CALIFORNIA 460

Recipient Committee Campaign Statement Cover Page

Cover rago			OS ARGELES COUNTA	age 1 of 17
	Statement covers period	Date of election if applicable:	ANGELES COOK IP	
•	from 7/1/2021	(Month, Day, Year)	2022 FEB -2 AM 10: 25	For Official Use Only
		1	Later CB - 2 Millo 40	020989
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2021</u>		CAMPAIGN FINANCE	c11488
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Completo Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt Special C	Statement dd-Year Report
Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee Ako Complete Part 7)			
	D. NUMBER 433366	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	433300	NAME OF TREASURER		
Committee For a Healthier South Bay, Martha Koo F	or Beach Cities Health	Laure A. Linn		
District Board of Directors 2020		MAILING ADDRESS		
		<u>:</u>		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	Manhattan Beach NAME OF ASSISTANT TREASUR	CA 90266	323-243-5656
		NAME OF ASSISTANT TREASOR	RER, IF ANY	
M anhattan Beach CA 9026 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS		
	-	MALING ADDITION		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
Manhattan Beach CA 9026	6 323-243-5656			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
laure.linn@yahoo.com		laure.linn@yahoo.com	-	
4. Verification				
I have used all reasonable diligence in preparing and review	•		and in the attached schedul	es is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing is			
Executed on 1/15/2022	Ву			
Executed on 1/15/2022	By ————————————————————————————————————		Responsible Officer of Sponsor	•
Executed on 1/15/2022	Bu		,	
Date	<u> </u>		ure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Prenonent	90
Late			State measure Proportent	FPPC Form 460 (Jan/2016))

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVE	R PAGE - PART 2
CALIFOR FORM	NIA 460
Page 2	of 17

Officeholder or Candidate Controlled Comm	nittee		6.	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE					
Martha B. Koo									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF	APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTIO	N	SUPPORT		
Board of Directors, Beach Cities Health District							OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	Manhattan E	STATE ZIP CA 90266		Identify the controlling offic	eholder, candid	ate, or state measure p	proponent, if any.		
Related Committees Not Included in this St	atement: List	any committees		NAME OF OFFICEHOLDER, C	ANDIDATE, OR PE	ROPONENT			
not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily fo			OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY		
COMMITTEE NAME	I.D. NUMBER								
NAME OF TREASURER	CONTROLLED	COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Office i) for which this o	holder Committee committee is primarily fo	List names of rmed.		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.				NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT		
		REA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE		
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HI			
NAME OF TREASURER	☐ YES	COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.		REA CODE/PHONE		Att	ach continuation	n sheets if necessary			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2021 CALIFORNIA FORM 460

through 12/31/2021 Page 3 of 17

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1433366 Laure A. Linn Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 20. Contributions SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3+4 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 Candidates 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 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 (mm/dd/yy) 10. Nonmonetary Adjustment.......Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 13. Cash Receipts Column A, Line 3 above 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. of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 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, 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 FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary C	e INSTRUCTIONS ON REVERSE ME OF FILER aure A. Linn	Amoun to	ts may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through <u>12/31/20</u>	21	Page _	of <u>17</u>	
NAME OF FILER Laure A. Linn						I.D. NUN 1433366		
		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 S	5 0				
(Include all	eived this period – itemized monetary contribution Schedule A subtotals.)				IND - COM OTH PTY	other th Other (e Political	nt Committee nan PTY or SCC) .g., business entity)	
3. Total monet (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	column A, Line 1	.)TOTAL \$ <u>0</u>	F	PPC Advice: advic		Form 460 (Jan/2016)) a.gov (866/275-3772) www.fppc.ca.gov	

Schedule Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole o	be rounded dollars.	Statement cov	ers period	CALIFORNIA 460		
				through <u>12/31/20</u>	21	Page_	5 of 17	
NAME OF FILER Laure A. Linn	1					1.D. NU 14333	JMBER .	
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 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		D D D D D D D D D D D D D D D D D D D						
		DOM DAY						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY						

SUBTOTAL \$ 0

□scc

*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	Am	ounts may be ro to whole dollar			Statement cov	ers period		NIA 460
SEE INSTRUCTIONS ON REVERSE					through 12/31/20	021	Page 6	of_ <u>17</u>
NAME OF FILER		 - ·					I.D. NUMBER	
Laure A. Linn							1433366	
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	RECEIVED THIS	THIS PERIOR	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
				PAID \$	\$	% RATE	\$	\$PER ELECTION
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEAR
				\$FORGIVEN	- \$	% RATE	\$	\$PER ELECTION [®]
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	
				\$ PAID \$ FORGIVEN	- \$	% RATE	. \$	\$PER ELECTION
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	S	SUBTOTALS S	\$ 0	\$ 0	\$ 0	\$ 0		
Schedule B Summary 1. Loans received this period				s <u>0</u>		(Enter (e) on Sche	edule E, Line 3)	
(Total Column (b) plus unitemized loans 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 3. Net change this period. (Subtract Line Enter the net here and on the Summar	s of less than \$100.) 0 paid or forgiven.) t are also itemized on Sche 2 from Line 1.)	dule A.)		\$ <u>0</u>			Contributor Codes IND – Individual COM – Recipient Cother than OTH – Other (e.g., PTY – Political Par SCC – Small Contr	Committee PTY or SCC) business entity) ty
*Amounts forgiven or paid by another party also mi	ust be reported on Schedule A.	1		(May be a negative number)			**

** If required.

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www.fppc.ca.gov

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Staten	nent covers period /2021		
SEE INSTRUCTIONS ON REVERSE				through _	2/31/2021	Page 7	of <u>17</u>
NAME OF FILER Laure A. Linn				,		1.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	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM □OTH □PTY □SCC		DATE .			\$ PER ELECTION (IF REQUIRED)	
	□IND □COM □OTH □PTY □SCC		LENDER			S—————————————————————————————————————	·
	□IND □COM □OTH □PTY □SCC		LENDER			\$ PER ELECTION (IF REQUIRED) \$	
	□IND □COM □OTH □PTY □SCC		LENDER			\$ PER ELECTION (IF REQUIRED)	
	<u> </u>		SUE	BTOTAL S	\$ O	Enter on Summary Page, Line 17 only.	Fee: 9.

Schedule	C		to whole dollars.						SCHEDULE C
	tary Contributions Received		to whole dollars.			statement covers p 7/1/2021	eriod	CALIF(FOI	ORNIA 160
	NS ON REVERSE				thro	ugh 12/31/2021		Page 8	of
AME OF FILER								I.D. NUME	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	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 - I	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 addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	0			
1. Amount red (Include all	C Summary ceived this period – itemized nonmonetar l Schedule C subtotals.) ceived this period – unitemized nonmone						IND - COM OTH	(other th	at Committee an PTY or SCC) g., business entity)
3 Total nonm	nonetary contributions received this period 1 and 2. Enter here and on the Summar	d.						– Small Co	ntributor Committee

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www.fppc.ca.gov

Supporti	of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be to whole doll		Statement covers period from 7/1/2021		CALIFORNIA 460	
EE INSTRUCTI	IONS ON REVERSE			through 12/31/202	1	Page	of
IAME OF FILER Laure A. Linn						1.D. NUMI	
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 - [RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	,	Monetary Contribution					
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
		Monetary Contribution				-	×
		Nonmonetary Contribution					
	Support Doppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
4			SUBTOTAL S	\$ 0			
Schodule	D Summary						
	contributions and independent expenditures mad	e this period (Include	e all Schedule D subtotals.).			s ⁰)
	ed contributions and independent expenditures m						

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period CALIFORNIA from <u>7/1/2021</u> **Supporting/Opposing Other FORM** Candidates, Measures and Committees through 12/31/2021 NAME OF FILER I.D. NUMBER Laure A. Linn 1433366 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DESCRIPTION **AMOUNT THIS** DATE MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT **CALENDAR YEAR** TO DATE **PERIOD** (IF REQUIRED) 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 Contribution ■ Nonmonetary Contribution Independent □ Oppose ☐ Support Expenditure

SUBTOTAL \$ 0

Schedule E Payments Made Amounts may be rounded to whole dollars. Statement covers to whole dollars. 7/1/2021							FORNIA 460
SEE INSTRUCTIONS ON REVERSE					through <u>12/31/2021</u>	Page	
NAME OF FILER Laure A. Linn						1.D. NU	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member cor MTG meetings ar OFC office expen PET petition circt PHO phone bank POL polling and s POS postage, de	nmunications d appearance ses ulating s survey resea livery and me	s ees	Other	wise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at SAMF/Spouse travel, lodging, at SA	duction cos nd meals and meals and the sai	ts πe candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION OF PAYMENT		AMOUNT PAID
				-			
* Payments that are contributions or independent expenditures must also b	e summarized on Sch	edule D.			SI	JBTOTAL	\$ 0
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedul							0
2. Unitemized payments made this period of under \$100						\$ _	0
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Pa	rt 1, Colun	nn (e).)			\$_	0
4. Total payments made this period. (Add Lines 1, 2, and 3.	⊏nter nere and or	ı ine Sumr	nary Page, Col	umn A	, Line 6.)T(ノIAL \$'	

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Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Laure A. Linn	Amounts may be rounded to whole dollars.	Statement covers period 7/1/2021 from	CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2021</u>	Page of
NAME OF FILER			I.D. NUMBER
Laure A. Linn			1433366
CODES: If one of the following codes accur	ately describes the payment, you may enter the code	e. Otherwise, describe the payment.	

MBR member communications

OFC office expenses

PET petition circulating

MTG meetings and appearances

CMP campaign paraphernalia/misc. CNS campaign consultants

CVC civic donations

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	POS postage, deliv		TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate VOT voter registration 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	
			•		
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	dule D.	SUBTO	DTAL \$ 0	

RAD radio airtime and production costs

TEL t.v. or cable airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

	 	_
SCF	11 11	_

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Laure A. Linn	MBR member communication MTG meetings and appeara	enter the code. Oth	through 12/31/20	21	Page 13 of 1	17
NAME OF FILER Laure A. Linn	MBR member communication MTG meetings and appeara	enter the code. Oth	popular describe the		I.D. NUMBER	
Laure A. Linn	MBR member communication MTG meetings and appeara	enter the code. Oth	service describe th			
	MBR member communication MTG meetings and appeara	enter the code. Oth	anuica describe th		1433366	
CORES. If any of the following codes accurately describ	MBR member communication MTG meetings and appeara	enter the code. Oth	anuico deceribo th			
CODES: If one of the following codes accurately described in the campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and PRO professional services (PRT print ads	nces earch messenger services	RAD radio airtime au RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production cost butions ters' salaries time and product el, lodging, and n avel, lodging, and en committees of on	ion costs neals I meals I the same candidate/spo	onsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT				(d) AID OUTSTANI OD BALANCE AT ON E) OF THIS PE	CLOSE
		,				
* 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 accrued expenses of \$100 or more, plus total uniternized.) 2. Total accrued expenses paid this period. (Include all Schacerued expenses of \$100 or more, plus total uniternized.)	l accrued expenses under nedule F, Column (c) subto I payments on accrued exp	\$100.)tals for payments on penses under \$100.).	,	PAID TOTA	Ls \$	
Net change this period. (Subtract Line 2 from Line 1. Ellion the Summary Page, Column A, Line 9.)		- 			May be a negative nu FPPC Form 460 (Jar e@fppc.ca.gov (866/27 www.fpp	n/2016)) 75-3772)

Amounts may be rounded

Cabadula E	Amounts may be rounded		SCHEDO	LE F (CO	
Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from 7/1/2021	CALIFORNIA FORM	46	
		through <u>12/31/2021</u>	Page <u>14</u>	of_ <u>17</u>	
NAME OF FILER			I.D. NUMBER		
Laure A. Linn			1433366		

COD	ES: If one of the following codes accurately describes	the p	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
		PRO	professional services (legal, accounting)	VOT	voter registration
	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 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

Schedule G Payments Made by an Agent or Independen Contractor (on Behalf of This Committee)	t Amounts may be rounded to whole dollars.	Statement covers period from 7/1/2021	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 12/31/2021	Page 15 of 17
NAME OF FILER Laure A. Linn			I.D. NUMBER 1433366
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
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)* LEG legal defense campaign literature and mailings	MBR member communications meetings and appearances office expenses PET petition circulating PHO phone banks polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting) print ads	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and staff/spouse travel, lodging, and	costs uction costs i meals and meals of the same candidate/sponsor

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 (DR .	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
Schedule H Loans Made to Others*	Amounts may be rounded to whole dollars.			from 7/1/2021	rs period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through12/31/20	021	Page 16	of_17
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	(c) REPAYMENT OF FORGIVENES THIS PERIOD	S BALANCE AI	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				□ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				☐ FORGIVEN		RATE		PER ELECTION**
	_	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	\$	RATE	\$	\$PER ELECTION**
		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$0	\$ 0	\$ 0	\$ 0		-1
and the state of 			!			(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					. 0	•		
Loans made this period (Total Column (b) plus unitemized loan:	s of less than \$100.)				\$ 0		· [**If Required
 Payments received on loans	nents of less than \$100.)				\$ <u> </u>			
(Enter the net here and on the Summa					7			

FPPC Form 460 (Jan/2016))
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(May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be	rounded		SCHEDULE
		to whole doll	ars.	Statement covers period	CALIFORNIA 460
				from <u>7/1/2021</u>	FORM 400
				through 12/31/2021	Page 17 of 17
SEE INSTRUCTIONS ON R	REVERSE				I.D. NUMBER
NAME OF FILER					
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)		5.5	OKIF HON OF REGELFT	INCREASE TO CASH
			r		
1					
	<u> </u>				
		····-			
Attach additional in	formation on appropriately labeled continuation sheets.		· · · · · · · · · · · · · · · · · · ·	SUBTOTA	L\$ 0
Schedule I Sum	mary			111111111111111111111111111111111111111	
1. Itemized increase	es to cash this period.			\$ <u>0</u>	_
O Hallandon dinama	and to each of under \$100 this movied			¢ 0	
	ases to cash of under \$100 this period				_
3. Total of all interes	t received this period on loans made to others. (Sche	edule H, Column	(e).)	\$ <u>0</u>	_
	us increases to cash this period. (Add Lines 1, 2, and			,	
Summary Page, L	Line 14.)	Lintoi neie a		TOTAL \$	EDDC Form 460 (los /2046))
					FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov