Campaign Statement Cover Page		LOS	Date Stamp TO TVED BY ALLELES COUNTY	FORM 460
	Statement covers period from 07/01/23	Date of election if applicable: (Month, Day, Year)	23 AM 10: 31	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/23	C/	MPAIGN FINANCE	
1. Type of Recipient Committee: All Committees - C	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Pert 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	speciermination)	terly Statement ial Odd-Year Report
3. Committee Information	OOO 1455 901	Treasurer(s)		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BE	AREA CODE/PHONE 765 (909) 374-3453 DX	MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS		93743453
OPTIONAL: FAX/E-MAIL ADDRESS GEOLOGYMAN @ 1 cloud		OPTIONAL: FAX / E-MAIL ADDRE		DE AIRE GODEFFIORE
I. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on 15 Jan 2024 Executed on 15 Jan 2024 I xecuted on 15 Jan 2024 Date I xecuted on 15 Jan 2024 Date I xecuted on 15 Jan 2024 Date Date	ving this statement and to the heat of my of California th	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	adules is true and complete. I

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COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM
Page 2 of 17

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE LARRY L. REDINGE	2		NAME OF BALLOT MEASURE				
BOARD & TRUSTEES - WA	Λ .		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)			identify the controlling office			measure prop	oonent, if any.
Related Committees Not Included in this Sta	atement: List any committees		NAME OF OFFICEHOLDER, CA	NDIDATE, OR I	PROPONENT		
not included in this statement that are controlled by you o contributions or make expenditures on behalf of your can	r are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME to Re-elect LARRY L. RED, NGER	OOD1455901	7	Drimarily Formed Cons	lidato/Offic	ahaldar Ca	mmlttaa	
LARRY L. REDIDGEL	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	for which this	committee is	primarily forme	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
DIAMOUN BAR CAG	1765 909 - 3743453		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD		SUPPORT OPPOSE		
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C			Atta	ch continuati	on sheets if n	ecessarv	
			7			,	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period CALIFORNIA 07/01 **FORM** Page 3 of 17 I.D. NUMBER 000 1455 901

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REDINGER LARRY

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 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 TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made..... Schedule E, Line 4 \$ Candidates 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 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. 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 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 formination 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, Part 2 \$ 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

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Schedule	Α		ts may be rounded			SCHEDULE		
Monetary Contributions Received		to	whole dollars.	Statement confrom 07 (C	CAL	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through 12/3	1 23 Pag	e 4 of 17		
NAME OF FILER	LARRY L. REDINGER	2				55 901		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
		□IND □COM □OTH □PTY □SCC						
		DIND COM OTH PTY SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	3				
(include all	seived this period – itemized monetary contribution Schedule A subtotals.)			0	OTH - Other	ual pient Committee r than PTY or SCC) (e.g., business entity)		
2. Amount rec	eived this period - unitemized monetary contribut	ions of less than	\$100 \$,	PTY - Politic	ai Party		

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

,	Contributions Received			from 07 101	23		ORM 460
				through 1 2 31	23	Page _	5 of 17
LARRY	L. REDINGER					000	MBER 1455 901
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 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					0
	7/1,	OTH 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

Sched	ule B	- Part	1
Loans	Rece	ived	

** If required.

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

oans Received			to whole dollars. Statement covers period from 07 01 23						
					through 1 2 131	123	Page 6	of 17	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through		I.D. NUMBER	01	
•	h							10037	
LARRY L. K	EDNOER						000149		
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	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
		TEMOS		PAID	TENIOD			CALENDAR YEAR	
				\$. 8	%	\$,0	
				FORGIVEN		RATE		PER ELECTION**	
			\$	\$		\$	_	8	
TO IND COM OTH PTY SCC					DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
	-			\$. \$	RATE	\$	1-0-	
				FORGIVEN		RAIE		PER ELECTION**	
				\$				s	
† IND COM OTH PTY SCC		\$	\$		DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
				\$. \$		\$	3	
				FORGIVEN		RATE		PER ELECTION**	
			9	\$		8		\$	
TO NO COM OTH PTY SCC					DATE DUE		DATE INCURRED		
		SUBTOTALS \$,	\$	\$	\$			
						(Enter (e) on Sche	edule E, Line 3)		
Schedule B Summary	•				2				
1. Loans received this period	o of lose then \$100 \		**************	\$	-	·			
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period				\$	0		Contributor Codes		
(Total Column (c) plus loans under \$10							ND – individual COM – Recipient C	ommittee	
(Include loans paid by a third party tha	t are also itemized on Sche				0		(other than	PTY or SCC)	
3. Net change this period. (Subtract Lin				.NET \$			OTH – Other (e.g., PTY – Political Par		
Enter the net here and on the Summar	ry Page, Column A, Line 2.						SCC - Small Contr	,	
				(1)	May be a negative number)				
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.)							

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Schedule B - Part 2	2
Loan Guarantors	

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 07 01 23	CALIFORNIA 460
through 12/3/ 23	Page 7 of 17
	I.D. NUMBER 0001455901

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LARRY L. REDINGER

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	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)	0
1/1/	□IND □COM		LENDER		CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE	_	PER ELECTION (IF REQUIRED)	0
	□ IND		LENDER		CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	0
	□ IND		LENDER		CALENDAR YEAR	A
	□ OTH □ PTY □ SCC		DATE	_	PER ELECTION (IF REQUIRED)	
			SUBTOTA	L\$ e	Enter on Summary Page, Line 17 only.	

Schedule C		
Nonmonetary	Contributions	Received

Amounts may be rounded to whole dollars.

CALIFORNIA 460

Nonmone	etary Contributions Received	d	to whole dollars.			tatement covers		CALIF	ORNIA 460
EEE INSTRUCTION	LARRY L. REDI	NGER			thro	ugh /2 /3/ 3	23	I.D. NUMI	
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	CUMULA DA CALENDA (JAN 1 - I	TIVE TO TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	10	□IND □COM □OTH □PTY □SCC							7
	(1)	□IND □COM □OTH □PTY □SCC							0
	·	OTH SCC							0
		□IND □COM □OTH □PTY □SCC							0
Attach additio	ional information on appropriately labels	ed continuation s	sheets.	SUBTO	TAL\$	0			
. Amount red (Include all 2. Amount red 3. Total nonm	C Summary ceived this period – itemized nonmoned I Schedule C subtotals.) ceived this period – unitemized nonmoned nonetary contributions received this period	netary contributi	ons of less than \$100		\$_	0 0 8	OTH PTY	(other the Other (e. Political F	at Committee an PTY or SCC) g., business entity)
(Add Lines	and 2. Enter here and on the Summ	ary Page, Colun	III A, Lines 4 and 10.)	IOIA	_ 4 _				ACO (1 (204C))

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

Amounts may be rounded to whole dollars.

Statement covers period from 07 01 23 CALIFORNIA 460 FORM

through 12 | 3 | 23 Page 9 of 17

SEE INSTRUCTI NAME OF FILER	LARRY L. REDINGE	R		through 1979		I.D. NUME	455901
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DI	YEAR	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					8
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure					4
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					0
			SUBTOTAL	\$ 0			

Schedule D Summar

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	3
2. Unitemized contributions and independent expenditures made this period of under \$100	, 6

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

Amounts may be rounded to whole dollars.

Statement covers period from 0761 23 CALIFORNIA 460 FORM

through 12131 23 Page 10 of 17

LARRY L. RE	EDINGER				000 I	455901
DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DI	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					0
☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					0
☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					0
☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					0
		SUBTOTAL	\$ 0			

Schedule E Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period

from 07 | 01 | 23

through 12 | 31 | 23

Page 11 of 17

I.D. NUMBER

ODO 145 5501

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LARRY L. REDINGER

NAME AND ADDRESS OF PAYEE

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

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

CMP campaign paraphemalia/misc.

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)*

LEG legal defense

LIT campaign literature and mailings

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)

CODE

OR

PRT print ads

AD radio airtime and production costs

RFD returned contributions

AL campaign workers' salaries
EL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

DESCRIPTION OF PAYMENT

WEB information technology costs (internet, e-mail)

1/r		
		0
		0
Payments that are contributions or independent expenditures must also be	summarized on Schedule D.	SUBTOTAL\$
chedule E Summary		
Itemized payments made this period. (Include all Schedule	E subtotals.)	\$
. Unitemized payments made this period of under \$100		\$
. Total interest paid this period on loans. (Enter amount from	Schedule B, Part 1, Column (e).)	\$ 6
. Total payments made this period. (Add Lines 1, 2, and 3. E		

AMOUNT PAID

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA 4

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE				throug	12/5/ 12	Page _	12 of 1+
LARRY L. REDINGE	R					I.D. NUN	MBER 455 901
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member co MTG meetings al OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de	mmunications nd appearance nses ulating ts survey resear	es	RAD RFD RFD RFD RFD RFD RFD RFD RFD RFD RF	escribe the paymen adio airtime and production eturned contributions campaign workers' salarie v. or cable airtime and production and the candidate travel, lodging that if you between committee oter registration information technology contributions.	on costs s coduction costs and meals g, and meals ses of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
NA							0
							0
							0
							0

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

SUBTOTAL \$



-	01	100	-	1 1 1	E	
	C 10	-11-			_	100

Schedule F Accrued Expenses (Unpaid Bills)

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from 07/01 through 12/31/23 CALIFORNIA 460

ID NUMBER

NAME OF FILER LARRY L. REDINGER				0	001455901
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (PRT print ads	nns nces earch messenger services	RAD radio airtime an RFD returned contrib SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra	d production costs outlons ers' salaries ime and production of lodging, and meals vel, lodging, and me n committees of the n	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
MR					2
					2
					0
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS !		\$		\$ 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) sul accrued expenses under \$	ototals for 6100.)	INCUF	RRED TOTALS	<u>\$</u>
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.)		PAID TOTALS	\$
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and			NET	\$ May be a negative number

Schedule F	
(Continuation Sheet)	
Accrued Expenses (Unpaid B	ills)

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA FORM

SCHEDULE F (CONT.)

Page 14 of 7

I.D. NUMBER

0001455901

NAME OF FILER L. REDINGER LARRY

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

CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* CVC civic donations

candidate filing/ballot fees FIL FND fundraising events independent expenditure supporting/opposing others (explain)* legal defense

LIT campaign literature and mailings MBR member communications RAD radio airtime and production costs MTG meetings and appearances RFD OFC office expenses

PET petition circulating PHO phone banks polling and survey research

postage, delivery and messenger services professional services (legal, accounting) PRT print ads

campaign workers' salaries t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals TRS

returned contributions

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ALH					.0
					0
					-0-
					0
	SUBTOTALS	\$ 0	\$ 0	5 8	\$ 0

Schedule (G				
Payments	Made	by an	Agent	or Indeper	ndent
Contracto	r (on E	Behalf	of This	Committe	e)

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** Page 15 of 17 I.D. NUMBER

SCHEDULE G

0001455901

CEE	INICT	IS	CT	ION	JS	ON	RF\	/ERSE

NAME OF FILER

L. REDINGER ARRY

NAME OF AGENT OR INDEPENDENT CONTRACTOR

NONE CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

campaign consultants contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

fundraising events

independent expenditure supporting/opposing others (explain)* IND

LEG legal defense

LIT campaign literature and mailings MBR member communications

meetings and appearances

OFC office expenses PET petition circulating

phone banks

polling and survey research

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

PRT print ads

RAD radio airtime and production costs

returned contributions SAL campaign workers' salaries

TEL 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

VOT voter registration

WEB information technology costs (Internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PA	YMENT AMOUNT PAID
ALA		2
		2
		2
		0

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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.

Sched	ule H		
nane	Made	to Of	hore*

Amounts may be rounded to whole dollars.

SCHEDULE H

Statement covers period from 07 101 123	CALIFORNIA 460
through / 2 /3 / 23	Page 16 of 17
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER REDINGER 000 145 1701 IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OUTSTANDING OUTSTANDING OCCUPATION AND EMPLOYER **AMOUNT** REPAYMENT OR **ORIGINAL** CUMULATIVE BALANCE AT INTEREST OF RECIPIENT BALANCE AMOUNT OF LOANS (IF SELF-EMPLOYED, ENTER LOANED THIS **FORGIVENESS** BEGINNING THIS CLOSE OF THIS RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) TO DATE LOAN NAME OF BUSINESS) PERIOD THIS PERIOD* PERIOD CALENDAR YEAR DIA9 RATE FORGIVEN PER ELECTION 0 DATE DUE DATE INCURRED CALENDAR YEAR PAID RATE FORGIVEN DATE DUE DATE INCURRED *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be SUBTOTALS \$ reported on Schedule E. (Enter (e) on Schedule I, Line 3) Schedule H Summary 1. Loans made this period...... (Total Column (b) plus unitemized loans of less than \$100.) **If Required 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.)

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> > www.fppc.ca.gov

(May be a negative number)

Schedule I			
Miscellaneous	Increases	to	Cash

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA

I.D. NUMBER

200145 L 901

FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
		0
		0
-		2
-		0
		0
	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT

Allach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$



		· Married And Proposition of the Party of th
Calabadula		CHIMATOGRAPHIA
Schedule		Summary
	_	

1. Itemized increases to cash this period. 2. Unitermized increases to cash of under \$100 this period.

DEDINGER

- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

FPPC Form 460 (Jan/2016))

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

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