

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
RECEIVED
CITY OF HANFORD
NOV 4 REC'D
CITY CLERK

CALIFORNIA 460
FORM
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For Official Use Only

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
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
To Be Assigned

Committee to Elect Kimber Regan Hanford City Council District B

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Hanford CA 93230 (559) 415-9254

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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

By Signature

Executed on 10/23/24 Date

By Signature

Executed on Date

By Signature

Executed on Date

By Signature

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Kimber Regan			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Hanford City Council District B			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[REDACTED]	Hanford	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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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 PROPONENT	
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
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

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

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NAME OF FILER
Kimber Regan Committee to Elect Kimber Regan Hanford City Council District B

I.D. NUMBER
To Be Assigned

Contributions Received

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

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

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

Expenditure Limit Summary for State
Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)
Date of Election (mm/dd/yy) Total to Date
\$ \$

Current Cash Statement

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

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ N/A
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ N/A

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 B - Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kimber Regan - Committee to Elect Kimber Regan Hanford City Council District B

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

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I.D. NUMBER

To Be Assigned

FULL NAME, STREET ADDRESS AND ZIP CODE (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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Kimber Regan 2465 Chestnut St Hanford, CA 93230		Help-U-Sell Real Estate/ Broker	\$ 0	\$ 6381.13	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN	\$ 6381.13	\$ 0	\$ 6381.13	CALENDAR YEAR PER ELECTION** \$ 6381.13
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$	%	\$	CALENDAR YEAR PER ELECTION** \$
IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	DATE DUE	%	DATE INCURRED	CALENDAR YEAR PER ELECTION** \$
IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	DATE DUE	%	DATE INCURRED	CALENDAR YEAR PER ELECTION** \$
SUBTOTALS \$			\$	\$	\$	\$	\$	\$	\$

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 6381.13
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 6381.13
Enter the net here and on the Summary Page, Column A, Line 2.

†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

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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

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

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

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	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL tv, 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
Hungry County Elections	FIL		47.40
Amazon.com	CMP		248.67
Amazon.com	CMP		272.67
SUBTOTAL \$ 568.74			

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 4356.13
- Unitemized payments made this period of under \$100 \$
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
- 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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2024 through 09/21/2024	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kimber Regan - Committee to Elect Kimber Regan Hanford 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. | 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 tv, or cable airtime and production costs |
| FIL candidate filing/bailot 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
amazon.com	LIT			251.74
amazon.com	LIT			303.99
lillydiaz	CNS			150.-
RepublicanSigns.com	CMP			403.31
Canva.com	CMP			18.99

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

SUBTOTAL \$ 1128.03

Amounts may be rounded to whole dollars

SCHEDULE F (CONT)

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Charmant comes to life

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NAME OF FILER
Kimber Regan
- Committee to Elect Kimber Regan - Hanford City Council District B

I.D. NUMBER

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	posting, 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
Republican Signs. Com		CNP			989.32
Canva. com		LIT			225.-
Online Candidate [REDACTED]		WEB			1445.-

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

SUBTOTAL \$ 71.09 36

FPPC Form 460 (Jan/2016)

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

www.fdpdc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE 1

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

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J.D. NUMBER
To Be Assigned

[illegible]

SUBTOTAL \$ 2,025.00

Attach additional information on appropriately labeled continuation sheets

- | | |
|---|--------------------|
| 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.) | \$ 2,025.00 |
| TOTAL | \$ 2,025.00 |