

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2024
through 09/21/2024

Date of election if applicable:
(Month, Day, Year)
11/05/2024

Date Stamp	CALIFORNIA FORM 460		
RECEIVED	CITY OF HANFORD		
NOV 4 REC'D	Page <u>1</u> of <u>8</u>	For Official Use Only	
CITY CLERK			

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primary Formed Ballot Measure Committee
 Controlled
(Also Complete Part 6)

Sponsored

Primary Formed Candidate/ Officeholder Committee
(Also Complete Part 7)

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true.

Executed on 10/23/24 Date

Executed on 10/23/24 Date

Executed on _____ Date

Executed on _____ Date

By _____
Responsible Officer or
Agent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA 460
FORM**

Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Kimber Regan

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Harford City Council District B

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Harford CA 93230

Related Committees Not Included in this Statement: List any 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.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

CITY

STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOVENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded
 to whole dollars.

SUMMARY PAGE
 CALIFORNIA **460**
 FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kimber Regan

Committee to Elect Kimber Regan Hartford City Council District B

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>6381.13</u>	\$ <u>6</u>
2. Loans Received	Schedule B, Line 3 \$ <u>6381.13</u>	\$ <u>6381.13</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>6381.13</u>	\$ <u>6381.13</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>6381.13</u>	\$ <u>6381.13</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>4356.13</u>	\$ <u>4356.13</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>4356.13</u>	\$ <u>4356.13</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>4356.13</u>	\$ <u>4356.13</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 Column A, Line 3 above \$ <u>0</u>	\$ <u>0</u>
13. Cash Receipts	Schedule I, Line 4 \$ <u>2025.00</u>	\$ <u>2025.00</u>
14. Miscellaneous Increases to Cash		
15. Cash Payments	Column A, Line 8 above \$ <u>0</u>	\$ <u>0</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>2025.00</u>	\$ <u>2025.00</u>

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	Schedule B, Part 2 \$ <u>NA</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>NA</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
 (If Subject to Voluntary Expenditure Limit)
 Date of Election _____ Total to Date
 (midday)

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.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Kimber Regan - Campaign to Elect Kimber Regan Maynard City Council District B

Statement covers period from <u>07/01/2024</u>	CALIFORNIA 460 FORM
through <u>09/21/2024</u>	Page <u>5</u> of <u>8</u>
	I.D. NUMBER To Be Assigned

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAI	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kingo County Elections	FIL		47.40
Amazon. Com	CMP		248.67
Amazon. Com	CMP		272.67

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

SUBTOTAL \$ 569.74

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 4356.13
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))..... \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 4356.13**

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2024</u>	CALIFORNIA FORM 460
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I.D. NUMBER To Be Assigned	

NAME OF FILER
Kimber Regan

Committee to Elect Kimber Regan Harford City Council District 6

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

CMP campaign paraphernalia/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)
PRT print ads

RAD radio airtime and production costs
RFB 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>amazon.com</i>	<i>LIT</i>		<i>251.74</i>
<i>Kelly Dias</i>	<i>LIT</i>		<i>303.99</i>
<i>RepublicanSign.com</i>	<i>CNS</i>		<i>150.-</i>
<i>Canva.com</i>	<i>CMP</i>		<i>403.21</i>
	<i>CMP</i>		<i>18.99</i>
			SUBTOTAL \$ 1128.03

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

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kimber Regan — Committee to Elect Kimber Regan — Harvard City Council District 6

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2024</u>	CALIFORNIA FORM 460
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I.D. NUMBER <u>To Be Assigned</u>	

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Republican Signs. com

CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID

CMP *989.36*

Canva. com

LIT *225. -*

Online Candidate

WEB *1445.-*

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

SUBTOTAL \$ 2659.36

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
 to whole dollars.

Statement covers period from <u>07/01/2024</u>		CALIFORNIA FORM	SCHEDULE I 460
through <u>09/21/2024</u>		Page <u>8</u> of <u>8</u>	I.D. NUMBER To Be Assigned
<u>SEE INSTRUCTIONS ON REVERSE</u> NAME OF FILER Kimber Regan			

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
09/04/2024	Kimber Regan [REDACTED] Hanford, CA 93230	Loan: Check Deposit I Create Account of: Committee to Elect Kimber Regan Hanford City Council District B	\$2,025.00

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

1. Itemized increases to cash this period. \$ 2,025.00
2. Unitemized increases to cash of under \$100 this period. \$ -0-
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ -0-
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$ 2,025.00