Recipient Committee

1)

C	ampaign Statement over Page			RECEIVED BY	U
		Statement covers period from 1/1/2023	Date of election if applicable: (Month, Day, Year)	2023 AUG -7 PM	NCE
_	E INSTRUCTIONS ON REVERSE	through <u>6/30/2023</u>		BISCLOSURE SEC	, IUB
1.	Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		_/
	State Candidate Election Committee Recall (Ateo Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored No Complete Part 6) Primarily Formed Candidate/ Officeholder Committee No Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	it	arterly Statement ecial Odd-Year Report
3.	Committee intormation	NUMBER 433366	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
	Committee For a Healthier South Bay, Martha Koo Fo District Board of Directors 2020	or Beach Cities Health	Laure A. Linn MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP (CODE AREA CODE/PHONE
			Manhattan Beach	CA 902	266 323-243-5656
	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
	M anhattan Beach CA 90266				
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	C	MAILING ADDRESS		*
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP (CODE AREA CODE/PHONE
	Manhattan Beach CA 90266	6 323-243-5656			
	OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRI	ESS	
_	laure.linn@yahoo.com		laure.linn@yahoo.com		
4.					
	I have used all reasonable diligence in preparing and reviewing	•	nowledge the information contained	t herein and in the attached so	chedules is true and complete.
	certify under penalty of perjury under the laws of the State of	California that the foregoing is			
	Executed on 7/26/202 3	Ву	Assistant	t Treasurer	
	Executed on 7/26/2023 Date	By ————————————————————————————————————	easure Pr	roponent or Responsible Officer of Spor	risor
	Executed on 7/26/202 3	Ву	indidate,	State Measure Proponent	
	Executed on	Bysig	nature of Controlling Officeholder, Candidate,	State Measure Proponent	

FPPC Form 460 (Jan/2016))
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COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	GE - PART 2
CALIFORNIA FORM	460
Page 2 o	f <u>17</u>

5 .	Officeholder or Candidate Controlled Committee	6.		Primarily Formed Ballot	Measure C	Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE	-		NAME OF BALLOT MEASURE				
	Martha B. Koo							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	-		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
	Board of Directors, Beach Cities Health District							OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Manhattan E CA 90266	-		Identify the controlling officeh	older, candid	late, or state	measure pro	ponent, if any.
		-		NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT		
	Related Committees Not Included in this Statement: Listany 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.	_		OFFICE SOUGHT OR HELD			DISTRICT NO	D. IFANY
	NAME OF TREASURER I.D. NUMBER CONTROLLED COMMITTEE?	- 7	′ .	Primarily Formed Candi	date/Office	eholder Co	mmittee L	lst names of
	☐ YES ☐ NO							
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	-		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELI	SUPPORT OPPOSE
	CITY STATE ZIP CODE AREA CODE/PHON	=		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELI	SUPPORT OPPOSE
	COMMITTEE NAME I.D. NUMBER	_		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELI	SUPPORT OPPOSE
	NAME OF TREASURER CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	-		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELI	SUPPORT OPPOSE
	CITY STATE ZIP CODE AREA CODE/PHON	Ī		Attac	h continuațio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1433366 Laure A. Linn Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD 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 0 2. Loans Received...... Schedule B, Line 3 20. Contributions Received 4. Nonmonetary Contributions...... Schedule C. Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVEDAdd 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 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, add amounts in Column 13. Cash Receipts Column A, Line 3 above 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. 0 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 be negative figures that 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, 17. LOAN GUARANTEES RECEIVED...... Schedule B. Pert 2 \$ 0 only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 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)

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov	vore noriod	SCHEDULE A		
Monetary (Contributions Received			from 1/1/2023	era period		FORNIA 460 ORM	
SEE INSTRUCTION	IS ON REVERSE			through <u>6/30/202</u>	3	Page	4of	
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 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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		IND COM OTH SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC	,					
			SUBTOTAL	\$ 0				
	Summary eived this period – itemized monetary contribution Schedule A subtotals.)		\$		IND -		ial ient Committee	
•	eived this period – unitemized monetary contribut				PTY	– Other (– Politica	than PTY or SCC) (e.g., business entity) al Party Contributor Committee	
3. Total monet (Add Lines	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1	.) TOTAL \$ 0				C Form 460 (Jan/2016))	

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Schedule A Monetary C	schedule A (Continuation Sheet) Ionetary Contributions Received		be rounded ollars.	Statement cov	ers period	CALIFORNIA 460		
				through 6/30/202	3	Page _	5 of	17
NAME OF FILER Laure A. Linn		· · · · · · · · · · · · · · · · · · ·	,				JMBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF ©OMMITTEE, 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	RYEAR TO		LECTION DATE QUIRED)
		□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

-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	7411	to whole dollars			Statement cov from 1/1/2023	ers period	CALIFORN FORM	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				İ	through <u>6/30/20</u>	23	Page 6	of <u>17</u>		
IAME OF FILER			· · · · · · · · · · · · · · · · · · ·				I.D. NUMBER			
aure 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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	AMOUNT PAI OR FORGIVE THIS PERIOR	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
				PAID				CALENDAR YEAR		
				\$	_ \$	%	\$	\$		
				FORGIVEN		RATE		PER ELECTION**		
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
			·	PAID	<u> </u>			CALENDAR YEAR		
				\$	_ \$	%	\$	s		
				☐ FORGIVEN		RATE		PER ELECTION**		
ID IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
				PAID				CALENDAR YEAR		
				\$	- \$	%	\$	\$		
				FORGIVEN		RATE		PER ELECTION**		
T IND COM O, OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
	s	SUBTOTALS \$	0 \$	0	\$ 0	\$ 0				
Schedule B Summary						(Enter (e) on Sche	dule E, Line 3)	<u> </u>		
Loans received this period				c 0						
(Total Column (b) plus unitemized loan	s of less than \$100.)									
2. Loans paid or forgiven this period	.,			\$ <u>0</u>			Contributor Codes ND – Individual			
(Total Column (c) plus loans under \$10		alada A.N					COM - Recipient Co			
(Include loans paid by a third party tha 3. Net change this period. (Subtract Line	t are also itemized on Sche	aule A.)		NET & O			other than f OTH – Other (e.g., l	PTY or SCC)		
Enter the net here and on the Summar	ry Page, Column A, Line 2.			.MEI \$			PTY - Political Part SCC - Small Contri	y		
					(May be a negative number)	_				

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

** If required.

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SCHEDULE B - PART 1

Cabadula B. Bart 9		Amounts may be rounded				SCHEDULE B - PART		
Schedule B – Part 2 Loan Guarantors		to whole dollars.		State from 1/1	ment covers period /2023	O'ALLII	ORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through	6/30/2023	Page _	of <u>17</u>	
NAME OF FILER						I.D. NUN	BER	
Laure A. Linn						143336	6	
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	CUMULATIV TO DATE		
	□IND □COM		LENDER			CALENDAR YE	AR	
	□OTH □PTY □scc		DATE			PER ELECTIC (IF REQUIRE	ON D)	
	□IND		LENDER			CALENDAR YE	AR	
	□ COM □ OTH □ PTY		DATE	-		PER ELECTIO))	
	□scc				,	\$	_	
	□IND □COM		LENDER			CALENDAR YE	AR .	
	□OTH □PTY		DATE			PER ELECTIO (IF REQUIRE)	ON D)	
	□scc				-	\$	—	
	□IND		LENDER			CALENDAR YE	AR	
	□COM □OTH □PTY		DATE	· · · ·		PER ELECTIO	 ON D)	
	□scc					\$	_	
			SUI	BTOTAL	\$ ₀	Enter on Summary Pag Line 17 only.	n (1 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m	

Schedule C						SCHEDULE C				
Nonmon	etary Contributions Received		to whole dollars.			tatement covers	period	CALIFORNIA 460		
					from	1/1/2023		FOI	RM TOO	
	IONS ON REVERSE			through 6/30/2023			Page 8	of		
NAME OF FILER								I.D. NUMI	BER	
Laure A. Lim	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	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		□IND □COM □OTH □PTY □SCC								
Attach addi	itional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$	0				
Schedule	C Summary						(*00	ntributor Co	des	
	eceived this period – itemized nonmonetar				\$_0	1			nt Committee an PTY or SCC)	
	eceived this period - unitemized nonmone		ions of less than \$100	***************************************	\$_0	1	PT	"H – Other (e.g., business entity) "Y – Political Party CC – Small Contributor Committee		
3. Total non (Add Line	monetary contributions received this period es 1 and 2. Enter here and on the Summar	d. y Page, Colui	mn A, Lines 4 and 10.)	TOT#	AL \$ _		_			

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar		Statement covers period from 1/1/2023			CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through 6/30/2023		Page 9	of 17		
NAME OF FILER Laure A. Linn						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 ☐ Oppose	Independent Expenditure							
		Monetary Contribution					, , , , , , , , , , , , , , , , , , , ,		
		Nonmonetary Contribution							
	☐ Support ☐ Oppose	Independent Expenditure							
		Monetary Contribution							
		Nonmonetary Contribution							
	Support Dppose	Independent Expenditure							
			SUBTOTAL	\$ 0					
Schedule	D Summary								
	contributions and independent expenditures made		-			\$ <u>0</u>			
Unitemize	d contributions and independent expenditures m	age this period of unde	r \$100			\$			

Summary Supportii	ation Sheet) / of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may b to whole do		Statement cover from 1/1/2023 through 6/30/2023		SCHEDULE D (CONT. CALIFORNIA 460 FORM, Page 10 of 17		
Laure A. Linn						1.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 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐ Monetary Contribution ☐ Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure Monetary Contribution Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure Monetary Contribution						
	☐ Support ☐ Oppose	Nonmonetary Contribution Independent Expenditure	·					
		Monetary Contribution Nonmonetary Contribution				,		
···	☐ Support ☐ Oppose	☐ Independent Expenditure						
	,		CUPTOTAL	A 0	7 1 7			

•				SCHEDULE						
Schedule E Payments Made	Amounts may b to whole d			Statement covers		ORNIA 460				
- dymonio mado				from 1/1/2023						
ALC MATCHATIONS ON DEVEROE				through 6/30/2023	Page_	11 of <u>17</u>				
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					I.D. NU					
Laure A. Linn					14333	66				
CODES: If one of the following codes accurately described campaign paraphermalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CTB candidate filing/ballot fees CVC civic donations CTB condidate filing/ballot fees CVC civic donations CTB condidate filing/ballot fees CVC civic donations CTB condidate filing/ballot fees CVC civic donations CV	MBR member com MTG meetings and OFC office expense PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional	nmunications: d appearances ses lating	er services	RAD radio airtime and returned contribution sAL campaign worke TEL two cable airtimes travel, TRC candidate travel, TRS staff/spouse travel voter registration	I production costs utions rs' salaries me and production cost lodging, and meals rel, lodging, and meals n committees of the sar	ne candidate/sponsor				
LIT campaign literature and mailings	PRT print ads			WEB information tech	nology costs (internet,	e-mail)				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	SCRIPTION OF PAYMENT		AMOUNT PAID				
			·							
* Payments that are contributions or independent expenditures must also be	e summarized on Scho	edule D.			SUBTOTAL	\$ 0				
Schedule E Summary										
1. Itemized payments made this period. (include all Schedu	le E subtotals.)				\$_	0				
2. Unitemized payments made this period of under \$100					\$ _	0				
3. Total interest paid this period on loans. (Enter amount fro						0				

Sal	nedule E	_								SCH	EDULE E (CON
	entinuation Sheet)	Amo	ounts may be to whole do			Γ	Statement covers period			CALIFOR	NIA AGO
	ments Made						from	/1/2023		FORM	
,							through <u>6/30/2023</u>			Page 12	. 17
	NSTRUCTIONS ON REVERSE						tnrougi	0/30/2023		rage	of
	OF FILER									I.D. NUMBE	R
Lau	re A. Linn									1433366	
COI	DES: If one of the following codes accurately describe	s the p	ayment, yo	ou may e	enter the code.	. Otherv	vise, d	escribe the pa	yment.		
	campaign paraphemalia/misc. campaign consultants		member commeetings and					adio airtime and preturned contribution		costs	
	contribution (explain nonmonetary)*		office expens		<i>,</i> 05		SAL c	ampaign workers'	salaries		
CVC	civic donations		petition circula	ating			TEL t	v. or cable airtime	and prod	uction costs	
FND	candidate filing/ballot fees fundraising events		PHO phone banks POL polling and survey research					andidate travel, lo			
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, deliv	ery and me	essenger services		"TSF to	ransfer between co	ommittees	of the same o	andidate/sponsor
LEG LIT	legal defense campaign literature and mailings		professional s print ads	iervices (le	gal, accounting)			oter registration nformation technol	logy costs	(internet, e-ma	ail)
	NAME AND ADDRESS OF PAYEE			CODE	OR	DESC	DIDTION	OF PAYMENT			AMOUNT PAID
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)						rap HON	OF PATMENT			AWOONT PAID
					ĺ						

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

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St :	 	- 1

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Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be roundêd to whole dollars.		Statement cove from 1/1/2023 through 6/30/202		ALIFORNIA 460 FORM of 17	
SEE INSTRUCTIONS ON REVERSE					D. NUMBER	
NAME OF FILER Laure A. Linn				1	433366	
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND legal defense FND legal defense FNT meetings and appearances FRT legal defense FNT meetings and appearances FRT legal defense FNT legal defense FNT meetings and appearances FRT legal defense FNT legal defense FNT meetings and appearances FRT legal defense FNT petition circulating FNT phone banks FNT polling and survey research FNT postage, delivery and messenger services FNT professional services (legal, accounting) FNT professional services (legal, accounting) FNT meetings and appearances FRT meetings and appearances FRT petition circulating FNT phone banks FNT polling and survey research FNT postage, delivery and messenger services FNT professional services (legal, accounting) FNT professional services (legal, accounting)			RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor			
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 I	BALANCE AT CLOSE	
* Payments that are contributions or independent expenditures must also be	0.10707410					
summarized on Schedule D.	SUBTOTALS	\$ U .	\$ 0	. 0	\$ · 0 ==	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all So accrued expenses of \$100 or more, plus total unitemized a	chedule F, Column (b) sul accrued expenses under \$	ototals for \$100.)	INCU	RRED TOTALS	3 \$	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	dule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.)		PAID TOTALS	s s	
3. Net change this period. (Subtract Line 2 from Line 1. Ente on the Summary Page, Column A, Line 9.)	er the difference here and	***************************************	***************************************	NE1	r \$	
			FPI	°C Advice: advice@	May be a negative number FPPC Form 460 (Jan/2016)) Ifppc.ca.gov (866/275-3772)	

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)		Amounts may be rounded	SCHEDULE F (CO				
		to whole dollars.	Statement covers period from 1/1/2023	CALIFORNIA 460			
			through 6/30/2023	Page			
NAME	OF FILER			I.D. NUMBER			
Laur	e A. Linn			1433366			
COL	DES: If one of the following codes accurately describes	s the payment, you may enter the code. Oth	nerwise, describe the payment.				
CMP 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	MBR member communications meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production of 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 transfer between committees VOT voter registration WEB	uction costs I meals Ind meals of the same candidate/sponsor			
* Pa	yments that are contributions or independent expenditures must a	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 Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 1/1/2023	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE		through <u>6/30/2023</u>	Page 15 of 17		
NAME OF FILER		<u></u>	I.D. NUMBER		
Laure A. Linn			1433366		
NAME OF AGENT OR INDEPENDENT CONTRACTOR CODES: If one of the following codes accurately describes the	navment you may enter the code Oth	envise describe the navment			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations PET FIL candidate filing/ballot fees MBF OFC OFC PET PHC	R member communications G meetings and appearances C office expenses	RAD radio airtime and production returned contributions SAL TEL t.v. or cable airtime and production radio airtime and production returned contributions Campaign workers' salaries t.v. or cable airtime and production radio airtime architecture radio airtime and production radio airtime architecture radio airtime rad	costs uction costs d meals		

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

LEG legal defense

LIT

campaign literature and mailings

IND independent expenditure supporting/opposing others (explain)*

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	·			
		}		

^{*} 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.

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

TSF transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

VOT voter registration

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

								SCHEDULE H
Schedule H Loans Made to Others*		Amounts may be rounded			Statement cove	rs period	CALIFORNIA 460	
		to who	le dollars.		from1/1/2023		FORM 400	
					(100100	•		,
SEE INSTRUCTIONS ON REVERSE					through6/30/202	23	Page 16	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) QUTSTANDING	(e)	(f)	(g)
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT O FORGIVENESS THIS PERIOD	BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
		1		\$	\$		\$	\$
			1	FORGIVEN		RATE		PER ELECTION**
		\$	\$	<u></u>	DATE DUE	*	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
						1.		
		-		\$	DATE DUE	•	DATE INCURRED	, 5
*Loans that are contributions to another candidate								
also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$0	\$ 0	\$ 0	\$ 0		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					. 0			
1. Loans made this period				•••••			·	
(Total Column (b) plus unitemized loan	s of less than \$100.)				0			**If Required
2. Payments received on loans				•••••	\$			
(Total Column (c) plus uniternized payr 3. Net change this period. (Subtract Line 2)	2 from Line 1.)				NET \$ 0			
(Enter the net here and on the Summa					· · ·			

FPPC Form 460 (Jan/2016))
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www.fppc.ca.gov

(May be a negative number)

Schedule I Miscellaneous In SEE INSTRUCTIONS ON REV NAME OF FILER Laure A. Linn	creases to Cash	nounts may be rounded to whole dollars.	Statement covers per from 1/1/2023 through 6/30/2023	CALIFORNIA 460 FORM Page 17 of 17 LD. NUMBER 1433366
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	С	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional infor	mation on appropriately labeled continuation sheets.		SU	BTOTAL \$ 0
Schedule Summa 1. Itemized increases to	o cash this period		\$ ⁰	
	es to cash of under \$100 this period			
3. Total of all interest re	eceived this period on loans made to others. (Schedu	le H, Column (e).)	\$ <u>0</u>	_
Total miscellaneous Summary Page, Line	increases to cash this period. (Add Lines 1, 2, and 3. e 14.)	Enter here and on the		FPPC Form 460 (Jan/2016))

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