

**Recipient Committee  
Campaign Statement  
Cover Page**

Statement covers period from <u>09/22/2024</u>		Date of election if applicable: (Month, Day, Year)
through <u>10/19/2024</u>		<u>11/05/2024</u>
<b>CITY CLERK</b>		

SEE INSTRUCTIONS ON REVERSE

**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  
 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  
(Also file a Form 410 Termination)

Amendment (Explain below)

**CITY CLERK**

**RECEIVED**

**CALIFORNIA FORM 460**

**NOV 4 REC'D**

**Page 1 of 7**

**For Official Use Only**

**3. Committee Information**

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**

**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**

**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  
Date

By \_\_\_\_\_  
or  
or Responsible Officer or Sponsor

Executed on \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

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

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**Page 2 of 7**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.

<u>COMMITTEE NAME</u>	<u>I.D. NUMBER</u>
<u>NAME OF TREASURER</u>	<u>CONTROLLED COMMITTEE?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>COMMITTEE ADDRESS</u>	<u>STREET ADDRESS (NO P.O. BOX)</u>
<u>CITY</u>	<u>STATE</u> <u>ZIP CODE</u> <u>AREA CODE/PHONE</u>
<u>COMMITTEE NAME</u>	<u>I.D. NUMBER</u>
<u>NAME OF TREASURER</u>	<u>CONTROLLED COMMITTEE?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>COMMITTEE ADDRESS</u>	<u>STREET ADDRESS (NO P.O. BOX)</u>
<u>CITY</u>	<u>STATE</u> <u>ZIP CODE</u> <u>AREA CODE/PHONE</u>

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

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

**STATEMENT COVERS PERIOD**  
**CALIFORNIA 460**  
**FORM**

**from 09/22/2024**  
**through 10/19/2024**

**Page 3 of 7**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Kimber Regan - Committee to Elect Kimber Regan**

**Hanford City Council District B**

**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>9</u>	\$ <u>9</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>9</u>	\$ <u>9</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 C, 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>2025.00</u>	
13. Cash Receipts.....	Column A, Line 3 above	\$ <u>9</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.*

**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>	

**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

\$ 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.

**Schedule B – Part 1**  
**Loans Received**

Amounts may be rounded to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

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

## Schedule B Summary

1. Loans received this period .....	\$ <u>3,866.42</u>
(Total Column (b) plus unitemized loans of less than \$100.)	
2. Loans paid or forgiven this period .....	\$ <u>0</u>
(Total Column (c) plus loans under \$100 paid or forgiven.)	
(Include loans paid by a third party that are also itemized on Schedule A.)	
3. Net change this period. (Subtract Line 2 from Line 1) .....	NET \$ <u>3,866.42</u>

Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

(Enter (é) on Schedule E, Line 3

†Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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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.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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

Statement covers period		CALIFORNIA FORM 460	
from	through	Page	of
09/22/2024	10/19/2024	5	7
		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.
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
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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RepublicanSigio.com	CMP		360.12
Art Print Shop	LIT		371.56
	LIT		168.80
		SUBTOTAL	\$ 900.48

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 3866.42
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 \$ 3866.42**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>09/22/2024</u>	CALIFORNIA FORM <b>460</b>
through <u>10/19/2024</u>	Page <u>6</u> of <u>7</u>
I.D. NUMBER <b>To Be Assigned</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Kimber Regan**

*Committee to Elect Kimber Regan Harford City Council District B*

**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  
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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Carva. Com</i>	<i>WEB</i>		
<i>Kings County Elections</i>	<i>LIT</i>		<i>120.-</i>
<i>Tractor Supply</i>	<i>CMP</i>		<i>95.99</i>
<i>Ultra Design</i>	<i>CMP</i>		<i>69.71</i>
<i>Monica Laree</i>	<i>CMP</i>		<i>150.-</i>
			<b>SUBTOTAL \$ 606.34</b>

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

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

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Kimber Regan *Committee to Elect Kimber Regan Hartford City Council District B*

Statement covers period from <u>09/22/2024</u>	CALIFORNIA FORM <b>460</b>
through <u>10/19/2024</u>	Page <u>7</u> of <u>7</u>
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.  
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  
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MBR member communications  
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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>U.S. Postal Service</i>	<i>POS</i>		
<i>U.S. Postal Service</i>	<i>POS</i>		
<i>Sec of State</i>	<i>FIL</i>		

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

**SUBTOTAL \$ 2359.60**