Recipient Committee Campaign Statement Cover Page CALIFORNIA 460

Ο.	over rage		L		In: 0 Page 1 of 17
		Statement covers	Date of election if applicable: 2021	AUG -2 AM	(i): Deage of
		from _period 1/1/2024	(Month, Day, Year)		For Official Use Only
		Irom period in the	[CAt	1PAIGN FIN	ANÇE .
\$EI	E INSTRUCTIONS ON REVERSE	through <u>6/30/2024</u>			
1.	Type of Recipient Committee: All Committees - Cor	mplete 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	Primarily Formed Ballot Measure Committee Controlled Sponsored Was Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Was Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminat Amendment (Explain below)		Quarterly Statement Special Odd-Year Report
3.	Committee information	D. NUMBER 433366	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	233300	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 Z	IP CODE AREA CODE/PHONE
			Manhattan Beach		90266 323-243-5656
	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A	NY	
	M anhattan Beach CA 9026	6 323-243-5656			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	x.	MAILING ADDRESS		
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE Z	ZIP CODE AREA CODE/PHONE
	JII ,			JIAIL L	ALEX CODE THORE
	Manhattan Beach CA 9026 OPTIONAL: FAX/E-MAIL ADDRESS	6 323-243-3636	OPTIONAL: FAX / E-MAIL ADDRESS		
	laure.linn@yahoo.com		laure.linn@yahoo.com		
4.	Verification				
	I have used all reasonable diligence in preparing and reviewin	ng this statement and to the best of my kn	owledge the information contained herein	and in the attache	d schedules is true and complete. I
	certify under penalty of perjury under the laws of the State of	California that the foregoing is true			
	Executed on 7/15/2024	By			
	Cate	-,			
	Executed on 7/15/2024	By Signature of		le Officer of	Sponsor
	Executed on 7/15/2024	By			
	Date Date	Sig	nature of Controlling Officeholder, Candidate, State Med	asure Proponent	
	Executed on	Bysig	nature of Controlling Officeholder, Candidate, State Med	asure Proponent	

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALIFORNIA FORM	460						
Page 2 0	f_17						

O ceholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	t Measure C	ommittee	
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	JURISDICTIO	N	SUPPORT
Board of Directors, Beach Cities Health District				į		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP Manhattan F CA 90266		Identify the controlling o ce	holder, candida	ate, or state measur	e proponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT	
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 cand.	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	CT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
		7.	Primarily Formed Cand	idate/O ce	holder Committe	BE List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this c	ommittee is primarity	formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	
	,			Ì		SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD
						□ SUPPORT □ OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	
						SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	YES NO					OPPOSE
	ODE AREA CODE/PHONE					

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE
nent covers period CALIFORNIA 4 CO

Summary Page			2024	FORM 460
SEE INSTRUCTIONS ON REVERSE		through _	5/30/2024	Page 3 of 17
IAME OF FILER				I.D. NUMBER
Laure A. Linn				1433366
Contributions Paceived	Column A	Column B	Calendar Year Sum	mary for Candidates

Laure A. Linn			1433366
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} \\ \$ \frac{0}{0} \\ \$ 0	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ \frac{0}{0} \\ \$ \frac{0}{0} \\ \[\frac{0}{0} \\ \[\frac{0}{0} \\ \[0 \\ 0 \\ 0 \\ \[0 \\ 0 \\ \[\frac{0}{0} \\ \]	\$ 0 0 0 0 0 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 \$ 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)
		I	FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement coverage from 1/1/2024	ers period	CALIFORNIA 460		
SEE INSTRUCTION	NS ON REVERSE			through 6/30/2024	4	Page	4 of	
NAME OF FILER Laure A. Linn					****	I.D. NU 143336		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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	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	0		:		
	A Summary ceived this period – itemized monetary contributions	•	¢ 0		IND	ntributor C Individu 1 Recip		

(Include all Schedule A subtotals.)

2. Amount received this period – unitemized monetary contributions of less than \$100 $\frac{0}{2}$

3. Total monetary contributions received this period.

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o	be rounded Iollars.	Statement cov	CALIFORNIA 460		
				through <u>6/30/202</u>	4	Page _	
NAME OF FILER							JMBER
Laure A. Linn	1					14333	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 T CALENDAR (JAN. 1 - DE	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 □ IND □ COM □ OTH					
		□PTY □SCC					

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

	Δm	ounts may be rou	ındad				SCHEDULE B - PART 1		
Schedule B – Part 1	rui,	to whole dollars			Statement cov	ers period	CALIFORNIA 460		
Loans Received							FORM 400		
					from <u>1/1/2024</u>				
					through <u>6/30/20</u> 2	24	. Page <u>6</u>	of 17	
SEE INSTRUCTIONS ON REVERSE							I.D. NUMBER	<u> </u>	
Laure A. Linn							1433366		
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b) AMOUNT	(c) AMOUNT PAID	(d) OUTSTANDING	(e) INTEREST	ORIGINAL	(g) CUMULATIVE	
OF LENDER	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	RECEIVED THIS	OR FORGIVEN	BALANCEAT	PAID THIS	AMOUNT OF	CONTRIBUTIONS	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIOD	CLOSE OF THIS PERIOD	PERIOD	LOAN	TO DATE	
				PAID				CALENDAR YEAR	
				\$	\$		\$	\$	
i			1	☐ FORGIVEN		RATE		PER ELECTION**	
							1		
TOWN CON CONTRACTOR CONTRACTOR		\$	\$	\$	DATE DUE	ļ \$	DATE INCURRED	\$	
T ND COM OTH PTY SCC				∏ PAID				CALENDAR YEAR	
					1.				
				\$	\ \	RATE	\$	\$	
				FORGIVEN				PER ELECTION**	
				s	l	\$		\$	
[†] □IND □COM □OTH □PTY □SCC		\$	\$		DATE DUE		DATE INCURRED	}	
				PAID				CALENDAR YEAR	
				\$	\$	*	s	s	
				FORGIVEN	1	RATE	1	PER ELECTION**	
								PERELECTION	
+	ł	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
TO IND COM OTH PTY SCC	<u> </u>	<u> </u>		<u> </u>	1	<u> </u>	DATE INCORRED		
	\$	SUBTOTALS \$	0 9	\$ 0	\$ 0	\$ 0			
Schedule B Summary						(Enter (e) on Sch	edule E, Line 3)		
_				¢ 0					
 Loans received this period (Total Column (b) plus unitemized loar 			•••••			•			
2. Loans paid or forgiven this period	13 OF 1033 WAIT \$ 100.)			s 0			†Contributor Codes		
(Total Column (c) plus loans under \$10							IND - Individual COM - Recipient C	committee	
(Include loans paid by a third party tha		edule A.)				Ì		PTY or SCC)	
3. Net change this period. (Subtract Lin				.NET \$			OTH - Other (e.g.,	business entity)	
Enter the net here and on the Summa							PTY - Political Part SCC - Small Contri		
				Δ.	ay be a negative number)		GOO - Gittali Contr		
				(IA)	,, o nogouto nunadi/				

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

** If required.

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Schedule B - Part 2 Loan Guarantors Amounts may be rounded to whole dollars.		ļ	Statement covers period from $\frac{1/1/2024}{}$			CALIFORNIA 46		
SEE INSTRUCTIONS ON REVERSE				through	5/30/2024		Page 7	of
NAME OF FILER Laure A. Linn							I.D. NUMBER 1433366	
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD		JMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM		LENDER			CAI	ENDAR YEAR	
	□OTH □PTY □scc		DATE			PE (II	ER ELECTION FREQUIRED)	
	□IND		LENDER			CAL	ENDAR YEAR	
	□COM □OTH □PTY □SCC		DATE			\$ PE (IF	R ELECTION REQUIRED)	
	□IND □COM		LENDER			CAL	ENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE			PE (IF	R ELECTION F REQUIRED)	
	□IND		LENDER	•		CAL	ENDAR YEAR	
	□COM □OTH □PTY		DATE			PE (IF	ER ELECTION F REQUIRED)	
	□scc				1	\$_		

Enter on Summary Page, Line 17 only.

SUBTOTAL \$ 0

Schedule	C		Amounts may be rounded to whole dollars.				SCHEDULE C			
Nonmone	tary Contributions Received				Statement covers period from 1/1/2024			CALIFORNIA 460		
EE INSTRUCTIO	INS ON REVERSE				thro	ough <u>6/30/2024</u>		Page 8	of	
AME OF FILER								I.D. NUMB	ER	
Laure A. Linn								1433366		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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	CUMULAT DAT CALENDA (JAN 1 - I	R 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 addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	TAL	0				
Schedule (C Summary						(*Con	tributor Cod	es	
	ceived this period – itemized nonmonetar Schedule C subtotals.)				\$_0)	IND-	- Individual Recipien	t Committee an PTY or SCC)	
	ceived this period – unitemized nonmone		ions of less than \$100		\$_0)	PTY	Other (e.c Political P	,, business entity)	
3. Total nonm Add Lines)	onetary contributions received this period 1 and 2. Enter here and on the Summan	l. y Page, Colur	mn A, Lines 4 and 10.)		L \$ _)	_		·	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar		Statement covers period from $\frac{1/1/2024}{}$			CALIFORNIA 460		
	TIONS ON REVERSE			through 6/30/2024		Page 9 I.D. NUME 1433366			
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	CUMULATIV CALENDA (JAN. 1 - I	R YEAR	PER ELECTION TO DATE (IF REQUIRED)		
		Monetary Contribution							
		Nonmonetary Contribution							
	Support Dppose	Independent Expenditure							
		Monetary Contribution							
		Nonmonetary Contribution							
	☐ Support ☐ Oppose	Independent Expenditure							
		Monetary Contribution							
		Nonmonetary Contribution							
	Support Dppose	Independent Expenditure							
			SUBTOTAL \$	0					
Schedule	e D Summary								
	contributions and independent expenditures made	e this period. (Include a	ali Schedule D subtotals.).			\$ <u>0</u>			
2. Unitemiz	ed contributions and independent expenditures m	ade this period of unde	er \$100			\$ <u>0</u>			

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures CALIFORNIA** Statement covers period **Supporting/Opposing Other FORM** from 1/1/2024 **Candidates, Measures and Committees** 6/30/2024 through NAME OF FILER I.D. NUMBER Laure A. Linn 1433366 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT CALENDAR YEAR TO DATE DATE (IF REQUIRED) PERIOD (IF REQUIRED) OR COMMITTEE (JAN. 1 - DEC. 31) 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 Contribution ■ Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure

SUBTOTAL \$ 0

Schedule E Payments Made	Amounts may be rounded to whole dollars. Statement covers period from 1/1/2024				
SEE INSTRUCTIONS ON REVERSE			through 6/30/2024	Page of	
NAME OF FILER				I.D. NUMBER	
Laure A. Linn				1433366	
CODES: If one of the following codes accurately CMP campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si polling and si postage, deli	imunications d'appearances ses lating	Otherwise, describe the payment. RAD RFD radio airtime and production of returned contributions SAL TEL t.v. or cable airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and production of returned contributions t.v. or cable airtime and production of returned contributions table interest and production of returned contributions t.v. or cable airtime and production of returned contributions t.v. or cable airtime and production of returned contributions t.v. or cable airtime and production of returned contributions t.v. or cable airtime and production of returned contributions t.v. or cable airtime and production of returned contributions t.v. or cable airtime and production of returned contributions t.v. or cable airtime and production of returned contributions t.v. or cable airtime and production of returned contributions t.v. or cable airtime and production of returned contributions t.v. or cable airtime and production of returned contributions t.v. or cable airtime and production of returned contributions t.v. or cable airtime and production of t.v. or cable ai	iction costs I meals nd meals of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBEI		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
* Payments that are contributions or independent expenditures n	nust also be summarized on Sche	edule D.	SUI	BTOTAL \$ 0	
Schedule E Summary					
Itemized payments made this period. (Include all	Schedule E subtotals.)			\$	
Unitemized payments made this period of under the second of the sec	-			^	
Total interest paid this period on loans. (Enter am.)				s 0	

SCHEDULE E (CONT.) Schedule E Amounts may be rounded Statement covers period (Continuation Sheet) **CALIFORNIA** to whole dollars. 1/1/2024 **FORM Payments Made** from through 6/30/2024 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Laure A. Linn 1433366 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants RFD returned contributions MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET 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 independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) legal defense VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

^{*} 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.	Amounts may be rounded to whole dollars. Statement covers period from $\frac{1/1/2024}{}$			CALIFORNIA 460	0	
OFF WATERWAY ON DEVENOE			through <u>6/30/202</u>	24	Page 13 of 17	_	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Laure A. Linn					I.D. NUMBER 1433366		
CNS campalgn consultants CTB contribution (explain nonmonetary)* CVC civic donations CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense MTG meetings and appearances FET petition circulating TEL t.v. or phone banks FOL polling and survey research FNS postage, delivery and messenger services FNS professional services (legal, accounting) VOT voter in the professional services (legal, accounting)				radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of 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 P THIS PERI	OD BALANCE AT CLOS	-	
				;			
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0	\$ 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 S	btotals for \$100.)	INCU	RRED TOTA	ALS \$	-	
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total uniternized payments on accrued expenses under \$100.)							
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	<u> </u>		N	IET \$		
					May be a negative number FPPC Form 460 (Jan/2010	6))	

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SCHEDULE F (CONT.) Schedule F Amounts may be rounded to whole dollars. Statement covers period **CALIFORNIA** (Continuation Sheet) from_1/1/2024 **FORM Accrued Expenses (Unpaid Bills)** through <u>6/30/2024</u> Page _14 NAME OF FILER I.D. NUMBER Laure A. Linn 1433366 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)* OFC office expenses campaign workers' salaries SAL petition circulating CVC civic donations PET t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals

polling and survey research

PRT

print ads

postage, delivery and messenger services

professional services (legal, accounting)

TSF

VOT voter registration

independent expenditure supporting/opposing others (explain)*

FND fundraising events

campaign literature and mallings

LEG legal defense

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	\$ 0	\$ 0	\$ 0

staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

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

				unts may be rounded to whole dollars.			Statement covers period from 1/1/2024		CALIFORNIA 460	
ece u	VICTOLICATIONS ON DEVEROE					thr	ough <u>6/30/2024</u>	Page 15	of	
	NSTRUCTIONS ON REVERSE OF FILER							I.D. NUMBE		
Laure	e A. Linn							1433366		
NAME	OF AGENT OR INDEPENDENT CONTRACTOR							······································		
COI	DES: If one of the following codes accurately describe	s the pa	ayment,	you may e	nter the code.	. Otherwise	, describe the paymen	t.		
CNS CTB CVC FIL FND IND LEG LIT	campaign paraphernalia/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 m OFC o PET p PHO p POL p POS p PRO p PRT p	neetings a ffice exper etition circ hone bank olling and ostage, de rofessiona rint ads	culating ks survey reseat alivery and me al services (leg	es	RFD SAL TEL TRC TRS TSF VOT	t.v. or cable airtime and proc candidate travel, lodging, ar staff/spouse travel, lodging,	duction costs nd meals and meals as of the same o	•	
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE)R	DESCRIPTION	ON 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
Schedule H	Amounts may be rounded to whole dollars.			Statement cove	rs period	CALIFORNIA 460		
Loans Made to Others*				from		FORM 400		
					through 6/30/202	• •	14	10
SEE INSTRUCTIONS ON REVERSE					through	/ 4	Page <u>16</u>	_ of <u>17</u>
NAME OF FILER							I.D. NUMBER	
Laure A. Linn							1433366	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d) OUTSTANDING	(e)	(1)	(g)
OF RECIPIENT	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	AMOUNT LOANED THIS	REPAYMENT OF FORGIVENES	S BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF	CUMULATIVE LOANS
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIOD	PERIOD	RECEIVED	LOAN	TO DATE
				☐ PAID				CALENDAR YEAR
				\$	\$	×	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		1						
		2	•		DATE DUE		DATE INCURRED	
				☐ PAID				CALENDAR YEAR
					e			
				FORGIVEN	, ——	RATE	7	
				FORGIVEN			}	PER ELECTION
		\$	5	\$	DATE DUE	\$	DATE INCURRED	, \$
*Loans that are contributions to another candidate	or committee must							
also be summarized on Schedule D. Loans forgive reported on Schedule E.	en must also he	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0		
			·			(Enter (e) on		
						Schedule I, Line 3)		
Schedule H Summary					. 0			
1. Loans made this period				•••••			· г	### Deculeed
(Total Column (b) plus unitemized loans of less than \$100.) 2. Payments received on loans\$							L	**If Required
(Total Column (c) plus unitemized payr	ments of less than \$100.)			***************************************	Ψ <u> </u>	· · · · · · · · · · · · · · · · · · ·	•	
3. Net change this period. (Subtract Line	2 from Line 1.)				NET \$	 		
(Enter the net here and on the Summa								

(May be a negative number)

Schedule I		Amounts may be rounded			SCHEDULE I
	ncreases to Cash	to whole doll		Statement covers period	CALIFORNIA 460
				from 1/1/2024	FORM TOO
	215705			through <u>6/30/2024</u>	Page 17 of 17
SEE INSTRUCTIONS ON RE NAME OF FILER	VERSE				I.D. NUMBER
Laure A. Linn					1433366
DATE	FULL NAME AND ADDRESS OF SOURCE		DES	CRIPTION OF RECEIPT	AMOUNT OF
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)				INCREASE TO CASH
			L		
	ormation on appropriately labeled continuation sheets.			SUBTO	OTAL \$ 0
Schedule Sumn	_			, 0	
1. Itemized increases	to cash this period	•••••••••••••••••••••••••••••••••••••••	•••••	Ф	
2. Unitemized increas	ses to cash of under \$100 this period		i	\$ <u>0</u>	
3. Total of all interest	received this period on loans made to others. (Sch	edule H, Column	(e).)	\$ <u>0</u>	····
4. Total miscellaneou	s increases to cash this period. (Add Lines 1, 2, an	d 3. Enter here a	nd on the	0	•
Summary Page, Li	ne 14.)			TOTAL \$	FPPC Form 460 (Jan/2016))
				FPPC Advice	e: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov