## Recipient Committee Campaign Statement Cover Page

(3)02/01/2023	COVER PAGE
RECEIVED BY	CALIFORNIA 460
ilicable 2013 FEB -3 PM 12: 00	Page 1 of 17
CAMPAIGN FINANCE	
ment:	

Cover Page		1.U\$ ANGELES COUNT
	Statement covers period from 7/1/2022	Date of election if applicable (Month, Day, Year) Z023 FEB -3 PM I2: 00 For Official Use Only
EEE INSTRUCTIONS ON REVERSE	through 12/31/2022	CAMPAIGN FINANCE
. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee O Small Contributor Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored Complete Part 6) rimarily Formed Candidate/ fficeholder Committee So Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)
Committee Intermation	NUMBER 133366	Treasurer(s)
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	55500	NAME OF TREASURER
Committee For a Healthier South Bay, Martha Koo Fo	or Beach Cities Health	Laure A. Linn
District Board of Directors 2020		MAILING ADDRESS
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE
		Manhattan Beach CA 90266 323-243-5656
CITY STATE ZIP COL	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY
M anhattan Beach CA 90266		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHONE
Manhattan Beach CA 90266	323-243-5656	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS
laure.linn@yahoo.com		laure.linn@yahoo.com
l. Verification	and the statement and to the best of	and in the attached schedules is true and complete. I
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of 0	•	and in the attached schedules is true and complete. T
Executed on 1/30/2023	Ву	
Executed on 1/30/2023	By ——Signature o	Responsible Officer of Sporsor
Executed on 1/30/2023	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent  EPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2									
CALIFORNIA 460									
FORM TOO									
Page 2 of 17									

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	t Measure Committe	e			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Martha B. Koo								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT		
Board of Directors, Beach Cities Health District						OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	Y STATE ZIP Manhattan F CA 90266		Identify the controlling office	holder, candidate, or sta	te measure propo	onent, if any.		
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROPONENT				
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candit	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO. I	FANY		
COMMITTEE NAME	I.D. NUMBER				<del></del>			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this committee	s primarily formed	t names of		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	ox)		NAME OF OFFICEHOLDER OR O	CANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE		
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR O	CANDIDATE OFFICES	OUGHT OR HELD	SUPPORT OPPOSE		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE		
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary								

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	from 7/1/2022	FORM 460
EEE INSTRUCTIONS ON REVERSE	through 12/31/2022	Page 3 of 17
IAME OF FILER		I.D. NUMBER
Laure A. Linn		1433366

Laure A. Linn			1433300
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	0	\$ \frac{0}{0} \\ \$ \fra	1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	0	\$ \frac{0}{0} \\ \$ \frac{0}{0} \\ \square 0	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)
Current Cash Statement  12. Beginning Cash Balance	\$ 0 \$ 0 \$ 0 \$ 0	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.  FPPC Form 460 (Jan/2016)
			FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A			ts may be rounded			SCHEDULE A			
	ontributions Received	to	whole dollars.	Statement cov	ers period	CALIFORNIA 460			
_				from 7/1/2022		FORM 400			
acc matriations	ON PENEDOS			through 12/31/20	22	Page	4of		
SEE INSTRUCTIONS	ON REVERSE						IMBER		
NAME OF FILER Laure A. Linn						143336			
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION		
RECEIVED	CONTRIBUTOR	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR Y	'EAR	TO DATE		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OF BUSINESS)	PERIOD	(JAN. 1 - DEC	. 31)	(IF REQUIRED)		
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		□ PTY □ SCC				Ì			
			SUBTOTAL	<b>5</b> 0					
Schedule A	Summany				(10)				
	_					tributor C - Individu			
1. Amount rece	ived this period - itemized monetary contribution	ns.	\$ <u>0</u>				ent Committee		
(Include all S	chedule A subtotals.)				1	(other	than PTY or SCC)		
0 A	tred this period continued manages as stilled	Home of lose the	. \$100				(e.g., business entity)		
Z. Amount rece	ived this period – unitemized monetary contribut	uoris of iess triari	φ ιου			Politica Small	Contributor Committee		
3. Total moneta	ry contributions received this period.								
(Add Lines 1	and 2. Enter here and on the Summary Page, C	Column A, Line 1	.) <b>TOTAL \$</b>			FPP	C Form 460 (Jan/2016)		
•		•		F	PPC Advice: advi		.ca.gov (866/275-3772)		

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Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o	be rounded dollars.	Statement cov	CALIFORNIA 460			
				through 12/31/20	22	Page	5	of
NAME OF FILER Laure A. Linn						1.D. NU 14333	JMBER 66	
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 DATE  CALENDAR YEAR  (JAN. 1 - DEC. 31)		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				٠.		

SUBTOTAL \$ 0

\*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

	Am	ounts may be ro	unded				SCHE	SCHEDULE B - PART 1		
Schedule B – Part 1	Alli	to whole dollars		Γ	Statement cov	ers period	CALIFORNIA 46			
Loans Received	%.,			1	from <u>7/1/2022</u>		FORM	** 40U		
SEE INSTRUCTIONS ON REVERSE				-	through 12/31/20	)22	Page 6	of_17		
NAME OF FILER				<u>.</u>	<del></del>		I.D. NUMBER			
Laure A. Linn	•						1433366			
Laure A. Linn										
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE		
				PAID	FLINOS			CALENDAR YEAR		
		İ	1	s		%	\$	s		
				FORGIVEN		RATE		PER ELECTION**		
				- PORGIVER				PERELECTION		
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
TO ND COM OTH PTY SCC		<del> </del>	<u> </u>	PAID	DATE GOE		BATE MODITIES	CALENDAR YEAR		
				,	1.		1.	1.		
				,	-   •	RATE	*	\$		
			Į	FORGIVEN	1			PER ELECTION**		
	į		s	\$		\$	_	\$		
TO IND COM OTH PTY SCC		•	<b>*</b>		DATE DUE		DATE INCURRED			
				PAID				CALENDAR YEAR		
•		}		\$	-   \$		\$	\$		
				FORGIVEN		RATE		PER ELECTION**		
			•	8		<b>,</b>				
<sup>†</sup> □IND □ COM □ OTH □ PTY □ SCC			<b>7</b>		DATE DUE	\	DATE INCURRED	-		
	S	SUBTOTALS \$	0 :	<b>\$</b> 0	\$ 0	\$ 0		1 k tu		
						(Enter (e) on Sch	edula E. Line 3)			
Schedule B Summary						, (5) 5 661				
1. Loans received this period				\$ <u>0</u>						
(Total Column (b) plus unitemized loar				s 0		$\mathbf{c}$	Contributor Codes			
2. Loans paid or forgiven this period			•••••	\$ <u>~</u>	<del></del>		ND - Individual	·		
(Total Column (c) plus loans under \$10		dula A \				[.9	COM - Recipient C			
(Include loans paid by a third party tha 3. Net change this period. (Subtract Lin				NET e 0			other than) ,.OTH – Other (e.g	PTY or SCC) business entity)		
Enter the net here and on the Summa			.,,			_ [1	PTY - Political Par	ty		
Eliter the flet flete and on the duffilling	. j . 255, 00idiiii / i, 2110 2.						SCC - Small Contr	ibutor Committee		
				(	May be a negative number)			•		
*Amounts forgiven or paid by another party also m	nust be reported on Schedule A.	)								

\*\* If required.

□scc

Enter on Summary Page, Line 17 only.

SUBTOTAL \$ 0

Schedule C		to whole dollars.						SCHEDULE C		
Nonmonetary Contributions Received					Statement covers period from 7/1/2022			california 460		
SEE INSTRUCTIO	DNS ON REVERSE				through 12/31/2022			Page 8 of 17		
NAME OF FILER			· · · · · · · · · · · · · · · · · · ·					I.D. NUMI	BER	
Laure A. Linn								1433366	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	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								
Attach additi	ional information on appropriately labeled	continuation	sheets.	SUBTO	TAL S	\$ <sub>0</sub>				
Amount re (Include al     Amount re	C Summary ceived this period – itemized nonmonetal Il Schedule C subtotals.)	tary contribut				)	IND COM	(other the Other (e. - Political I	nt Committee an PTY or SCC) .g., business entity)	
<ol><li>Total nonm (Add Lines</li></ol>	nonetary contributions received this perions 1 and 2. Enter here and on the Summar	d. y Page, Colui	mn A, Lines 4 and 10.)	тот#	<b>L</b> \$_	)	_	· · · · · · · · · · · · · · · · · · ·		

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees			Amounts may be r to whole dolla		Statement cover from $\frac{7/1/2022}{}$	s period	CALIFORNIA 460		
	•			•	through 12/31/202	2	Page 9 of 17		
NAME OF FILER	ONS ON REVERSE						I.D. NUME	ER	
Laure A. Linn							1433366		
DATE	MEASURE NUMBER OR L	OFFICE, AND DISTRICT, OR ETTER AND JURISDICTION, MMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DI	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
			Monetary Contribution					,	
			Nonmonetary Contribution						
	☐ Support	☐ Oppose	Independent Expenditure						
			Monetary Contribution						
			Nonmonetary Contribution		1				
	☐ Support	Oppose	Independent Expenditure						
			Monetary Contribution						
			Nonmonetary Contribution						
	☐ Support	☐ Oppose	Independent Expenditure						
<del> </del>	•			SUBTOTAL	\$ 0				
	D Summary						0	-	
1. Itemized	contributions and indepe	endent expenditures made	e this period. (Include	all Schedule D subtotals.)		•••••••	\$ -		
2. Unitemize	ed contributions and inde	ependent expenditures m	ade this period of und	der \$100			\$		
3. Total cont	ributions and independe	ent expenditures made the	s period. (Add Lines	1 and 2. Do not enter on t	he Summary Page	e.) <b>TO</b> T	'AL\$_		

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period **CALIFORNIA Supporting/Opposing Other FORM Candidates, Measures and Committees** through 12/31/2022 NAME OF FILER I.D. NUMBER Laure A. Linn 1433366 CUMULATIVE TO DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR PER ELECTION DESCRIPTION **AMOUNT THIS** TYPE OF PAYMENT CALENDAR YEAR DATE MEASURE NUMBER OR LETTER AND JURISDICTION, TO DATE (IF REQUIRED) PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ■ Monetary Contribution ■ Nonmonetary Contribution ☐ Independent ☐ Support ☐ Oppose Expenditure ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure ■ Monetary Contribution ■ Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure Monetary Monetary Contribution ■ Nonmonetary Contribution ☐ Independent ☐ Support □ Oppose Expenditure

SUBTOTAL \$ 0

							SCHEDULE E
Schedule E Amounts may be rounded to whole dollars.					Statement covers period	CALIFORNIA 460	
Payments Made	from 7/1/2022	FOF	RM TOO				
SEE INSTRUCTIONS ON REVERSE					through 12/31/2022	Page 1	1 of
NAME OF FILER						I.D. NUMI	
Laure A. Linn						143336	6
CODES: If one of the following codes accurately describe  CMP campaign paraphemalia/misc.  campaign consultants  CTB contribution (explain nonmonetary)*  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, deli PRO professional PRT print ads	munications d appearance ses lating urvey researe very and me	es ch ssenger services		ise, describe the payment.  RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, and staff/spouse travel, lodging, transfer between committees voter registration information technology costs	duction costs nd meals and meals as of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCR	IPTION OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			su	JBTOTAL \$	0
Schedule E Summary	<del></del>						
Itemized payments made this period. (Include all Schedule	e E subtotals.)					s 0	
2. Uniternized payments made this period of under \$100	•					•	
3. Total interest paid this period on loans. (Enter amount from						•	
4. Total payments made this period. (Add Lines 1, 2, and 3. E							

	• •										
Schedule E (Continuation Sheet) Payments Made			Amounts may be rounded to whole dollars.				Statement covers period 7/1/2022 from		d	CALIFORNIA 460	
SEE I	NSTRUCTIONS ON REVERSE						through <u>12/31/2022</u>			Page12	of
	e A. Linn									I.D. NUMB 1433366	ER
CMP CNS CTB CVC FIL FND IND	DES: If one of the following codes accurately describes campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR MTG OFC PET PHO	member com meetings and office expens petition circul phone banks polling and su postage, delin professional s	munications appearances ating urvey resea	3 ees		RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and prod returned contributions campaign workers' sa t.v. or cable airtime an candidate travel, lodgi	duction of laries nd produ ing, and dging, a mittees	uction costs i meals and meals of the same	·
_	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DES	CRIPTIC	ON OF PAYMENT			AMOUNT PAID
			,								
						-					
-			,				,				

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

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement coverage from 7/1/2022	ers period	CALIFORNIA 460		
			through 12/31/20	)22	Page 13 of 17	
SEE INSTRUCTIONS ON REVERSE		·			I.D. NUMBER	
NAME OF FILER					1433366	
Laure A. Linn					1433300	
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundralising events independent expenditure supporting/opposing others (explain)*  LEG legal defense campaign literature and mailings	MBR member communication MTG meetings and appearance OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (i PRT print ads	ns nces parch nessenger services	erwise, describe the payment.  RAD radio airtime and production costs 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 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 P THIS PERI (ALSO REPORT	OD BALANCE AT CLOSE	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0	<b>\$</b> 0	\$ 0	\$ 0	
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a	chedule F, Column (b) su accrued expenses under	btotals for \$100.)	INCU	RRED TOTA	LS \$	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)	ALS \$					
3. Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and	j 		N	IET \$	
• • • • • • •					May be a negative number FPPC Form 460 (Jan/2016))	

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 7/1/2022 through 12/31/2022	SCHEDULE F (CONT.  CALIFORNIA 460  FORM  Page 14 of 17		
NAME OF FILER			I.D. NUMBER		
Laure A. Linn			1433366		
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense candidate 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 of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of returned contributions TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a	iction costs I meals nd meals of the same candidate/sponsor		

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

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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
•					
	SUBTOTALS	\$ 0	<b>\$</b> 0	\$ 0	<b>\$</b> 0

The second second

Sci	nedule G		,		SCHEDULE G		
	yments Made by an Agent or Independent ntractor (on Behalf of This Committee)	t Am	ounts may be rounded to whole dollars.	Statement covers period from 7/1/2022	CALIFORNIA 460		
				through 12/31/2022	Page 15 of 17		
	NSTRUCTIONS ON REVERSE				I.D. NUMBER		
	e A. Linn				1433366		
	OF AGENT OR INDEPENDENT CONTRACTOR				1		
COI	DES: If one of the following codes accurately describe	s the paymer	nt, you may enter the c	ode. Otherwise, describe the paymen	t.		
CNS CTB CVC FIL FND IND LEG LIT	campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings //ments that are contributions or independent expenditures must also be	MTG meeting OFC office ex PET petition PHO phone b POL polling a POS postage PRO professi PRT print ads	circulating anks and survey research ,, delivery and messenger sen onal services (legal, accountir s		duction costs and meals and meals s of the same candidate/sponsor		
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID		
	`						

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 0

<sup>\*</sup> 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.

				_			<u></u>	SCHEDULE H
Schedule H		Amounts may be rounded to whole dollars.			Statement cove	rs period	CALIFORNIA 460	
Loans Made to Others*	to whole dollars.			from 7/1/2022		FORM 400		
SEE INSTRUCTIONS ON REVERSE					through	)22	Page 16	. of <u>17</u>
NAME OF FILER							I.D. NUMBER	
Laure A. Linn							1433366	
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	(e) REPAYMENT O FORGIVENES THIS PERIOD	S   BALANCE AI	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				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 of also be summarized on Schedule D. Loans forgiver reported on Schedule E.	n must also be	SUBTOTALS	\$0	<b>\$</b> 0	\$ 0	\$ 0		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary	•				. 0			
Loans made this period(Total Column (b) plus uniternized loans     Payments received on loans	s of less than \$100.)				\$			**If Required
(Total Column (c) plus unitemized paym 3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summar	nents of less than \$100.) ? from Line 1.)				Λ			

(May be a negative number)

Schedule I		Amounts may be rounde	ed		SCHEDULE I		
	ncreases to Cash	to whole dollars.		Statement covers period	CALIFORNIA 460		
				from <u>7/1/2022</u>	FORM TOO		
SEE INSTRUCTIONS ON RE	VERSE			through	Page 17 of 17		
NAME OF FILER	VI.OC				I.D. NUMBER		
Laure A. Linn					1433366		
DATE	FULL NAME AND ADDRESS OF SOURCE		DEG	ODIDITION OF DECEIPT	AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CRIPTION OF RECEIPT	INCREASE TO CASH		
					<u> </u>		
					:		
-							
				,			
	ormation on appropriately labeled continuation sheets.			SUBTOTAL	.\$ 0		
Schedule   Sumn	•			<b>a</b> 0			
1. Itemized increases	to cash this period			— — — — — — — — — — — — — — — —	<del>-</del> ,		
2. Unitemized increas	ses to cash of under \$100 this period		••••	\$ <u>0</u>	_		
3. Total of all interest	received this period on loans made to others. (Sc	hedule H, Column (e).)	••••••	\$ <u>0</u>	-		
4. Total miscellaneous	s increases to cash this period. (Add Lines 1, 2, a	nd 3. Enter here and on	the	0			
Summary Page, Li	ne 14.)			TOTAL \$	FPPC Form 460 (Jan/2016))		
				FPPC Advice: adv	ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov		