

Recipient Committee  
Campaign Statement  
Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 09/22/2024  
through 10/19/2024

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  
Page 1 of 7  
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:

- ☒ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER  
To Be Assigned

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect Kimber Regan Hanford City Council District B

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

~~STREET ADDRESS AND P.O. BOX~~

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Hanford CA 93230 (559) 415-9254

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 and correct.

Executed on 10/23/2024

By

Executed on 10/23/2024

By

Executed on

By

Executed on

By

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

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## 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
	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"/> OPOSE

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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Statement covers period  
from 09/22/2024  
through 10/19/2024

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*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 \$ <u>0</u>	\$ <u>0</u>
2. Loans Received.....	Schedule B, Line 3 \$ <u>3866.42</u>	\$ <u>10,247.55</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ <u>3866.42</u>	\$ <u>10,247.55</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ <u>3866.42</u>	\$ <u>10,247.55</u>

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ <u>3866.42</u>	\$ <u>8222.55</u>
7. Loans Made.....	Schedule H, Line 3 \$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ <u>3866.42</u>	\$ <u>8222.55</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 \$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment.....	Schedule G, Line 3 \$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ <u>3866.42</u>	\$ <u>8222.55</u>

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ <u>2025.01</u>
13. Cash Receipts.....	Column A, Line 3 above \$ <u>0</u>
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 \$ <u>0</u>
15. Cash Payments.....	Column A, Line 8 above \$ <u>2025.00</u>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>0</u>

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2  
\$ 0

## Cash Equivalents and Outstanding Debts

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

## 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.....	\$ _____	\$ _____

## Expenditure Limit Summary for State Candidates

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

\*Amounts in this section may be different from amounts reported in Column B.

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).

Schedule B – Part 1  
Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

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through 10/19/2024

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER

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

To Be Assigned

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 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

Hanford, CA 93230

Help-U-Sell Real Estate/  
Broker

\$6381.13

\$3866.42

☐ PAID  
\$0

\$10247.55

0%  
N/A

\$6381.13

\$10247.55

☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC

PAID

FORGIVEN

DATE DUE

RATE

DATE INCURRED

CALENDAR YEAR

☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC

PAID

FORGIVEN

DATE DUE

RATE

DATE INCURRED

CALENDAR YEAR

☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC

PAID

FORGIVEN

DATE DUE

RATE

DATE INCURRED

CALENDAR YEAR

☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC

PAID

FORGIVEN

DATE DUE

RATE

DATE INCURRED

CALENDAR YEAR

SUBTOTALS \$3866.42 \$10247.55

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

Schedule B Summary

- Loans received this period ..... \$ 3866.42  
(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 \$ 3866.42  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other than PTY or SCC  
PTY – Other (e.g., business entity)  
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  
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Kimber Regan - Committee to Elect Kimber Regan - Hayward City Council District 8

Statement covers period  
from 09/22/2024  
through 10/19/2024

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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	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
Republican Sign, Com	CMP			360.12
Art Print Shop	LIT			371.56
Art Print Shop	LIT			168.80
SUBTOTAL \$ 900.48				

\* 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.) ..... \$ 3866.42
- 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 \$** 3866.42

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Kimber Regan**  
**Committee to Elect Kimber Regan Harbor City Council District 8**

Statement covers period  
from **09/22/2024**  
through **10/19/2024**

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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 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
<i>Canva. com</i>	<i>WEB</i>			<i>120.-</i>
<i>Kings County Elections</i>	<i>LIT</i>			<i>170.64</i>
<i>Tracts Supply</i>	<i>CMP</i>			<i>95.99</i>
<i>Ultra Design</i>	<i>CMP</i>			<i>69.71</i>
<i>Monica Lavelle</i>	<i>CMP</i>			<i>150.-</i>

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

**SUBTOTAL \$ 606.34**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period  
from 09/22/2024  
through 10/19/2024

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**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)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postal Service	Pos			730.-
U.S. Postal Service	Pos			730.-
U.S. Postal Service	Pos			849.60
Sec of State	FIL			50.-

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

SUBTOTAL \$ **2359.60**