candidate travel, lo staff/spouse travel, transfer between co voter registration	roduction costs ons salaries and production cos dging, and meals lodging, and meals	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR .	DESCRIPTION	N OF PAYMENT		AMOUNT PAID	

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

SUBTOTAL \$ 0

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.				CALIFORNIA 460 FORM of 17	
SEE INSTRUCTIONS ON REVERSE			through	Pag	e of	
NAME OF FILER				I.D. N	UMBER	
Victoria Garcia for Assembly 2024				1469	9338	
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/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	s the payment, you may MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime ai RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trans TRS staff/spouse transfer between VOT voter registration	nd production costs butions cers' salaries time and production cos el, lodging, and meals avel, lodging, and meals en committees of the sa	me 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	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued to the accrued expenses of \$100 or more, plus total unitemized paid to the accrued to the	accrued expenses under s	\$100.)			0	
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and	1		NET \$	May be a negative number	

Schedule F	
(Continuation Sheet	t)
Accrued Expenses	(Unpaid Bills)

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from 1/1/2025	CALIFORNIA 460			
through 6/30/2025	- Page 14 of 17			
	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. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)*

CTB campaign paraphernalia/misc. MBR member communications meetings and appearances RFD returned contributions SAL campaign workers' salaries

CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals

FND fundraising events POL polling and survey research IND independent expenditure supporting/opposing others (explain)* POS polling and survey research POS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WFB information technology costs (internet e-mail)

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

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

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
	SUBTOTALS	5 0	\$ 0	\$ 0	\$ 0

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE G
$\begin{array}{c} \text{Statement covers period} \\ \text{from} \ \underline{ \ \ }^{1/1/2025} \end{array}$	CALIFORNIA 460
through 6/30/2025	Page of
	I.D. NUMBER
	1469338

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Victoria Garcia for Assembly 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

N/A

CODES:	If one of the follow	ving codes accurately	describes the	payment, you may	enter the code.	Otherwise,	describe the pay	ment
--------	----------------------	-----------------------	---------------	------------------	-----------------	------------	------------------	------

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

DDRESS OF PAYEE OR CREDITOR MITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT			
		1 110		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

^{*} 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
Schedule H Loans Made to Others*	to whole dellam			rs period	california 460			
SEE INSTRUCTIONS ON REVERSE			· · · · · · · · · · · · · · · · · · ·		through6/30/20	25	Page 16	of_17
NAME OF FILER						· -	I.D. NUMBER	
Victoria Garcia for Assembly 2024							1469338	
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 FORGIVENES THIS PERIOD	S BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
			1	s	s	%	s	s
				FORGIVEN		RATE		PER ELECTION**
		\$	s	s	DATE DUE	s	DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				s	s	×	s	s
				FORGIVEN		RATE		PER ELECTION **
		s	s	\$		s		s
*Loans that are contributions to another candidate	or committee must	<u> </u>			DATE DUE		DATE INCURRED	
also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
			<u> </u>	<u>' </u>		(Enter (e) on Schedule I, Line 3)	<u> </u>	<u></u>
Schedule H Summary					_	ı	1	
1. Loans made this period	•••••	•••••	•••••		\$ <u>0</u>		_	
(Total Column (b) plus unitemized loans 2. Payments received on loans	s of less than \$100.)				0			**If Required
(Total Column (c) plus unitemized payments of less than \$100.) 3. Net change this period. (Subtract Line 2 from Line 1.)								
(Enter the net here and on the Summa	ry Page, Column A, Line 7.)	······)	••••••	•••••••••				
•	· · · ·				(May I	oe a negative number)		

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period from $\frac{1/1/2025}{6/30/2025}$ through	CALIFORNIA 460 FORM Page 17 of 17	
SEE INSTRUCTIONS ON REV NAME OF FILER	ERSE	2		I.D. NUMBER	
Victoria Garcia for Asser	mbly 2024			1469338	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE	CE	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
			<u> </u>		
#					
Attach additional infor	mation on appropriately labeled continuation sh	eets.	SUBTOTA	L\$ 0	
Schedule I Summa 1. Itemized increases to	ary o cash this period		s <u>0</u>		
2. Unitemized increase	s to cash of under \$100 this period		\$_0		
3. Total of all interest re	eceived this period on loans made to others	s. (Schedule H, Column (e).)	\$_0		
4. Total miscellaneous	increases to cash this period. (Add Lines 1	, 2, and 3. Enter here and on the	0	FPPC Form 460 (Jan/2016))	
				(366/275-3772) lvice@fppc.ca.gov	

www.fppc.ca.gov