Campaign Statement Cover Page			CITY CLERK FORM 460			
SEE INSTRUCTIONS ON REVERSE	Statement covers period from OCT 23, 2012 through DEC 31,2022	Nov 8.2022	CITY OF COSTA	W IO: 19	For Official Use Only	
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	BY 66			
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter Amendment (Explain bel		Quarterly Sta Special Odd-		
3. Committee Information	NUMBER 1344077	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  COSTA MIBSANS FOR RESPONSIBLE GOUES  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CO  COSTA MIBSA CA 9262  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CO  COSTA MIBSA CA 9262  OPTIONAL: FAX/E-MAIL ADDRESS	DE AREA CODE/PHONE 2.6 7/Y - 326-6056  C AREA CODE/PHONE	NAME OF TREASURER  RALPH  MAILING ADDRESS  CITY  COSTA MESA  NAME OF ASSISTANT TREASURE  MAILING ADDRESS  CITY  OPTIONAL: FAX/E-MAIL ADDRESS	STATE	ZIP CODE 92626 ZIP CODE	AREA CODE/PHONE 7/4-326-6056  AREA CODE/PHONE	
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on	California that the foregoing is true and of By  By  Signature of Control	Signature of Treasurer or Assistant T	reasurer ponent or Responsible Officer		s true and complete. 1	
Date  Executed on	By	gnature of Controlling Officeholder, Candidate, St				

COVER PAGE

## **Campaign Disclosure Statement**

Amounts may be rounded to whole dollars.

SUMMARY PAGE

GEE INSTRUCTIONS ON REVERSE NAME OF FILER  COSTA MESANS	for RESPONSIBLE	GOVERNMENT	unoug	h OEC 31.2022	I.D. NUMBER 1344077
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates se State Primary and

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
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	\$	\$	1/1 through 6/30 7/1 to Date  20. Contributions
Expenditures Made  6. Payments Made	\$	\$ <u>342.00</u> \$ \$ <u>342.00</u>	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance	\$ 775.99	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,	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

_						SCHEDULE
Schedule E Payments Made		An	to whole dollars.	e"	Statement covers period from 0cT 23, 20 22	california 460
SEE INSTRUCTIONS ON REVERSE				al .	through DEC 31, 2022	Page of
NAME OF FILER		^		,		I.D. NUMBER
COSTA MESANS	tor	RBSPOXSBLE	GOVERN MENT			1344077
CODES: If one of the following of	odes ac	curately describes the	payment, you may enter the	e code. Otherv	vise, describe the payment.	
CMP campaign paraphernalia/misc.		MBR	member communications		RAD radio airtime and production	costs
CNS campaign consultants			meetings and appearances		RFD returned contributions	
CTB contribution (explain nonmonetary)*			office expenses		SAL campaign workers' salaries	
CVC sivia danations		PET	netition circulating		TEL t v or cable sirtime and produ	LICTION COSTS

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PHO

PRT print ads

phone banks

POL polling and survey research

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
	=		
			=

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

SUBTOTAL \$

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

WEB information technology costs (internet, e-mail)

VOT voter registration

TSF transfer between committees of the same candidate/sponsor

## Schedule E Summary

FIL candidate filing/ballot fees

campaign literature and mailings

IND independent expenditure supporting/opposing others (explain)\*

FND fundraising events

LEG legal defense

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$
2. Unitemized payments made this period of under \$100	\$ 110.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	