COVER PAGE **Recipient Committee CALIFORNIA Campaign Statement** FORM **Cover Page** Date of election if applicables Statement covers period (Month, Day, Year) For Official Use Only CAMPAIGH FINANCE 7-1-23 12-31-23 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report O Controlled O Recall ☐ Termination Statement (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1382475 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Rob Katherman Katherman for WRD Board 2024 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE Rancho Palos Verdes CA 90275 310-383-0451 CITY AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE Rancho Palos Verdes CA 90275 310-383-0451 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of i ed schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true a

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on .

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Recipient Committee Campaign Statement Cover Page — Part 2

		AGE - PART 2				
CALIFORNIA 460						
. FC	RM	-100				
Page _	2	of14				

Officeholder or Candidate Controlle	ed Committee	6.	Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Rob Katherman						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	DN	SUPPORT
Water Replenishment District of So. 0	Calif. Division 2					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	REET) CITY STATE ZIP		Identify the controlling office	shalder eard:	data av atata manaura	
	Rancho Palos Verdes CA 90275		Identify the controlling offic			proponent, it any.
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PR	OPONENT	
Related Committees Not Included in not included in this statement that are controlle contributions or make expenditures on behalf	ed by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can	didate/Offic	eholder Committe	e List names of
	☐ YES ☐ NO			y ror winen uns	committee is primarily	, or
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
CITY STAT			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRES	CONTROLLED COMMITTEE? Pes No		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
CITY STAT			Att	ach continuati	on sheets if necessary	,

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period 7-1-23 CALIFORNIA FORM 460 through 12-31-23 Page 3 of 14

NAME OF FILER Katherman for WRD Board 2024 1382475 Column B Calendar Year Summary for Candidates Column A Contributions Received TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE **General Elections** 1,000.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 28,500.00 27,000.00 20. Contributions 29.500.00 27,000.00 3. SUBTOTAL CASH CONTRIBUTIONS....... Add Lines 1 + 2 \$ Received Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 27,000.00 29,500.00 Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 3.522.53 6. Payments Made...... Schedule E, Line 4 \$ 1,692,65 **Candidates** 0 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 1,692.65 3,522.53 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 0 0 (mm/dd/yy) 1,692,65 3,522.53 **Current Cash Statement** 832.72 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 27,000.00 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 1.692.65 of your last report. Some amounts in Column A may 26.140.07 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14. then subtract Line 15 \$ ___ should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse \$ _ 29,500.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	e A / Contributions Received	Statement cov	vers period 1-23	CALIFORNIA 460				
REE INICTRIACTIO	ONE ON DEVEDOR			through12	2-31-23	Page	4	of14
NAME OF FILER	ONS ON REVERSE					I.D. NUI		
Katherma	n for WRD Board 2024					13824	75	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	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	Т	ELECTION O DATE EQUIRED)
		☐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 \$	0		Carin	tarili oʻralli oʻra	
1. Amount re	A Summary eceived this period – itemized monetary contributions. Ill Schedule A subtotals.)		\$	0	IND:	ntributor C – Individu 1 – Recipi	al ent Comr	nittee
2. Amount re	eceived this period – unitemized monetary contribution	ns of less thar	n \$100\$	0	OTH		e.g., bus	ness entity)
3. Total mon	netary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			0				or Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	Statement coverage from 7-1		FORM 460			
				through 12-	31-23	Page _	5 of 14
NAME OF FILER						I.D. NU	MBER
Katherman	for WRD Board 2024					13824	75
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	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	'EAR	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	\$ 00.00			

*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

	A	ounts may be ro	umda d				SCHE	DULE B - PART
Schedule B – Part 1 Loans Received	АП		Statement cov	ers period I-23	CALIFORNIA 460 FORM			
SEE INSTRUCTIONS ON REVERSE					through12	-31-23	Page 6	of14_
NAME OF FILER							I.D. NUMBER	
Katherman for WRD Board 2024							1382475	
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	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
The Katherman Company				PAID				CALENDAR YEAR
Rolling hills Estates, CA. 90274				\$	\$ 29,500.0 1	O %	\$_2,000	\$ 28,500.06
[†] □IND □COM ☑OTH □PTY □SCC		\$0.00	\$27,000.QA	\$0	12/2024 DATE DUE	s0	8/29/22 DATE INCURRED	\$
				PAID	\$	%	\$	CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION
[†] □ IND □ COM □ OTH □ PTY □ SCC		5	5	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	\$	RATE %	\$	\$ PER ELECTION ¹
†□IND □COM □OTH □PTY □SCC		s	s	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	27,000,00	0.00	\$ 29,500.00	\$ 0		Wife E
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
 Loans received this period				\$*	27,000.00	_	2-12-1-0-1	
Loans paid or forgiven this period	•			\$	0.00	IN	Contributor Codes ID – Individual OM – Recipient C	

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

** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

PTY - Political Party

27.000.00

(May be a negative number)

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Schedule	C		Amounts may be rounded			SCHEDULE (
Nonmonet	tary Contributions Received		to whole dollars.		s	tatement covers p	period	CALIF	ORNIA	460
	-				from	7-1-23		FO	RM	400
SEE INSTRUCTION	IS ON REVERSE		·		thro	ıgh 12-31-	23	Page _	7 of	14
NAME OF FILER								I.D. NUM	BER	
Katherman f	or WRD Board 2024							138247	7 5	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION (GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	то	LECTION DATE QUIRED)
		□IND □COM □OTH □PTY □SCC						,		
		□IND □COM □OTH □PTY □SCC								
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								
		□IND □COM □OTH □PTY □SCC								
Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	0		ante a ver anoma		
Calaadiila C	S									
	eived this period – itemized nonmonetar Schedule C subtotals.)				\$	0	IND -		l nt Committ	
	eived this period – unitemized nonmone onetary contributions received this period		ions of less than \$100		\$	0	PTY	Other (ePolitical	nan PTY or e.g., busine Party ontributor (ss entity)
	1 and 2. Enter here and on the Summar		mn A, Lines 4 and 10.)	ТОТА	L \$	0	_ 🖰	3110110		

Supportii	e D y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be to whole doll		Statement covers	CALI	california 460		
NAME OF FILER	ons on reverse of for WRD Board 2024			through 12-31	I-23 Page I.D. NU 1382	MBER		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
7-8-23	Sergio Calderon for WRD Board 2022 Z Support	Monetary Contribution Nonmonetary Contribution Independent Expenditure		\$250.00	\$250.00			
7-8-23	Barbara Calhoun for College Board 24	Monetary Contribution Nonmonetary Contribution Independent Expenditure		\$108.00	\$108.00			
8-15-22	Janice Hahn for Supervisor 2024 ☑ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		\$250.00	\$250.00			
			SUBTOTAL	\$ 608.00				
1. Itemized	e D Summary contributions and independent expenditures mad ed contributions and independent expenditures m							

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

| SCHEDULE D (CONT.)
Statement covers period	FORM	460		
through	12-31-23	Page	9 of	14
I.D. NUMBER				

NAME OF FILER Katherman for WRD Board 2024 1382475 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DESCRIPTION AMOUNT THIS TYPE OF PAYMENT DATE CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ✓ Monetary Robert Pullen Miles for Mayor 2024 10-30-23 Contribution \$250.00 \$250.00 Nonmonetary Contribution ☐ Independent Expenditure ☑ Support □ Oppose ✓ Monetary Scott Houston for West Basin MWD Board Contribution 10-30-23 2026 \$125.00 \$125.00 Nonmonetary Contribution Independent Expenditure Support □ Oppose ✓ Monetary Curren Price Legal Defense Fund 11-13-23 Contribution \$250.00 \$250.00 Nonmonetary Contribution Independent Expenditure Support □ Oppose Monetary Mark Henderson for City Council 2024 Contribution 11-30-23 \$200.00 \$200.00 Nonmonetary Contribution ☐ Independent Expenditure Support □ Oppose SUBTOTAL \$ 825..00

Schedule E Payments Made	Amounts may be rounded to whole dollars.			Statem			DRNIA 460
SEE INSTRUCTIONS ON REVERSE				through_	12-31-23		10 of 14
NAME OF FILER Katherman for WRD Board 2024						1.D. NUME	
CODES: If one of the following codes accurately describes	s the payment, yo	ou may en	ter the code. Ot	therwise, descr	ibe 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 com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deliv	munications I appearance es ating urvey researd very and mes	s	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transi VOT voter	airtime and production ned contributions laign workers' salaries cable airtime and prod date travel, lodging, ar spouse travel, lodging, fer between committee registration nation technology cost	duction costs and meals and meals s of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	-	CODE	OR I	DESCRIPTION OF PA	AYMENT		AMOUNT PAID
Mental Health Advocacy Services		cvc	Donation				\$103.00
Los Angeles, Ca. 90010							• • • • • • • • • • • • • • • • • • • •
Sergio Calderon for WRD Board 2022		СТВ					\$250.00
Inglewood, CA 90301 EPPC#1361817							
Barbara Calhoun for College Board 2024		СТВ					\$108.00
Inglewood, CA 90301 EPPC#1457362							
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SI	JBTOTAL \$	461.00
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$	1,536.00
2. Unitemized payments made this period of under \$100						\$	156.65
3 Total interest paid this period on loans. (Enter amount from	n Schedule B. Par	t 1 Colum	n (e))			\$	0

1,692.65

SCHEDULE E	CONIT
OUDEDULE E	LUNI

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Katherman for WRD Board 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating PET TEL t.v. or cable airtime and production costs 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 independent expenditure supporting/opposing others (explain)* IND 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 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
Janice Hahn for Supervisor 2024 Los Angeles, CA. 90017 ID# 1457362 ■	СТВ			\$250.00
Curren Price Lagal Defense fund Los Angeles, CA. 90017 FPPC#1461457	СТВ			\$250.00
Scott Houston for West Basin MWD Board 2026 El SEgundo, CA 90245 FPPC#1367374	СТВ			\$125.00
Robert Pullen Miles for Mayor 2024 Inglewood, CA 90301 FPPC# 1362359	СТВ			\$250.00
Mark Henderson for Gardena City Council 2024 Gardena, CA 90247 FPPC# 1458940 ■	СТВ			\$200.00

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

SUBTOTAL \$

1075.00

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	110111	ers period -23 -31-23	CALIFORNIA 460 FORM Page 12 of 14
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Katherman for WRD Board 2024			illough		I.D. NUMBER 1382475
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants 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	s the payment, you may MBR member communication MTG meetings and appearar OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production cost butions kers' salaries rtime and productionel, lodging, and me avel, lodging, and en committees of ton	on costs eals meals the same candidate/sponsor
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 PA THIS PERIO (ALSO REPORT O	D BALANCE AT CLOSE
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	\$	\$
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a 	schedule F, Column (b) su accrued expenses under s	btotals for \$100.)	INC	URRED TOTA	LS\$0
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.)		PAID TOTA	LS \$
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	ter the difference here and			N	ET \$ 0

Schedule G	
Payments Made by an Agent or Independer Contractor (on Behalf of This Committee)	۱t

Amounts may be rounded to whole dollars.

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Katherman for WRD Board 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

CMS campaign paraphernalia/misc.

CNS campaign consultants

CNS contribution (explain nonmonetary)*

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

MTG meetings and appearances

OFC office expenses

FET petition circulating

TEL t. v. or cable airtime and production costs

t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

FIL candidate filing/ballot tees Prio priore 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

EG legal defense PRO professional services (legal, accounting) VOT voter registration

IT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
· · · · · · · · · · · · · · · · · · ·					
			-		
·					
				·	
			·		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

0

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*		ay be rounded le dollars.		Statement coverage 7-	vers period 1-23	CALIFORNIA 460 FORM				
SEE INSTRUCTIONS ON REVERSE					through12	-31-23	Page 14	of 14		
NAME OF FILER							I.D. NUMBER			
Katherman for WRD Board 2024							1382475			
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE		
				☐ PAID	· ·			CALENDAR YEAR		
				s	\$	%	\$	\$		
				☐ FORGIVEN		RATE		PER ELECTION**		
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
				☐ PAID				CALENDAR YEAR		
				s	\$	%	\$	\$		
				FORGIVEN		RATE		PER ELECTION**		
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
*Loans that are contributions to another candidate										
also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$ 0.00	\$	\$	\$				
	,					(Enter (e) on Schedule I, Line 3)				
Sahadula U Summanı										
Schedule H Summary					œ	0.00				
Loans made this period (Total Column (b) plus unitemized loan	s of less than \$100.)	•••••••••••••••••••••••••••••••••••••••			Ф	-0.00	⁻ [**If Required		
Payments received on loans (Total Column (c) plus unitemized payr					\$	0.00	_			
3. Net change this period. (Subtract Line: (Enter the net here and on the Summa			······································			0.00 ay be a negative number)	_			