		1.0	(A) N9	
Recipient Committee Campaign Statement Cover Page				CALIFORNIA 460 FORM
	Statement covers period from OI OI 22	Date of election if applicable: (Month, Day, Year)		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 06 (30 (22			
1. Type of Recipient Committee: All Committees - Cor	nplete 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	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Tc Amendment (Explain b	t	rly Statement Odd-Year Report
Small Contributor Committee	rimanily Formed Candidate/ Officeholder Committee			
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1380 470	Treasurer(s)		
Committee to Re-elect	t LArry L. REDIN	MAILING ADDRESS	L. REDIN	36 <u>E</u> Q
STREET ADDRESS (NO P.O. BOX)		DIAMAN	STATE ZIP COD	A G 1765
DIAMAND BARL CA	91765	NAME OF ASSISTANT TREASUR	ER, IF ANY	
MALING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	•	MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHONE
GEOLOGYMANC ICLOR	Cam	OPTIONAL: FAX / E-MAIL ADDRI	ESS	
4. Verification				
I have used all reasonable diligence in preparing and reviewing			C.	
certify under penalty of perjury under the laws of the State of	California that t			
Executed on 28 July 202				
Executed on	BySi	gnature of Controlling Officeholder, Candidate,	State Messure Proponent	_
Executed on	BySign	nature of Centrolling Officeholder, Candidate,	State Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2 COVER PAGE - PART 2
CALIFORNIA 460
FORM
Page 2 of 17

i. Officeholder or Candidate Controlled Committee	6.	. Primarily Formed Ballot	Measure Committee		
LATTS L. REDINGER		NAME OF BALLOT MEASURE			
BOARD OF TRUS KES - WAZEN		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL BLISINESS ADDRESS INC AND STREET CITY	9 1765	Identify the controlling office	holder, candidate, or state	measure propor	nent, if any.
Related Committees Not Included in this Stateme		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROPONENT		
not included in this statement that are controlled by you or are pri contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO. IF	ANY
COMMITTEE NAME I.D. N	NUMBER				
	TROLLED COMMITTEE?	. Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeholder Co for which this committee is	ommittee List primarily formed	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR O	CANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SOL	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. N	NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SOI	UGHT OR HELD	SUPPORT OPPOSE
TO THE OT THE POST OF THE POST	TROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SOI	UGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE	Atta	ch continuation sheets if n	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from OIOI 22 through 06 (30 (22

CALIFORNIA 460

Committee to Relectary L. REDINGER

1380470

I.D. NUMBER

TENTEMPES C. KEDINGER		1300470
Contributions Received Schedule À, 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	8 0	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 8/30 7/1 to Date 20. Contributions Received \$ \$ \$ \$ \$ 21. Expenditures Made \$ \$ \$ \$
Expenditures Made 6. Payments Made	<u> </u>	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summery Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	add amounts in Column B, add amounts in Column B, add amounts in Column B of your last report. Some amounts from Column A may be negative figures that should be subtracted from previous period amounts. this is the first report being	lf .
17. LOAN GUARANTEES RECEIVED	filed for this calendar year, only carry over the amoun from Lines 2, 7, and 9 (if any).	i

Schedule A	:hedule A			ts may be rounded whole dollars.	SCHEDUL			
Monetary (Contributions Receiv	/ed	10	whole dollars.	Statement cov		CALIF	FORNIA 460
					•			DRIVI
SEE INSTRUCTION	NS ON REVERSE				through 06 3	0 22	Page.	4 or 17
NAME OF FILER	NO ON NEVEROL			·			I.D. NUI	MBER
	FULLA	L. KE	DINGE	٨			138	30470
DATE	FULL NAME, STREET ADDRE	SS AND ZIP CODE OF	CONTRIBUTOR	1F AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE T		PER ELECTION
RECEIVED	CONTRIBU		CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDARY		TO DATE
	(IF COMMITTEE, ALSO EN	TER I.D. NUMBER)		OF BUSINESS)	PERIOD	(JAN. 1 - DEC	. 31)	(IF REQUIRED)
			□ IND			İ		
			□отн				.	
1			PTY				1	
			□scc			 		
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			□ PTY					
			□scc	OUDTOTAL		 		
				SUBTOTAL	<u> </u>			
Schedule A	•						ntributor C – Individu	
	ceived this period - itemized	•		•	0		/i – Recipi	ient Committee
(Include all	Schedule A subtotals.)					100		than PTY or SCC) (e.g., business entity)
2. Amount red	ceived this period – unitemize	ed monetary contribu	tions of less than	n \$100\$	-0	PT	– Politica	al Party
						sco	- Small	Contributor Committee
3. Total mone	tary contributions received th	nis period.	Onlyman A 12	TOTA: 6	-0			C F 4CO (Ion (204C))
(Add Lines	1 and 2. Enter here and on t	ne Summary Page, (Joiumn A, Line 1			FPPC Advice: adv		C Form 460 (Jan/2016)) c.ca.gov (866/275-3772)
								www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o		Statement cov from GL QL through O G (3	122	CALIFORNIA 460 FORM 460	
NAME OF FILER	LACTY L. REDI	NGER				1.0. NU	30470
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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					0
	HIK	□IND □COM □OTH □PTY □SCC					0
		□IND □COM □OTH □PTY □SCC					0
		□IND □COM □OTH □PTY □SCC					-
		□IND □COM □OTH □PTY □SCC					4

SUBTOTAL \$

*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

Cohodulo B. Bort 1	Am	Amounts may be rounded					Statement covers period Statement covers period				
Schedule B – Part 1		to whole dollars	3.				CALIFORN	14 460			
Loans Received					from OIOI	122	FORM	-100			
					through 66	1122	-	^7			
SEE INSTRUCTIONS ON REVERSE					through D 6		Page	of L			
NAME OF FILER							1.D. NUMBER				
FULLY F	REDING	ER_					1380	470			
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	(b) AMOUNT RECEIVED 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			
	HAIRE OF BUSINESSY	FERIOD		PAID	PERIOD			CALENDAR YEAR			
				s	_ s	%	s	. 0			
				FORGIVEN		RATE	1	PER ELECTION**			
				FORGIVEN	1			PERELECTION			
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$			
				PAID			+	CALENDAR YEAR			
				\$	_ s		s	. 0			
				FORGIVEN		RATE		PER ELECTION**			
				- PORGIVER				PERELECTION			
TO IND COM OTH PTY SCC		s	s	\$	DATE DUE	\$	DATE INCURRED	\$			
				PAID				CALENDAR YEAR			
				\$	_ s	%	\$	<u>; es </u>			
				FORGIVEN		RATE		PER ELECTION**			
						1.					
TO IND COM OTH PTY SCC		,	•———		DATE DUE	-	DATE INCURRED	,			
		SUBTOTALS \$		\$	\$	\$ (2)					
		OBIOIALS #	, 	φ 							
Schedule B Summary					6	(Enter (e) on Sched	dule E, Line 3)				
1. Loans received this period				\$	6	_					
(Total Column (b) plus unitemized loan	s of less than \$100.)						Contributor Codes				
2. Loans paid or forgiven this period				\$ _			Contributor Code: VD – Individual	'			
(Total Column (c) plus loans under \$10						C	OM - Recipient C				
(Include loans paid by a third party tha 3. Net change this period. (Subtract Lin				NET ¢	6	ے ا	other than) TH Other (e.g.,	PTY or SCC)			
Enter the net here and on the Summar				NEI \$ _		· F	PTY - Political Par	ty			
Enter the not hore and on the cultural	y rage, column, Eme 2.					[s	SCC - Small Contr	ibutor Committee			
					(May be a negative number)	_					
*Amounts forgiven or paid by another party also m	nust be reported on Schedule A.)					**************************************				
** If required.		J				FPPC Advices as		n 460 (Jan/2016)) ov (866/275-3772)			
						III C Autice, at	a rico @ ipperco.ge	www.fppc.ca.gov			

SCHEDULE B - PART 1

Schedule B – Part 2 Loan Guarantors Amounts may be rounded to whole dollars.				from Oil	ent covers period	CALIFOR FORM	400
SEE INSTRUCTIONS ON REVERSE				through Q	6/30/22	_ Page	of 17
NAME OF FILER						1.D. NUMBER	
LATTY L.	REDIA	16E R				1380	470
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	
1 /	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	0
	□IND		LENDER			CALENDAR YEAR	
1	□COM □OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	0
	□IND	<u> </u>	LENDER			CALENDAR YEAR	
	□COM □OTH □PTY		DATE			PER ELECTION (IF REQUIRED)	0
	scc		LENDER			CALENDAR YEAR	
	□ COM □ COM					S	A
	□PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
			SUI	BTOTAL \$		Enter on Summary Page,	

Schedule C			Amounts may be rounded						SCHEDULE C
	etary Contributions Received		to whole dollars.		l .	Statement covers p		CALIFO FOR	DRNIA 160
SEE INSTRUCT	IONS ON REVERSE				thro	ough 06(36(22	Page	3_ of 17_
NAME OF FILER						-		I.D. NUME	BER
	LATTY L.	SEDIL	SER					138	0470
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		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 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							0
	HA	□IND □COM □OTH □PTY □SCC							O
		□IND □COM □OTH □PTY □SCC							0
		□IND □COM □OTH □PTY □SCC							\(\)
Attach addi	itional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$			
Amount r (Include a Amount r Total non	received this period – itemized nonmonetar all Schedule C subtotals.)received this period – unitemized nonmone amonetary contributions received this period es 1 and 2. Enter here and on the Summar	tary contribut	ions of less than \$100		\$ _	0	— IND COM	(other the distribution of the control of the contr	nt Committee an PTY or SCC) g., business entity) Party ontributor Committee
						FPPC A	ldvice: advi		orm 460 (Jan/2016)) .gov (866/275-3772) www.fppc.ca.gov

Schedule	_							SCHEDULE D
Supportin	of Expenditures g/Opposing Othes, Measures and		Amounts may be n to whole dolla		Statement cover	. •	CALIFO FOR	DRNIA 160
	ONS ON REVERSE				through 06 (30	122	Page_	or 17
NAME OF FILER		<u>െ</u>					I.D. NUME	_
	F4112	L. KED	INGER				138	0470
DATE	MEASURE NUMBER OR I	DFFICE, AND DISTRICT, OR LETTER AND JURISDICTION, MMITTEE	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					0
	☐ Support	Oppose	Independent Expenditure					
			Monetary Contribution					
			Nonmonetary Contribution					0
	☐ Support	☐ Oppose	Independent Expenditure					
			Monetary Contribution					
			Nonmonetary Contribution					
	☐ Support	☐ Oppose	Independent Expenditure					
				SUBTOTAL	\$ -			
			···					
	D Summary							4
	•	endent expenditures made			•			3-
		ependent expenditures ma	•					
Total contr	ributions and independe	ent expenditures made thi	s period. (Add Lines	1 and 2. Do not enter on	the Summary Page	e.) To	DTAL \$ _	0

Schedule D (Continuation Sheet) Amounts may be rounded to whole dollars. SCHEDULE D (CONT.) CALIFORNIA 460 **Summary of Expenditures** Statement covers period Supporting/Opposing Other FORM Candidates, Measures and Committees Page 10 of 17 NAME OF FILER I.D. NUMBER LARRY L. REDINGER 1380470 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 (IF REQUIRED) PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ Monetary Contribution ■ Nonmonetary Contribution ☐ Independent ■ Support □ Oppose Expenditure Contribution □ Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure Monetary Contribution ■ Nonmonetary Contribution ■ Independent ☐ Support □ Oppose Expenditure Monetary Contribution ■ Nonmonetary Contribution Independent ■ Support ☐ Oppose Expenditure

SUBTOTAL \$ -

Schedule E Payments Made	Amounts may b to whole do			Statement covers period from 01 01 22 through 06/30/22	CALIFO FOR	
NAME OF FILER LACYY L. RED	INGER				I.D. NUME	
CODES: If one of the following codes accurately described campaign paraphernelia/misc. CMP campaign consultants CTB contribution (explain nonmonetary)* cvc civic donations FIL candidate filing/ballot fees fundralsing events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and st	munications d appearances es ating urvey research very and mes	s h senger services	RAD radio airtime and production returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and production TRC candidate travel, lodging, TRS staff/spouse travel, lodging transfer between committe VOT voter registration WEB information technology contributions.	on costs s oduction costs and meals g, and meals ses of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE C	DR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
						0
						0
						0
* Payments that are contributions or independent expenditures must also be	oe summarized on Sche	dule D.			SUBTOTAL \$	0
Schedule E Summary 1. Itemized payments made this period. (Include all Schedu	le E subtotals.)				\$	4

2. Unitemized payments made this period of under \$100......\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

Schedule E (Continuation Sheet) Payments Made	Statement cove	CALIF	FORNIA 460			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER LACYS L.	REDINGE			through 26 [3	I.D. NU	12 or 17 MBER 0470
CODES: If one of the following codes accurately of 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 legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circui PHO phone banks POL polling and si	ou may en munications di appearance es ating curvey researd very and mes	h senger services	RAD radio airtime RFD returned con SAL campaign wo TEL t.v. or cable a TRC candidate tra TRS staff/spouse TSF transfer betw VOT voter registra	and production costs tributions prixers' salaries sirtime and production cost vel, lodging, and meals travel, lodging, and meals een committees of the sa	s ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	1	CODE	DR DE	ESCRIPTION OF PAYMEN	NT	AMOUNT PAID
1 1						0
MIA						0
						0
						0
						0

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

SUBTOTAL\$

00	HE	11	Е

						SCHEDULE F
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.		Statement cove	22	CALIFO	
SEE INSTRUCTIONS ON REVERSE			through 26/30	1/22	Page	3 or 17
NAME OF FILER LATES L.	REDINGER				I.D. NUMB	DER 0470
CODES: If one of the following codes accurately descril CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC clvic 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 communication MTG meetings and appearar OFC office expenses PET petition circulating PHO pholing and survey rese postage, delivery and n PRO professional services (i	ns nces narch nassenger services	RAD radio airtime air returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave tras staff/spouse tra	nd production co butions kers' salaries time and produced, lodging, and avel, lodging, and en committees co on	ction costs meals nd meals of the same	candidate/sponsor neil)
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 THIS PER (ALSO REPOR	RIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
						0
						0
						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 accrued expenses of \$100 or more, plus total unitemize	Schedule F, Column (b) sud accrued expenses under	btotals for \$100.)	INCU	RRED TOT	ALS\$_	0
Total accrued expenses paid this period. (Include all So accrued expenses of \$100 or more, plus total unitemize	chedule F, Column (c) subtor d payments on accrued exp	tals for payments on enses under \$100.).		PAID TOT	ALS\$_	0
Net change this period. (Subtract Line 2 from Line 1. E on the Summary Page, Column A, Line 9.)	Enter the difference here and	i		,	NET\$	0
<u> </u>		-			May	y be a negative number Form 460 (Jan/2016)

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

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/22

SCHEDULE F (CONT.) CALIFORNIA

NAME OF FILER

REDIRGER LATTY

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 paraphernalla/misc.

CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL campaign for printing from the contribution (explain nonmonetary)*

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mallings

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 print ads

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

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)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
					-
					0
					0
					0
	SUBTOTALS	\$	\$	\$	\$ 0

	nts may be rounded whole dollars.	Statement covers period from QL (01 22 through 46 30 /23	CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			I.D. NUMBER
LATTY L. REDINGS	ER.		1380470
NAME OF AGENT OR INDEPENDENT CONTRACTOR KONY			,
CODES: If one of the following codes accurately describes the payment, CMP campaign paraphernalia/misc. MBR member co	•	. Otherwise, describe the payment. RAD radio airlime and production or	nsts
CNS campaign consultants MTG meetings a OFC office experiment of CTB contribution (explain nonmonetary)* OFC office experiment of CVC civic donations PET petition circ. FIL candidate filing/ballot fees PHO phone bank FND fundraising events POL polling and POL polling and ND independent expenditure supporting/opposing others (explain)*	nd appearances nasea sustaing (s survey research elivery and messenger services al services (legal, accounting)	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable aritime and product TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, are	otion costs meals id meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			0
			-
			0
			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.

								SCHEDULE H
Schedule H			ay be rounded le dollars.		Statement cove		CALIFORN	1A 460
Loans Made to Others*		10 11110	ie dollars.		from Olloil	27	FORM	- 00
					through 06 36	127	11	12
SEE INSTRUCTIONS ON REVERSE					through ODI St	<u> </u>	Page 6	of [7
NAME OF FILER	, 0-		_				I.D. NUMBER	_
LArry	L. K.	01061	rr				1380	470
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	OUTSTANDING	(b)	(c)	OUTSTANDING	(e)	ORIGINAL	(g) CUMULATIVE
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	AMOUNT LOANED THIS	REPAYMENT OF FORGIVENES	BALANCE AT	INTEREST RECEIVED	AMOUNT OF	LOANS
(IF COMMITTEE, ALSO ENTER I.D. NOMBER)	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIOD	PERIOD	TEOLIVED -	LOAN	TO DATE
			[☐ PAID				CALENDAR YEAR
				s	s	%	_{\$}	, 0
				FORGIVEN		RATE		PER ELECTION*
								a
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		1		PAID			1	CALENDAR YEAR
				\$	s	RATE	\$	\$
			1	FORGIVEN		1,	1	PER ELECTION"
		s	\$	s		\$	l	, 0
	<u></u>				DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive	n must also be					_	1	
reported on Schedule E.	. Thou alos bo	SUBTOTALS	\$	\$	\$	\$ 0		
				'		(Enter (e) on		
						Schedule I, Line 3)		
Schedule H Summary						_		
1. Loans made this period					\$			
(Total Column (b) plus uniternized loans of less than \$100.)							**If Required	
2. Payments received on loans								
3. Net change this period. (Subtract Line 2					NET \$	0		
(Enter the net here and on the Summar					······································			
·					(May	be a negative number)		

Schedule I Miscellaned	ous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from 0 (01 /22 through 06/20/22	CALIFORNIA 460: FORM
SEE INSTRUCTIONS	S ON REVERSE		unough	
NAME OF FILER	LATTY L. REDI	W61R		1.5. NUMBER 1380470
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
				0
				0
				0
				0
				Ð
Attach addition	onal information on appropriately labeled continuation sheets		SUBTOTAL	\$
Schedule 1	Summary reases to cash this period.		, -	
				
	increases to cash of under \$100 this period hterest received this period on loans made to others. (S		2	-
				-
Total miscell Summary Pa	laneous increases to cash this period. (Add Lines 1, 2, age, Line 14.)	and 3. Enter here and on the		FPPC Form 460 (Jan/2016)) ce@fppc.ca.gov (866/275-3772) www.fppc.ca.gov