

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA **460**
FORM

Page _____ of _____

For Official Use Only

Date Stamp
Date of election if applicable:
(Month, Day, Year)
11-5-24

Statement covers period
from 9/14/2024
through 10/23/2024



1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- 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)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)

3. Committee Information

I.D. NUMBER
1476513

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Edgar Garcia for City Council 2024

Treasurer(s)

NAME OF TREASURER
Edgar Garcia

MAILING ADDRESS
1076 Little Leaf St.

CITY Calimesa STATE CA ZIP CODE 92320 AREA CODE/PHONE 949-689-9310

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

edgargarciaforcitycouncil@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my 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 is true and correct.

Executed on 10/23/2024 Date
Executed on 10/23/2024 Date
Executed on _____ Date
Executed on _____ Date

By _____ Signature of Treasurer or Assistant Treasurer
By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Edgar Garcia

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member, City of Calimesa

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1076 Little Leaf St. Calimesa CA 92320

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 9/14/2024
through 10/23/2024

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I.D. NUMBER
1476513

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Edgar Garcia

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

| | | | |
|--------------------------------------|--------------------|----|----|
| 1. Monetary Contributions..... | Schedule A, Line 3 | \$ | \$ |
| 2. Loans Received..... | Schedule B, Line 3 | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$ | \$ |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | \$ | \$ |

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

| | | | |
|----------------------------|----|------------------|-------------|
| 20. Contributions Received | \$ | 1/1 through 6/30 | 7/1 to Date |
| 21. Expenditures Made | \$ | | |

Expenditures Made

| | | | |
|---|----------------------|----|----------|
| 6. Payments Made..... | Schedule E, Line 4 | \$ | |
| 7. Loans Made..... | Schedule H, Line 3 | | |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | \$ | |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 | | 2,807.55 |
| 10. Nonmonetary Adjustment..... | Schedule C, Line 3 | | |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | \$ | 2,807.55 |

Expenditure Limit Summary for State Candidates

| | |
|--|-----------------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | Total to Date |
| Date of Election (mm/dd/yy) | _____ / _____ / _____ |
| | _____ / _____ / _____ |
| | _____ / _____ / _____ |

Current Cash Statement

| | | | |
|---|---|----|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ | |
| 13. Cash Receipts | Column A, Line 3 above | | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | | |
| 15. Cash Payments | Column A, Line 8 above | | |
| 16. ENDING CASH BALANCE | 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).

Cash Equivalents and Outstanding Debts

| | | | |
|------------------------------------|---------------------------------------|----|----------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$ | |
| 18. Cash Equivalents..... | See Instructions on reverse | \$ | |
| 19. Outstanding Debts..... | Add Line 2 + Line 9 in Column B above | \$ | 2,807.55 |

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

Amounts may be rounded to whole dollars.

**Schedule B - Part 1
Loans Received**

Statement covers period from 9-14-2024 through 10-23-2024

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Edgar Garcia

| 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* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|--|---|---------------------------------|--|---|-------------------------------|--|--|
| | | | | | | | | |
| <u>Edgar Garcia</u> <u>1016 Little Leaf St</u> <u>Calimesa CA 92320</u> | | \$ <u>3,000</u> | \$ <u>3,000</u> | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$ <u>3,000</u> DATE DUE _____ | _____% RATE | \$ <u>3,000</u> DATE INCURRED _____ | \$ <u>3,000</u> CALENDAR YEAR _____ PER ELECTION** _____ |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$ _____ DATE DUE _____ | _____% RATE | \$ _____ DATE INCURRED _____ | \$ _____ CALENDAR YEAR _____ PER ELECTION** _____ |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$ _____ DATE DUE _____ | _____% RATE | \$ _____ DATE INCURRED _____ | \$ _____ CALENDAR YEAR _____ PER ELECTION** _____ |
| SUBTOTALS | | | | | | | \$ _____ | \$ _____ |

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period.....\$ 3,000
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period.....\$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.)NET \$ _____
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA **460**
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Statement covers period
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through 10/23/2024

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SEE INSTRUCTIONS ON REVERSE

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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 |
| 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) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Big Time Design 252 W Fourth St Ste C Beaufort, CA 92223 | CMP | | | 2,607.55 |
| Facebook 1 Hacker Way, Menlo Park, CA 94025 | WEB | | | 200.00 |
| | | | | |

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

SUBTOTAL \$ 2,807.55

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2807.55
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 2807.55**

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

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NAME OF FILER
Edgar Garcia

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1476513

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 |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTS | 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) |

| 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| American Express PO Box 96001 Los Angeles Ca, 90096 | CMP | 2,607.55 | 2,607.55 | 0 | 2,607.55 |
| Goldman Sachs Bank P.O. Box 7247 Philadelphia, PA 19170 | WEB | 200.00 | 200.00 | 0 | 200.00 |
| SUBTOTALS \$ | | 2,807.55 | \$ 2,807.55 | \$ 0 | \$ 2,807.55 |

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

Schedule F Summary

- 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.) **INCURRED TOTALS \$** 2,807.55
- 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
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 2,807.55