

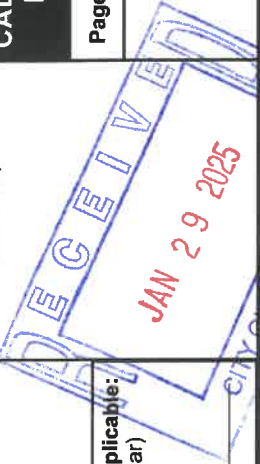
Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM 460

Page _____ of _____

For Official Use Only

Date Stamp



Date of election if applicable: (Month, Day, Year)

Statement covers period from 10/23/2024 through 12/31/2024

SEE INSTRUCTIONS ON REVERSE

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:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1476513

Treasurer(s)

NAME OF TREASURER
Edgar Garcia
MAILING ADDRESS

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

STREET ADDRESS (NO P.O. BOX)
1076 Little Leaf St.

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
edgarciaforcitycouncil@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 1/27/2025 Date

Executed on 1/27/2025 Date

Executed on _____ Date

Executed on _____ Date

By _____ Signature of Treasurer or Assistant Treasurer

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA
FORM

Date Stamp

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Page _____ of _____

For Official Use Only

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from 10/23/2024

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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

STREET ADDRESS (NO P.O. BOX)

1076 Little Leaf St.

CITY

STATE

CA

ZIP CODE

92320

AREA CODE/PHONE

949-689-9310

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

Calimesa

STATE

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949-689-9310

MAILING ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

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STATE

ZIP CODE

AREA CODE/PHONE

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 1/21/2025 Date

By  Signature of Treasurer or Assistant Treasurer

Executed on 1/21/2025 Date

By _____ Signature of Controlling Officeholder/ Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

**CALIFORNIA 460
FORM**

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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
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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

Amounts may be rounded to whole dollars.

**Schedule E
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Edgar Garcia

Statement covers period from 10/23/2024 through 12/31/2024

Page of

I.D. NUMBER: 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
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
American Express PO Box 96001 Los Angeles Ca, 90096	CWP			2,607.55
Goldman Sachs Bank P.O. Box 7247 Philadelphia, PA 19170	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.) \$ 2,807.55
- Unitemized payments made this period of under \$100 \$
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 2,807.55

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA
FORM **460**

Statement covers period
from 10/23/2024
through 12/31/2024

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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

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

	Column A	Column B	1/1 through 6/30	7/1 to Date
1. Monetary Contributions.....	Schedule A, Line 3	\$		
2. Loans Received.....	Schedule B, Line 3		3,000	
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$		
4. Nonmonetary Contributions.....	Schedule C, Line 3			
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$	3,000	

Expenditures Made

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

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$	3,000	
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		2,807.55	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$	192.45	

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse

19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
___/___/___	\$
___/___/___	\$

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 may be different from amounts reported in Column B.