Recipient Committee Campaign Statement Cover Page		RECEIVED BYDAte Stamp CALIFORNIA 460 LOS ANGEL ES COUNTY Page 1 of 17	
	Statement covers period from 7/1/2023	Date of election if applicable 2 AMII: 1,6 (Month, Day) Year ED 2 For Official Use Only CAMPAIGN FINANCE CAMPAIGN FINANCE CAMPAIGN FINANCE	-
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2023</u>	C11488	
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preefection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	
3. Committee information	0. NUMBER 433366	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	_
Committee For a Healthier South Bay, Martha Koo F 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/PHON	Æ
		Manhattan Beach CA 90266 323-243-5656	
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, 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 CODE AREA CODE/PHON	Æ
Manhattan Beach CA 9026	6 323-243-5656		_
laure.linn@yahoo.com		OPTIONAL: FAX/E-MAIL ADDRESS laure.linn@vahoo.com	
L Verification		laute.inin@yanoo.com	_
	ng this statement and to the best of my	knowledge the information contained herein and in the attached schedules is true and complete.	
certify under penalty of perjury under the laws of the State of	California that the foregoi		
Executed on 2/15/2024	Ву		
Executed on 2/15/2024	Ву	ible Officer of Sporsor	
Executed on 2/15/2024	Ву	onent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	

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COVER PAGE - PART 2
CALIFORNIA 460
Page 2 of 17

Officeholder or Candidate Controlled Com	nittee	6.	Primarily Formed Ballo	ot Measure C	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE		_	NAME OF BALLOT MEASURE			
Martha B. Koo						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT 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 office	eholder, candid	ate, or state measure pro	pponent, if any.
		-	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT	
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your car	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER	-				
NAME OF TREASURER	CONTROLLED COMMITTEE?	_ 7.	Primarily Formed Cano	didate/Office	eholder Committee	List names of ned.
	☐ YES ☐ NO					
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	o. BOX)	_	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	.D SUPPOR
	CODE AREA CODE/PHON	E ==	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
COMMITTEE NAME	LD, NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	.D SUPPOR
NAME OF TREASURER	CONTROLLED COMMITTEE?	_	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO P.C). BOX)	_			<u> </u>	OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHON	Ē	Atta	ach continuatio	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA ACO Statement covers period

·	from <u>7/1/2023</u>	FORM 46U
SEE INSTRUCTIONS ON REVERSE	through 12/31/2023	Page _3 of
NAME OF FILER		I.D. NUMBER
Laure A. Linn		1433366

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running In Both the State Primary and General Elections
\$ \frac{0}{0} \\ \$ \frac{0}{0} \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
\$ \frac{0}{0} \\ \$ \frac{0}{0} \\ \delta \frac{0} \\ \delta \frac{0}{0} \\ \delta	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$	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) \$
\$ \frac{0}{0} \\ \frac{0} \\ \frac{0}{0} \\ 0	To calculate Column B, add amounts in Column 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).	*Amounts in this section may be different from amounts reported in Column B.
	### TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) #### ### TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) #### ###	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \frac{0}{0}

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Schedule A	\		ts may be rounded			SCHEDULE A		
	Contributions Received	to	whole dollars.	Statement covers period from 7/1/2023		CALIFORNIA 460 FORM		
SEE INSTRUCTION	IS ON REVERSE			through 12/31/20	23	Page 4	of	
NAME OF FILER Laure A. Linn						I.D. NUMBER 1433366	3	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \(\(\)	/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	Summary eived this period – itemized monetary contribution Schedule A subtotals.)	•••••			IND COI OTH PTY	l – Other (e.g., ′ – Political Par	committee PTY or SCC) business entity)	
3. Total moneta (Add Lines 1	ary contributions received this period. I and 2. Enter here and on the Summary Page, C	Column A, Line 1	.)TOTAL \$ 0	· · · · · · · · · · · · · · · · · · ·	FPPC Advice: adv		m 460 (Jan/2016)) ov (866/275-3772)	

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	edule A (Continuation Sheet) netary Contributions Received Amounts may be rounded to whole dollars. Statement covers period from 7/1/2023 through 12/31/2023						
NAME OF FILER				tinough		Page _	
Laure A. Linn						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 □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 IND - Individual

COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

	Am	ounts may be rou	ınded				SCHED	ULE B - PART 1
Schedule B – Part 1	74	to whole dollars		Γ	Statement cove	ers period	CALIFORN	^{IA} 460
Loans Received				1	from 7/1/2023		FORM	4 00
SEE INSTRUCTIONS ON REVERSE	,				through 12/31/20)23	Page 6	of <u>17</u>
NAME OF FILER				_			I.D. NUMBER	
							1433366	
Laure A. Linn							1433300	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	OUTSTANDING	(b) AMOUNT	(c) AMOUNT PAI	D OUTSTANDING	(e) INTEREST	ORIGINAL	CUMULATIVE
OF LENDER	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	RECEIVED THIS	OR FORGIVE	N BALANCE AT	PAID THIS PERIOD	AMOUNT OF LOAN	CONTRIBUTIONS TO DATE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	PERIOD	PERIOD	_	PERIOD	PERIOD	LOAN	CALENDAR YEAR
				PAID				CALENDAR TEAR
		'		\$	_ \$	RATE	\$	\$
				FORGIVEN		I		PER ELECTION**
		l .			1	s	l	
[†] □IND □ COM □ OTH □ PTY □ SCC	,		V	V	DATE DUE		DATE INCURRED	\
				PAID				CALENDAR YEAR
				\$	_ \$	*	\$	\$
				☐ FORGIVEN		RATE		PER ELECTION**
				4				PERCECOTION
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	 \$	DATE INCURRED	\$
- I IND I COM I OTH I PIT I SCC		-		PAID				CALENDAR YEAR
					.		1.	
				•		RATE	*	\$
				FORGIVEN				PER ELECTION**
		\$	\$	\$	-	\$		\$
TO IND COM OTH PTY SCC					DATE DUE	<u> </u>	DATE INCURRED	
	<u> </u>	SUBTOTALS \$	0 \$	0	\$ 0	\$ 0		
	<u></u>					(Enter (e) on Sched	lule E, Line 3)	
Schedule B Summary				0				
Loans received this period				\$ —				
(Total Column (b) plus unitemized loan	s of less than \$100.)			. 0		(to	Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$10						• • • • • • • • • • • • • • • • • • • •	ID - Individual	
(Include loans paid by a third party tha		edule A.)				6	OM – Recipient C other than	ommittee PTY or SCC)
3. Net change this period. (Subtract Line	e 2 from Line 1.)			.NET \$ 0			TH - Other (e.g.,	business entity)
Enter the net here and on the Summar	y Page, Column A, Line 2.			•			TY Political Part	
					04	s	CC - Small Contri	butor Committee
					(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 2		Amounts may be rounded to whole dollars.			ent covers period	CALIFORNIA 460		
Loan Guarantors			from 7/1/2023			FORM		
SEE INSTRUCTIONS ON REVERSE				through _	2/31/2023	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		LENDER			CALENDAR YEAR		
	□COM □OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)		
			LENDER			CALENDAR YEAR		
	□IND □COM □OTH					\$PER ELECTION		
	□PTY □SCC		DATE			PER ELECTION (IF REQUIRED)		
	□IND		LENDER			CALENDAR YEAR	,	
	□COM □OTH □PTY		DATE			PER ELECTION (IF REQUIRED)		
	□scc					\$		

Enter on Summary Page, Line 17 only.

SUBTOTAL \$ 0

Schedule C Amounts may be rounded to whole dollars. Nonmonetary Contributions Received					Statement covers period from 7/1/2023			CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE				thre	ough 12/31/2023		Page 8	of	
Laure A. Linn								I.D. NUMB 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)	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								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC	,					·		
		□IND □COM □OTH □PTY □SCC								
Attach additi	onal information on appropriately labeled	continuation	sheets.	SUBTO)TAL	\$ ₀				
1. Amount re (Include al	C Summary ceived this period – itemized nonmonetar I Schedule C subtotals.)						IND COM	(other tha	t Committee an PTY or SCC) g., business entity)	
3. Total nonm	nonetary contributions received this periods 1 and 2. Enter here and on the Summary	i .				_			ntributor Committee	

Supporti	y of Expenditures ng/Opposing Othe es, Measures and		Amounts may be re to whole dollar		Statement cover from 7/1/2023	s period	CALIFORNIA 460		
SEE INSTRUCT	IONS ON REVERSE				through 12/31/202	3	Page	of	
NAME OF FILER Laure A. Lini	1						I.D. NUMB 1433366		
DATE	MEASURE NUMBER OR L	OFFICE, AND DISTRICT, OR ETTER 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			1			
			Nonmonetary Contribution						
	☐ Support	☐ Oppose	Independent Expenditure						
			Monetary Contribution			- 			
			☐ Nonmonetary Contribution						
	Support	Oppose	Independent						
	Зирроп	C Oppose	Expenditure Monetary Contribution						
			Nonmonetary Contribution						
	☐ Support	Oppose	Independent Expenditure						
				SUBTOTAL	0 .				
Schedule	D Summary				<u> </u>				
1. Itemized	contributions and indepe	ndent expenditures made	e this period. (Include a	all Schedule D subtotals.).			\$ ⁰		
				r \$100					
3. Total conf	tributions and independe	nt expenditures made thi	s period. (Add Lines 1	and 2. Do not enter on th	e Summary Page	:.) TC)TAL \$ _0	· · ·	

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period **CALIFORNIA** from <u>7/1/2023</u> **Supporting/Opposing Other FORM Candidates, Measures and Committees** through 12/31/2023 NAME OF FILER I.D. NUMBER Laure A. Linn 1433366 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION **AMOUNT THIS** CALENDAR YEAR TO DATE DATE MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary Contribution ■ Nonmonetary Contribution ☐ Independent ☐ Support □ Oppose Expenditure Monetary Contribution Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure Monetary Contribution Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure ■ Monetary Contribution Nonmonetary Contribution Independent ☐ Oppose ☐ Support Expenditure

SUBTOTAL \$ 0

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may b				from	ment covers peri	CALIF	
Laure A. Linn							143336	
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications dappearances es ating urvey research	n senger services	Otherv	RAD radio RFD return SAL came TEL t.v. of TRC cane TRS staff TSF trans VOT vote	o airtime and prod rned contributions paign workers' sa or cable airtime ar didate travel, lodg i/spouse travel, los sfer between com or registration	duction costs laries nd production costs ing, and meals dging, and meals	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R	DESC	RIPTION OF	PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also be s	summarized on Sche	dule D.					SUBTOTAL	5 0
Schedule E Summary							=======================================	
1. Itemized payments made this period. (Include all Schedule	-						\$ <u>-0</u>	<u> </u>
Uniterized payments made this period of under \$100 Total interest paid this period on loans. (Enter amount from				••••••			\$ • 0	

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER		ints may be o whole dol			fro	Statement covers period 7/1/2023 m ough 12/31/2023	Page 1	2 of 17 BER
Laure A. Linn CODES: If one of the following codes accurately descr 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 mand MTG	ember comi eetings and fice expensi etition circula- none banks olling and su ostage, deliv- rofessional s	munications appearances ating arvey resear very and me	es	RA RF SA TE TR TR TS VO	D radio airtime and production D returned contributions L campaign workers' salaries L t.v. or cable airtime and pro C candidate travel, lodging, a S staff/spouse travel, lodging,	n costs duction costs nd meals , and meals es of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIP	TION OF PAYMENT		AMOUNT PAID

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

					SCHEDULE F	
Schedule F Accrued Expenses (Unpaid Bills) Advants may be rounded to whole dollars.				ers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through 12/31/20)23	Page 13 of 17	
NAME OF FILER Laure A. Linn					I.D. NUMBER 1433366	
CODES: If one of the following codes accurately describes	s the payment, you may	enter the code. Oth	nerwise, describe th	e payment.		
CMP campaign paraphemalia/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 appearal 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	nces arch nessenger services	TRC candidate trave TRS staff/spouse tra	butions kers' salaries time and producel, lodging, and i avel, lodging, an en committees con	tion costs neals d meals f 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 I THIS PER (ALSO REPOR	IOD BALANCE AT CLOSE	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized a	chedule F, Column (b) su accrued expenses under S	btotals for	INCU	RRED TOTA	ALS \$	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized page 1.2.)		-l- f				
Net change this period. (Subtract Line 2 from Line 1. Ento on the Summary Page, Column A, Line 9.)	er the difference here and	İ			0	

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Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 7/1/2023 through 12/31/2023	SCHEDULE F (CONCALIFORNIA 460 FORM Page 14 of 17		
Laure A. Linn			1433366		
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CMS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	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)	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, and	ction costs meals		

PRT print ads

LIT campaign literature and mailings

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

VOT voter registration
WEB information technology costs (internet, e-mail)

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

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 7/1/2023	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 12/31/2023	Page 15 of 17
NAME OF FILER Laure A. Linn			I.D. NUMBER 1433366
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
CODES: If one of the following codes accurately describes	the payment, you may enter the code. C	Otherwise, describe the payment	
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	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 of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of candidate travel, lodging, and transfer between committees VOT voter registration WEB information technology costs	uction costs d meals and meals s of the same candidate/sponsor
* Payments that are contributions or independent expenditures must also be s	ummarized on Schedule D.		

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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			ay be rounded le dollars.	Statement cove	rs period	CALIFORM	11A 460	
Loans Made to Others*		to wile	ne donais.		from 7/1/2023		FORM	700
					through	123	16	17
SEE INSTRUCTIONS ON REVERSE					through		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) OUTSTANDING	(e)	(1)	(g)
OF RECIPIENT	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	AMOUNT LOANED THIS	REPAYMENT C FORGIVENES	S BALANCE AT	INTEREST	ORIGINAL AMOUNT OF	CUMULATIVE LOANS
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIOD	PERIOD	RECEIVED	LOAN	TO DATE
				PAID				CALENDAR YEAR
				\$	\$		\$	s
	İ		1	FORGIVEN		RATE		PER ELECTION**
				L_ rononzii				PEREEDION
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	, \$
								CALENDAR YEAR
				PAID		i		Once North East
			1	\$	\$	RATE	\$	\$
				FORGIVEN				PER ELECTION**
		\$	\$	\$		\$		\$
		<u></u>			DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive	or committee must							
reported on Schedule E.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SUBTOTALS	\$0	\$ 0	\$ 0	\$ 0		
				' ===		(Enter (e) on		
						Schedule I, Line 3)		
Schedule H Summary					0			
1. Loans made this period					\$ ⁰		. г	
(Total Column (b) plus unitemized loan	s of less than \$100.)				. 0			**If Required
2. Payments received on loans	manta of less than \$400 \			•••••	\$		٠ ـ	
(Total Column (c) plus unitemized payr 3. Net change this period. (Subtract Line)	nents of less than \$100.)				NET \$ 0			
(Enter the net here and on the Summa			•••••		······································			
•	· ·	-						

(May be a negative number)

Schedule I	Amounts may b	e rounded	SCHEDU		
Miscellaneo	ous Increases to Cash to whole do		Statement covers period	CALIFORNIA 460	
			from <u>7/1/2023</u>	FORM TOO	
SEE INSTRUCTIONS	ON REVERSE		through 12/31/2023	Page 17 of 17	
NAME OF FILER				I.D. NUMBER	
Laure A. Linn				1433366	
DATE	FULL NAME AND ADDRESS OF SOURCE	DEG	OCCUPTION OF DECEME	AMOUNT OF	
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DES	SCRIPTION OF RECEIPT	INCREASE TO CASH	
İ					
		İ			
1					
	<u></u>				
1		İ			
		_			
Attach addition	nal information on appropriately labeled continuation sheets.		SUBTOTAL	-\$ 0	
Schedule I S	ummary				
1. Itemized incre	eases to cash this period		\$ <u>0</u>		
	ncreases to cash of under \$100 this period		\$ <u>0</u>		
				-	
3. Total of all int	terest received this period on loans made to others. (Schedule H, Colum	ın (e).)	\$	_	
4. Total miscella	aneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here	and on the	TOTAL 0		
Summary Pa	ge, Line 14.)	······································		FPPC Form 460 (Jan/2016)) rice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	