Date Stamp

Recipient Committee

C	ecipient Committee ampaign Statement over Page			RECEIVED LOS ANGELES (DON'T 17
		Statement covers period from 1/1/2022	Date of election if applicable: (Month, Day, Year)	.2022 AUG -2 PM	2: 5 or Official Use Only
SE	E INSTRUCTIONS ON REVERSE	through <u>6/30/2022</u>		CAMPAIGN FIN	020989 C11488
1.	Type of Recipient Committee: All Committees - Committees	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	,	
	State Candidate Election Committee Recall (Also Complete Part 5) (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	t	rterly Statement cial Odd-Year Report
	Small Contributor Committee Contributor Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee Nac Complete Parl 7)			
3.	Committee information	D. NUMBER 433366	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
	Committee For a Healthier South Bay, Martha Koo For Beach Cities Health District Board of Directors 2020		Laure A. Linn MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	ODE AREA CODE/PHONE
			Manhattan Beach	CA 902	66 323-243-5656
	CITY STATE ZIP CO		NAME OF ASSISTANT TREASUR	RER, IF ANY	
	M anhattan Beach CA 9026 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
	Manhattan Beach CA 9026				
	OPTIONAL: FAX/E-MAILADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
	laure.linn@yahoo.com		laure.linn@yahoo.com		
l.	Verification				
	I have used all reasonable diligence in preparing and reviewing	_	nowledge the information contained	d herein and in the attached so	hedules is true and complete. I
	certify under penalty of perjury under the laws of the State of	California that the foregoing is			
	Executed on 7/26/2022	Ву		F	 .
	Executed on 7/26/2022	By ——Signat		Responsible Officer of Spon	sor
	Executed on 7/26/2022	By	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	
	Executed on	By	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	EPPC Form 460 (lan/2016))

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COVER PAGE - PART 2									
CALIFORNIA 460									
FORM 400									
- 2 .17									
Page 2 of 17									

Officeholder or Candidate Controlled Committee				6.	. I	Primarily Formed Ballot	Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					7	IAME OF BALLOT MEASURE				
Martha B. Koo										
OFFICE SOUGHT OR HELD (INCLUDE LOCA	TION AND DISTRICT NUMB	ER IF APP	LICABLE)		i	BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Board of Directors, Beach Cities Healt	th District									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. A	ND STREET) CITY Manhatta	STA n F CA				dentify the controlling officel			measure propo	nent, if any.
					Ī	NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT		
Related Committees Not Include not included in this statement that are cont contributions or make expenditures on beh	rolled by you or are prima				i	DFFICE SOUGHT OR HELD			DISTRICT NO. II	FANY
COMMITTEE NAME	I.D. NUMI	BER								
				7.	,	Brimarik, Earmad Cand	idata/Office	sholder Ca	mmittae	
NAME OF TREASURER	CONTRO	LLED CON	MMITTEE?		•	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	committee is	primarily formed	names or
	☐ YE	s 🗆	NO		i	NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOL	JGHT OR HELD	
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)					VALUE OF OFFICEROLDER ON	ANDIDATE	0	on on the	SUPPORT
CITY	TATE ZIP CODE	AREA	CODE/PHONE		i	NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUM	BER			i	NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
NAME OF TREASURER	CONTRO		MMITTEE?		ī	NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)							<u></u>		OPPOSE
CITY	TATE ZIP CODE	ARFA	CODE/PHONE			44-	h aanding-di-			
5	TALL ZIF CODE	AREA	CODE/FIGNE			Attac	ch continuation	on sneets if n	ecessary	

Campaign Disclosure Statement

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period

Summary Page		from 1	/1/2022	FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Laure A. Linn		throug	h 6/30/2022	Page 3 of 17 I.D. NUMBER 1433366
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
Monetary Contributions Schedule A, Line 3 Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ \frac{0}{0} \\ \$ \frac{0}{0} \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$		\$\$
7. Loans Made	\$ \frac{0}{0} \\ \$ \frac{0}{0} \\	\$ <u>0</u> <u>0</u>	•	Summary for State ve Expenditures Made* voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0	0	Date of Election (mm/dd/vv)	Total to Date

11. TOTAL EXPENDITURES MADE	0	\$ 0	 \$
Current Cash Statement			 \$
12. Beginning Cash Balance Previous Summary Page, Line 16 \$	0	To calculate Column B,	

13. Cash Receipts Column A, Line 3 above 14. Miscellaneous increases to Cash Schedule I, Line 4 0 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ If this is a termination statement, Line 16 must be zero.

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).

add amounts in Column

*Amounts in this section may be different from amounts reported in Column B.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$

18. Cash Equivalents...... See Instructions on reverse 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above

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

Schedule A			ts may be rounded	SCHEDULE					
Monetary (Contributions Received	to	whole dollars.	Statement coverage from 1/1/2022	Statement covers period from 1/1/2022		CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through <u>6/30/202</u>	2	Page 4	of		
NAME OF FILER Laure A. Linn				<u>. </u>		I.D. NUM 1433366			
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)	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	\$ 0					
(Include all S	Summary eived this period – itemized monetary contribution Schedule A subtotals.)				OTH PTY	(other the l – Other (e – Political	nt Committee nan PTY or SCC) .g., business entity)		
3. Total moneta (Add Lines 1	ary contributions received this period. and 2. Enter here and on the Summary Page, C	Column A, Line 1	.) TOTAL \$ <u>0</u>		<u> </u>	FPPC	Form 460 (Jan/2016)) a.gov (866/275-3772) www.fppc.ca.gov		

Schedule A (Continuation Sheet) SCHEDULE A (CONT.) Amounts may be rounded **Monetary Contributions Received** to whole dollars. Statement covers period **CALIFORNIA** from _1/1/2022 **FORM** through 6/30/2022 NAME OF FILER I.D. NUMBER Laure A. Linn 1433366 FULL NAME, STREET ADDRESS AND ZIP CODE OF AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER DATE CONTRIBUTOR OCCUPATION AND EMPLOYER CONTRIBUTOR RECEIVED THIS CALENDAR YEAR TO DATE CODE ' RECEIVED (IF SELF-EMPLOYED, ENTER NAME) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) □сом OTH □ PTY □ scc □ COM □oth PTY □scc □ COM OTH □ PTY □scc □сом

SUBTOTAL \$ 0

OTH
PTY
SCC
IND
COM
OTH
PTY
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		s may be roun whole dollars.						CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Laure A. Linn					through <u>6/30/202</u>	2	Page 6 I.D. NUMBER 1433366	of_17		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER BEGI	(a) TSTANDING BALANCE INNING THIS PERIOD		(c) AMOUNT PAI OR FORGIVE THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
			\$	PAID \$ FORGIVEN	\$	RATE	\$	\$ PER ELECTION**		
□ IND □ COM □ OTH □ PTY □ SCC			· · · · · · · · · · · · · · · · · · ·	PAID FORGIVEN	DATE DUE	% RATE	\$	\$PER ELECTION**		
□ IND □ COM □ OTH □ PTY □ SCC	\$_		\$	\$	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEAR		
	s_		\$	\$ FORGIVEN	s	% RATE	\$	\$PER ELECTION**		
IND COM OTH PTY SCC	SUBT	TOTALS \$	0 \$	0	\$ 0	\$ 0	DATE INCURRED	* * * * * * * * * * * * * * * * * * * *		
Schedule B Summary I. Loans received this period				\$ <u>0</u>		(Enter (e) on Sched	Lule E, Line 3)			
 (Total Column (b) plus unitemized loan Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that Net change this period. (Subtract Line Enter the net here and on the Summar 	00 paid or forgiven.) t are also itemized on Schedule e 2 from Line 1.)	e A.)		NET \$ <u>0</u>	(May be a negative number)	O P	Contributor Codes D – Individual OM – Recipient Co (other than F TH – Other (e.g., i TY – Political Part CC – Small Contri	ommittee PTY or SCC) ousiness entity)		

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

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SCHEDULE B - PART 1

hedule B - Part 2 an Guarantors Amounts may be rounded to whole dollars. Statement of the following statement of the state		ment covers period /2022	CALIFOR	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE				through	6/30/2022	Page	of <u>17</u>
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	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	□IND □COM		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	□IND □COM		LENDER			CALENDAR YEAR	
	□OTH □PTY □scc		DATE			PER ELECTION (IF REQUIRED)	
	□IND □COM		LENDER			CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)	
			SUI	BTOTAL	\$ ₀	Enter on Summary Page, Line 17 only.	

Schedul	e C		Amounts may be rounded to whole dollars.					SCHEDULE C		
Nonmon	etary Contributions Received	to whole domains.			Statement covers period from 1/1/2022			CALIF FO	ORNIA 460	
					from	n		FU	RIVI -	
	TIONS ON REVERSE				thro	ough <u>6/30/2022</u>		Page 8	of	
NAME OF FILE	3							I.D. NUM	BER	
Laure A. Lin	n							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		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 addi	tional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$ 0				
Schedule	C Summary						(*Co	ntributor Co	des	
1. Amount re	eceived this period – itemized nonmonetar				\$	0	IND	– Individua I – Recipie		
2. Amount re	eceived this period - unitemized nonmone	tary contribut	ions of less than \$100		\$	0	PTY	- Political	.g., business entity) Party ontributor Committee	
	monetary contributions received this periods 1 and 2. Enter here and on the Summan		mn A Lines 4 and 10 \	TOTA	AI 6 '	0				

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees	Amounts may be to whole dol		Statement cover from 1/1/2022		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			through 6/30/2022		Page	of	
NAME OF FILER Laure A. Linn					1433366		
NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE 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 ☐ Oppose	Independent Expenditure						
	Monetary Contribution						
	Nonmonetary Contribution						
Support Dppose	Independent Expenditure						
	Monetary Contribution						
	Nonmonetary Contribution						
☐ Support ☐ Oppose	Independent Expenditure						
		SUBTOTAL	\$ 0				
Schedule D Summary							
Itemized contributions and independent expenditures made	e this period. (Includ	le all Schedule D subtotals.))		\$ <u>0</u>		
2. Unitemized contributions and independent expenditures m	ade this period of ur	nder \$100			\$ <u>0</u>		
3. Total contributions and independent expenditures made the	s period. (Add Lines	s 1 and 2. Do not enter on t	he Summary Page	e.) TC	TAL \$ _0		

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 1/1/2022 **Candidates, Measures and Committees** 6/30/2022 Page _10 through. NAME OF FILER I.D. NUMBER 1433366 Laure A. Linn CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR AMOUNT THIS DESCRIPTION CALENDAR YEAR TO DATE DATE MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary Contribution Nonmonetary Contribution ☐ Independent ☐ Support ☐ Oppose Expenditure Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Oppose ☐ Support Expenditure Monetary Contribution Nonmonetary Contribution ☐ Independent ☐ Support ☐ Oppose Expenditure Monetary Contribution Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure

SUBTOTAL \$ 0

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE	Statement covers period from $\frac{1/1/2022}{6/30/2022}$	CALIFORNIA 460 FORM Page 11 of 17		
NAME OF FILER				I.D. NUMBER
Laure A. Linn				1433366
CODES: If one of the following codes accurately decomposition of the following	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearances es ating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and protuction TRC candidate travel, lodging, a staff/spouse travel, lodging	n costs duction costs and meals and meals es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	<u></u>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditures must	t also be summarized on Sche	dule D.	S	UBTOTAL \$ 0
Schedule E Summary 1. Itemized payments made this period. (Include all Sc	•			
 Unitermized payments made this period of under \$10 Total interest paid this period on loans. (Enter amou 				\$

Schedule E	A	A constant of the constant					S	SCHEDULE E (CON		
(Continuation Sheet) Payments Made	Am	Amounts may be rounded to whole dollars.				Statement covers period 1/1/2022 from		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					,	through <u>6/30/2022</u>	Page _	12 of		
NAME OF FILER Laure A. Linn							I.D. NUM 1433366			
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FIND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO	member commeetings and office expensipetition circular phone banks polling and supostage, deliverselvers.	munication appearan es ating urvey resea	s ces		ise, describe the payme RAD radio airtime and produc RFD returned contributions SAL campaign workers' sala t.v. or cable airtime and RC candidate travel, lodging RS staff/spouse travel, lodg TSF transfer between comm VOT voter registration WEB information technology	ition costs ries production costs g, and meals ing, and meals ttees of the sam	ne candidate/sponso	·r	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCR	RIPTION OF PAYMENT	·	AMOUNT PAID	•	
	-									
	•									
			-						-	

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

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.		Statement cover from 1/1/2022 through 6/30/202	12	CALIFORNIA 460 FORM Page 13 of 17
SEE INSTRUCTIONS ON REVERSE				Pa	ge or
NAME OF FILER Laure A. Linn					NUMBER 33366
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundralsing events independent expenditure supporting/opposing others (explain)* LEG LIT campaign literature and mailings	MBR member communication MTG meetings and appearan 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 earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign work TEL tv. or cable air TRC candidate traw TRS staff/spouse tr TSF transfer betwe VOT voter registrati	nd production costs butions kers' salaries time and production or el, lodging, and meals avel, lodging, and mea en committees of the s	als 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
			·		
 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 and second expenses of \$100 or more.)	schedule F, Column (b) sui	ototals for	INCU	RRED TOTALS	\$ ⁰
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)					
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	l 		NET	May be a negative number

SCHEDULE F (CONT.) Amounts may be rounded Schedule F to whole dollars. **CALIFORNIA** Statement covers period (Continuation Sheet) from 1/1/2022 **FORM Accrued Expenses (Unpaid Bills)** through <u>6/30/2022</u> of_17 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 RFD returned contributions MTG meetings and appearances SAL campaign workers' salaries OFC office expenses

CNS campaign consultants CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TRS 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 WEB information technology costs (internet, e-mail) PRT print ads

^{*} 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	5 0	\$ 0	\$ 0	\$ 0

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 1/1/2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through <u>6/30/2022</u>	Page of
NAME OF AGENT OR INDEPENDENT CONTRACTOR			I.D. NUMBER 1433366
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)*	the payment, you may enter the code. Oth 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 pint ads	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of returned contributions TRC candidate travel, lodging, and staff/spouse travel, lodging, a	costs uction costs I meals ind 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 LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

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

SCHEDULE H Schedule H Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. from $_{-}^{1/1/2022}$ **Loans Made to Others* FORM** through _6/30/2022 Page 16 of 17 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Laure A. Linn 1433366 IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OUTSTANDING OUTSTANDING ORIGINAL CUMULATIVE OCCUPATION AND EMPLOYER **AMOUNT** REPAYMENT OR OF RECIPIENT BALANCE BALANCE AT CLOSE OF THIS INTEREST LOANED THIS AMOUNT OF LOANS (IF SELF-EMPLOYED, ENTER **FORGIVENESS** BEGINNING THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED LOAN TO DATE NAME OF BUSINESS) **PERIOD** THIS PERIOD* PERIOD PERIOD CALENDAR YEAR ☐ PAID RATE FORGIVEN PER ELECTION** DATE DUE DATE INCURRED CALENDAR YEAR ☐ PAID RATE ☐ FORGIVEN PER ELECTION DATE INCURRED DATE DUE *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be \$ 0 \$ 0 \$ 0 SUBTOTALS \$0 reported on Schedule E. (Enter (e) on Schedule I, Line 3) **Schedule H Summary** 1. Loans made this period..... **If Required (Total Column (b) plus unitemized loans of less than \$100.) 2. Payments received on loans......\$ (Total Column (c) plus unitemized payments of less than \$100.)

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

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