

**Recipient Committee  
Campaign Statement  
Cover Page**

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COVER PAGE

Date Stamp <b>CAMPAIGN FINANCE DISCLOSURE SECTION</b>	<b>CALIFORNIA 460 FORM</b>
Page <u>1</u> of <u>17</u>	For Official Use Only

Statement covers period from <u>Jan 1 2023</u> through <u>June 30 2023</u>	Date of election if applicable: (Month, Day, Year) <u>—</u>
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SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Pre-election 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<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Committee to Re-elect Larry L. Redinger</u>	ID NUMBER
STREET ADDRESS (NO P.O. BOX) <u>Diamond Bar, CA 91765</u>	
CITY STATE ZIP CODE AREA CODE/PHONE <u>Diamond Bar CA 91765</u>	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX <u>Same</u>	
CITY STATE ZIP CODE AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS <u>scoldyman@icloud.com</u>	

**Treasurer(s)**

NAME OF TREASURER <u>LARRY L. REDINGER</u>
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE <u>Diamond Bar, CA 91765</u>
NAME OF ASSISTANT TREASURER, IF ANY <u>None</u>
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 certify under penalty of perjury under the laws of the State of California that:

Executed on 4 July 2023  
Date  
Executed on 4 July 2023  
Date  
Executed on \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
LARRY L. RIDINGEN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
BOARD of Trustees - Walnut Valley CSD

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

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
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE  
NONE

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 PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee List name of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE <u>NA</u>	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

Statement covers period  
from **Jan 1 2023**  
through **June 30 2023**

STATEMENT PAGE  
**CALIFORNIA 460**  
FORM  
Page **3** of **17**  
LIC NUMBER  
**1455901**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Contributions Received		Column A TOTAL TIME PERIOD (PRORATED) = (B) x (C) / (D)	Column B ALLEGED TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	
				11 through 11/30	11 to Date
1. Monetary Contributions	Schedule A, Line 1	\$ 0	\$ 0		
2. Loans Received	Schedule B, Line 3	\$ 0	\$ 0		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0	\$ 0	20 Contributions Received	\$ 0
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0	\$ 0	21 Expenditures Made	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0	\$ 0		
Expenditures Made				Expenditure Limit Summary for State Candidates	
6. Payments Made	Schedule E, Line 4	\$ 0	\$ 0	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
7. Loans Made	Schedule H, Line 3	\$ 0	\$ 0	Date of Election (mm/dd/yy)	Total to Date
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 0	\$ 0	____/____/____	\$ _____
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0	\$ 0	____/____/____	\$ _____
10. Nonmonetary Adjustment	Schedule G, Line 3	\$ 0	\$ 0		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 0	\$ 0		
Current Cash Statement				*Amounts in this section may be different from amounts reported in Column B.	
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 69			
13. Cash Receipts	Column A, Line 3 above	\$ 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).		
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0			
15. Cash Payments	Column A, Line 8 above	\$ 0			
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 69			
If this is a termination statement, Line 16 must be zero.					
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0			
Cash Equivalents and Outstanding Debts					
18. Cash Equivalents	See instructions on reverse	\$ 0			
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0			

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars

SCHEDULE A

Statement covers period

from Jan 1 2023  
through June 30 2023

**CALIFORNIA 460  
FORM**

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ID NUMBER  
1455901

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LARRY L. REDINGEN

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED (NUMBER))	CONTRIBUTOR CODE * <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	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))	PERFECTION TO DATE (IF REQUIRED)
	<i>N/A</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT)

Statement covers period  
from Jan 1 2023  
through June 30 2023

**CALIFORNIA 460**  
**FORM**  
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1455 901

NAME OF FILER

LARRY L. REDINGEN

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 I LLECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<u>0</u>
	<u>H/A</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				<b>SUBTOTAL \$</b>		<u>0</u>

\*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 B – Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period  
from Jan 1, 2023  
through Jan 30, 2023

SCHEDULE B PART 1

**CALIFORNIA 460**  
**FORM**  
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1455901

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

LARRY L. REDINGER

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
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE _____	DATE INCURRED _____	CALENDAR YEAR _____	\$ <u>0</u>
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE _____	DATE INCURRED _____	CALENDAR YEAR _____	\$ <u>0</u>
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE _____	DATE INCURRED _____	CALENDAR YEAR _____	\$ <u>0</u>
<b>SUBTOTALS \$ _____ \$ _____ \$ _____ \$ _____</b>									

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

† 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

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

**Schedule B – Part 2  
Loan Guarantors**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from **Jan 1 2023**  
through **June 30 2023**

SCHEDULE B - PART 2

**CALIFORNIA 460**  
**FORM**

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**1455901**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**LARRY L. REDINGER**

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE <sup>2</sup>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	LOAN  LENDER  DATE	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE  CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	BALANCE OUTSTANDING TO DATE  \$ _____
<b>N/A</b>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	\$ _____
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	\$ _____
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	\$ _____
<b>SUBTOTAL \$</b>					Enter on Summary Page, Line 17 only <b>\$ _____</b>	

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars

Statement covers period  
from **Jan 1 2023**  
through **June 30 2023**

SCHEDULE C  
**CALIFORNIA FORM 460**  
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**1455901**

SEE INSTRUCTIONS ON REVERSE  
NAME OF TILER

**LARRY L REDINGEN**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE (CALENDAR YEAR (JAN 1 - DEC 31))	PERFECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					<del>0</del>
	<b>N/A</b>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					<del>0</del>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					<del>0</del>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					<del>0</del>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

~~0~~

~~0~~

**Schedule C Summary**

- Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... \$ ~~0~~
- Amount received this period - unitemized nonmonetary contributions of less than \$100 ..... \$ ~~0~~
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL \$ ~~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



**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from **Jan 1 2023**  
through **Jun 30 2023**

SCHEDULE D

**CALIFORNIA 460**  
FORM

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ID NUMBER  
**1455901**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**LARRY L. REDINGER**

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	<b>N/A</b>	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				<b>0</b>
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				<b>0</b>
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				<b>0</b>
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>						<b>0</b>

**Schedule D Summary**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ **0**
2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ **0**
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... TOTAL.. \$ **0**

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

Amounts may be rounded  
to whole dollars.

Statement covers period  
from **Jan 1 2023**  
through **June 30 2023**

STATE OF CALIFORNIA  
**CALIFORNIA FORM 460**  
Page **10** of **17**  
ID NUMBER  
**1455901**

NAME OF FILER

**LARRY L. REDINGER**

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT (THR. PERIOD)	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	<b>N/A</b>	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose				<b>0</b>
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose				<b>0</b>
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose				<b>0</b>
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose				<b>0</b>
<b>SUBTOTAL \$</b>				<b>0</b>		<b>0</b>

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 15 Jan 2023  
through 30 June 2023

SCHEDULE E

**CALIFORNIA 460**  
FORM

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ID NUMBER  
1455901

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

LARRY L. REDINGER

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc                                   | MHR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RTD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TLT tv or cable airtime and production costs                  |
| FIL 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                    |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSI transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT 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
<u>N/A</u>			<u>0</u>
			<u>0</u>
			<u>0</u>

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

SUBTOTAL \$ 0

**Schedule E Summary**

- |   |                   |
|---|-------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$ <u>0</u>       |
| 2. Unitemized payments made this period of under \$100.....   | \$ <u>0</u>       |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....                   | \$ <u>0</u>       |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ <u>0</u> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period  
from **Jan 1 2023**  
through **June 30, 2023**

**CALIFORNIA FORM 460**

Page **12** of **17**

ED NUMBER  
**1455901**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**LARRY L. REDINGEN**

**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                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFF office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL tv or cable airtime and production costs                  |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POI 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 |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>N/A</b>				<b>0</b>
				<b>0</b>
				<b>0</b>
				<b>0</b>
				<b>0</b>

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

SUBTOTAL \$ **0**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

Statement covers period  
from 1 Jan 2023  
through 30 June 2023

SCHEDULE F

**CALIFORNIA FORM 460**

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ID NUMBER  
1455901

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
LARRY L Redinger

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc                                   | MRR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL 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                   |
| IND independent expenditure supporting/opposing others (explain)* | 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  |
| LIT campaign literature and mailings                              | PRT print ads                                 | 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>N/A</u>					<u>0</u>
					<u>0</u>
					<u>0</u>
<b>SUBTOTALS \$</b>				<b>\$</b>	<b>\$</b> <u>0</u>

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

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 0
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 0
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 0

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars

Statement covers period  
from Jan 1 2023  
through June 30 2023

SCHEDULE F (CONT.)  
**CALIFORNIA 460**  
FORM  
Page 14 of 17  
FBI NUMBER  
1455901

NAME OF FILER  
LARRY L. REDINGER

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc                                   | MIR member communications                     | RAI radio airtime and production costs                        |
| CNS campaign consultants  | MIG meetings and appearances                  | RFI returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OIC office expenses                           | RAL campaign workers salaries                                 |
| CVC civic donations   | PEC petition circulating                      | TII tv or cable airtime and production costs                  |
| FIL candidate filing/ballot fees                                  | PIB phone banks                               | TRC candidate travel lodging and meals                        |
| FND fundraising events  | POL polling and survey research               | TRR 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 |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WIB information technology costs (internet, e-mail)           |

\* 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
<u>N/A</u>					<u>0</u>
					<u>0</u>
					<u>0</u>
					<u>0</u>
<b>SUBTOTALS \$</b>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

**Schedule G  
Payments Made by an Agent or Independent  
Contractor (on Behalf of This Committee)**

Amounts may be rounded  
to whole dollars

Statement covers period  
from **Jan 1 2023**  
through **June 30 2023**

SCHEDULE G  
**CALIFORNIA 460**  
FORM  
Page 15 of 17  
ID NUMBER  
**1455901**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**LARRY L. REDINGEN**

NAME OF AGENT OR INDEPENDENT CONTRACTOR

~~XXXXXXXXXX~~ **NONE**

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                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RI D returned contributions                                   |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL tv or cable airtime and production costs                  |
| FIL 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                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSP transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT 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)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>N/A</b>				<b>0</b>
				<b>0</b>
				<b>0</b>
				<b>0</b>

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\***

Amounts may be rounded  
to whole dollars

Statement covers period  
from Jan 2023  
through June 30, 2023

SCHEDULE H  
**CALIFORNIA 460**  
FORM  
Page 16 of 17  
FILER NUMBER  
1455901

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

~~THE~~ LARRY L. REDINGER

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID 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 OR FORGIVENESS THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____				
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____% RATE	\$ _____	CALENDAR YEAR \$ <u>0</u> PER ELECTION** \$ <u>0</u>
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____% RATE	\$ _____	CALENDAR YEAR \$ <u>0</u> PER ELECTION** \$ <u>0</u>
		<b>SUBTOTALS</b>		\$ _____	\$ _____	\$ _____	\$ <u>0</u>		

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on  
Schedule I, Line 3)

**Schedule H Summary**

- Loans made this period.....\$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans.....\$ 0  
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.).....NET \$ 0  
(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

\*\*If Required



**Schedule I  
Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars

Statement covers period  
from **Jan 1 2023**  
through **June 30 2023**

SCHEDULE I

**CALIFORNIA FORM 460**

Page **17** of **17**

ID NUMBER  
**1455901**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**LARRY L. REDINGER**

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE OF COMMITTEE ALSO ENTERED NUMBER	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
			0
			0
			0
			0
			0

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ **0**

**Schedule I Summary**

1. Itemized increases to cash this period. ....	\$ <b>0</b>
2. Unitemized increases to cash of under \$100 this period. ....	\$ <b>0</b>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ....	\$ <b>0</b>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .....	\$ <b>0</b>
<b>TOTAL</b>	\$ <b>0</b>