

50-27W177002Z USM10  
**Recipient Committee**  
**Campaign Statement**  
**Cover Page**

COVER PAGE

CALIFORNIA **460**  
 FORM

Page 1 of 1

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
 from 1/1/2022  
 through 6/30/2022

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

Date Stamp

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

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee	
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled	
<input type="radio"/> Recall	<input type="radio"/> Sponsored	
(Also Complete Part 5)		
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee	
<input type="radio"/> Sponsored	(Also Complete Part 7)	
<input type="radio"/> Small Contributor Committee		
<input type="radio"/> Political Party/Central Committee		

**3. Committee Information**

I.D. NUMBER

1266026

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect Tony Beall City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY Rancho Santa Margarita STATE CA ZIP CODE 92688 AREA CODE/PHONE 949-433-5821

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

CITY  STATE  ZIP CODE  AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**2. Type of Statement:**

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input checked="" type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement	
(Also file a Form 410 Termination)	
<input type="checkbox"/> Amendment (Explain below)	

**Treasurer(s)**

NAME OF TREASURER

Barrett Garcia

MAILING ADDRESS

CITY San Juan Capistrano STATE CA ZIP CODE 92675 AREA CODE/PHONE 949-498-6363

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY  STATE  ZIP CODE  AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**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 7/26/22 Date 7-26-22

By Barrett Garcia Signature of Treasurer or Assistant Treasurer

Executed on 7-26-22 Date 7-26-22

By Tony Beall 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**

COVER PAGE - PART 2

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Anthony Beall

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member: Rancho Santa Margarita

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED] Rancho Santa Margarita CA 92688

**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
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NAME OF TREASURER	CONTROLLED COMMITTEE?
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YES  NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
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YES  NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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**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 PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**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

**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Tony Beall City Council 2020

Statement covers period  
from 01/01/2022

through 06/30/2022

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**Contributions Received**

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	<i>Schedule A, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received .....	<i>Schedule B, Line 3</i>	\$ <u>0.00</u>	\$ <u>7,500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	<i>Add Lines 1 + 2</i>	\$ <u>0.00</u>	\$ <u>7,500.00</u>
4. Nonmonetary Contributions .....	<i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	<i>Add Lines 3 + 4</i>	\$ <u>0.00</u>	\$ <u>7,500.00</u>

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

1/1 through 6/30 7/1 to Date

20. Contributions Received	\$ <u>                  </u>	\$ <u>                  </u>
21. Expenditures Made	\$ <u>                  </u>	\$ <u>                  </u>

**Expenditures Made**

		\$ <u>                  </u>	\$ <u>                  </u>
6. Payments Made .....	<i>Schedule E, Line 4</i>	\$ <u>90.00</u>	\$ <u>90.00</u>
7. Loans Made .....	<i>Schedule H, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS .....	<i>Add Lines 6 + 7</i>	\$ <u>90.00</u>	\$ <u>90.00</u>
9. Accrued Expenses (Unpaid Bills) .....	<i>Schedule F, Line 3</i>	\$ <u>0.00</u>	\$ <u>428.50</u>
10. Nonmonetary Adjustment .....	<i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE .....	<i>Add Lines 8 + 9 + 10</i>	\$ <u>90.00</u>	\$ <u>518.50</u>

**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
/ / /	\$ <u>                  </u>
/ / /	\$ <u>                  </u>

**Current Cash Statement**

12. Beginning Cash Balance .....	<i>Previous Summary Page, Line 16</i>	\$ <u>242.79</u>
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	\$ <u>0.00</u>
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	\$ <u>0.00</u>
15. Cash Payments .....	<i>Column A, Line 8 above</i>	\$ <u>90.00</u>
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>152.79</u>

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

17. LOAN GUARANTEES RECEIVED .....	<i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	<i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts .....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>7,928.50</u>

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.

**Schedule B – Part 1**  
**Loans Received**
Amounts may be rounded  
to whole dollars.Statement covers period  
from 01/01/2022through 06/30/2022CALIFORNIA  
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SEE INSTRUCTIONS ON REVERSE

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Committee to Elect Tony Beall City Council 2020

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
Anthony Beall Rancho Santa Margarita, CA 92688-	Attorney Troutman Sanders LLP			<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN	\$ <u>7,500.00</u>	<u>0.00%</u> RATE	\$ <u>7,500.00</u>	CALENDAR YEAR \$ <u>0.00</u> PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>7,500.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	DATE DUE	\$ <u>0.00</u>	06/30/2020	DATE INCURRED
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN	\$ <u>0.00</u>	<u>0.00%</u> RATE	\$ <u>0.00</u>	CALENDAR YEAR \$ <u>0.00</u> PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	DATE DUE	\$ <u>0.00</u>	DATE INCURRED	\$ <u>0.00</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>0.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN	\$ <u>0.00</u>	<u>0.00%</u> RATE	\$ <u>0.00</u>	CALENDAR YEAR \$ <u>0.00</u> PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	DATE DUE	\$ <u>0.00</u>	DATE INCURRED	\$ <u>0.00</u>
<b>SUBTOTALS \$ <u>0.00</u> \$ <u>0.00</u> \$ <u>7,500.00</u> \$ <u>0.00</u></b>								

(Enter (e) on  
Schedule E, Line 3)**Schedule B Summary**

1. Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 0.00**  
Enter the net here and on the Summary Page, Column A, Line 2.

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

\*\* If required.

## †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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Tony Beall City Council 2020

SCHEDULE E

**460**

Statement covers period from <u>01/01/2022</u>	CALIFORNIA FORM
through <u>06/30/2022</u>	Page <u>5</u> of <u>6</u>
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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.  
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 communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

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 same candidate/sponsor  
VOT voter registration  
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

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

**SUBTOTAL \$** 0.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 0.00
2. Unitemized payments made this period of under \$100 ..... \$ 90.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 90.00**

