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Campaign Statement Cover Page			Date Stamp	FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 01/01/2023 through 06/30/2023	Date of election if applicable: (Month, Day, Year)	RECEIVED BY OF AUG -2 AMIL: 27	For Official Use Only
1. Type of Recipient Committee: All Committee	ees – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	DISCLOSURE SECTION	1 .
☐ 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 (1000) (1000	Preelection Statemen  Semi-annual Statemen  Termination Statemer (Also file a Form 410  Amendment (Explain	ot Quartent Quartent Special	rterly:Statement pial Odd-Year Report
3. Committee Information	I.D. NUMBER 1276453	Treasurer(s)		
PVP Watch	MITTEE)	David M Koch MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	3000	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
	275	Rancho Palos Verdes	CA 9027	
Rancho Palos Verdes CA	ZIP CODE   AREA CODE/PHONE   90275   949-678-5777	NAME OF ASSISTANT TREASU	RER, IF ANY	NAME OF THE PROPERTY OF
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF	P.O. BOX	MAILING ADDRESS	. P.	
CITY STATE	ZIP CODE AREA CODE/PHONE CONTRACTOR	CITY	STATE ZIP CO	DDEgrand provide AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	RESS	
I have used all reasonable diligence in preparing and certify under penalty of perjury under the laws of the Executed on O7/29/2023  Date			herein and in the attached sch	nedules is true and complete. I
Executed onDate	l Bu	ing Officeholder, Candidate, State Measure		NO 440 199
Executed onDate	l Bu	nature of Controlling Officeholder, Candidate  Insture of Controlling Officeholder, Candidate		The second of the second secon
	্র ১৮৮৮ - প্রতি চলা চলা করি জীত ক্রাকৃতিত হয় ১৮৮৮ - জাজনার সেক্বরী	. /		FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772)

Campaign Disclosure Statement Summary Page	Amounts may be rounded to whole dollars.			from <u>01/01</u>		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  PVP Watch	······································			through 00	5/30/2023	Page 2 of 4
Contributions Received  1. Monetary Contributions	Schedule A. Line 3	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column CALENDAR YE TOTAL TO DA	EAR ATE	Running in Both the General Elections	mary for Candidates e State Primary and
2. Loans Received 3. SUBTOTAL CASH CONTRIBUTIONS 4. Nonmonetary Contributions 5. TOTAL CONTRIBUTIONS RECEIVED	Schedule B, Line 3  Add Lines 1 + 2  Schedule C, Line 3	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$	\$ \$	<del></del>	20. Contributions Received \$  21. Expenditures Made \$	srough 6/30 7/1 to Date
Expenditures Made  6. Payments Made	Schedule H, Line 3 Add Lines 6 + 7 Schedule F, Line 3 Schedule C, Line 3	\$\frac{347}{0}\$ \$\frac{347}{0}\$ \frac{0}{0}\$ \$\frac{347}{347}\$	\$ \$ \$			Summary for State  ve Expenditures Made*  Voluntary Expenditure Limit)  Total to Date
Current Cash Statement  12. Beginning Cash Balance	Column A, Line 3 above Schedule I, Line 4 Column A, Line 8 above 3 + 14, then subtract Line 15 ro.	\$\frac{3425}{0}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	To calculate Column add amounts in Column A to the correspond amounts from Column from Column I amounts in Column be negative figures should be subtract previous period amounts in this is the first repofiled for this calend only carry over the	olumn ding umn B Some n A may s that ed from nounts. If ort being dar year,	*Amounts in this section reported in Column B.	\$nay be different from amounts
Cash Equivalents and Outstanding  18. Cash Equivalents  19. Outstanding Debts	See instructions on reverse	\$ <u>0</u> \$ <u>0</u>	from Lines 2, 7, an any).		FPPC Advice: adv	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A		Amounts may be rounded			SCHEDULE A			
Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE		to whole dollars		Statement covers period from 01/01/2023		CALIFORNIA 460		
		)   				)23	Page 3 of _4	
NAME OF FILER PVP Watch						<u> </u>	1.D. NUM 1276453	
DATE RECEIVED	FULL NAME, STREET ADDRESS CONTRIBUTOI (IF COMMITTEE, ALSO ENTER		CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	ÆAR	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					
,		· · ·	□IND □COM □OTH □PTY □SCC					
				SUBTOTAL S	\$ 0			
Schedule A Summary  1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)  2. Amount received this period – unitemized monetary contributions			OTH Other (a.g. business				nt Committee lan PTY or SCC) .g., business entity) Party	
3. Total mone (Add Lines	tary contributions received this to and 2. Enter here and on the	oeriod. Summary Page, Co ∷	olumn A, Line 1	.)TOTAL \$ <u>0</u>		FPPC Advice: advi		Form 460 (Jan/2016)) a.gov (866/275-3772)

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	)						SCHEDULE	
Schedule E	Amounts may be rounded to whole dollars.			Statement covers period	CALIF	ORNIA 460		
Payments Made					from 01/01/2023	FC	FORM 400	
SEE INSTRUCTIONS ON REVERSE	This is a second of the second				through <u>06/30/2023</u>	- Page	4 of _4	
NAME OF FILER						I.D. NUI	MBER	
PVP Watch						12764	53	
CODES: If one of the following codes acc CMP campaign paraphernalia/misc. CNS carnpaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing of legal defense LIT campaign literature and mailings		MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deliv	munications d appearance ses lating urvey researd very and mes	S	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and procuping transfer between committee voter registration information technology cos	on costs  s oduction cost and meals g, and meals es of the san	ne candidate/sponsor	
NAME AND ADDRESS  (IF COMMITTEE, ALSO ENTER	,		CODE	OR. DESC	CRIPTION OF PAYMENT		AMOUNT PAID	
Constant Contact	1		PRO	Newsletter and We	ebsite	,	200	
Resevoir Place							,	
Valtham, Mass. 02451					1			
Pure Host	į		PRO	Website hosting			147	
Burlington MA. 1803	a and a second							
					-			
					3			
* Payments that are contributions or independent expe	nditures must also be	summarized on Sche	dule D.		, s	UBTOTAL	<b>\$</b> 347	
Schedule E Summary	1						0.47	
1. Itemized payments made this period. (Inc.	lude all Schedule	E subtotals.)				\$_	347	
2. Unitemized payments made this period of							<u> </u>	
3. Total interest paid this period on loans. (E	inter amount from	n Schedule B, Par	t 1, Colum	n (e).)		\$_	0	
4. Total payments made this period. (Add Li	nes 1, 2, and 3. E	Enter here and on	the Summ	ary Page, Column A	A, Line 6.) To	OTAL \$ _	347	