				COVER PAG	Ε
Recipient Committee Campaign Statement			Date Stamp	CALIFORNIA 460	
Cover Page			RECEIVED	FORM TOO	4
	Statement covers period from 7-27-22	Date of election if applicable: (Month, Day, Year)	JAN 31 2023	Page of For Official Use Only	-
SEE INSTRUCTIONS ON REVERSE	through 12-31-22	6-7-22	KINGS COUNTY ELECTIC	NS	
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	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te ☐ Amendment (Explain b	t	erly Statement al Odd-Year Report	
3. Committee Information	D. NUMBERY GGY7	Treasurer(s)			-
Elect Pusing Reblinson Committee	cings county	NAME OF TREASURER MAILING ADDRESS	heresa Robin	n 50m	- -
STREET ADD		СІТҮ	STATE ZIPCO	DE' 9323U (() 9) 3	- 362-5907
	7 634 -70 10	Y6	· • • • • • • • • • • • • • • • • • • •		- , , ,
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	NA		
letsgorobinson 2023	22 Small-Com	CITY	N/A STATE ZIP CO	DE AREA CODE/PHONE	_
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS		
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on	California that the foregoing is true and constraint and selection of the	_	Treasurer		-
Executed on	BySig	nature of Controlling Officeholder, Candidate, S	State Measure Proponent		
Executed on	By ————————————————————————————————————	nature of Controlling Officeholder, Candidate,	State Measure Proponent		

FPPC Form 460 (Jan/2016))

5.	Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballo	t Measure (Committee	
	NAME OF OFFICEHOLDER OR CANDIDATE RUSTY ROSEN	•	NAME OF BALLOT MEASURE	N	V/A	
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) KINGS COURT DISTRICT Y SUPERVISOR		BALLOT NO, OR LETTER	JURISDICTIO	N.	SUPPORT OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	CA	Identify the controlling office			proponent, if any.
		9323°	NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	
	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.		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
	COMMITTEE NAME STY ROSINSON FOR I.D. NUMBER 144664 KSN95 COUNTY DISTRICT SUPERVISOR 20 22 NAME OF TREASURER THERESA ROSINSON FORES INO	•	Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Offic	eholder Committee committee is primarily fo	E List names of ormed.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	-	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
	233 7 3 4	צזנש	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
	COMMITTEE NAME NA NA NA NA NA NA NA NA NA N	_	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
	NAME OF TREASURER N/A CONTROLLED COMMITTEE? YES INO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	•	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
	CITY STATE ZIP CODE AREA CODE/PHONE P/A		Atta	ch continuatio	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

www.fppc.ca.gov

FORM 460
Page
I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Robinson Column A Column B **Calendar Year Summary for Candidates Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1/1 through 6/30 7/1 to Date ·11.000 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures ~11,000 Made 5. TOTAL CONTRIBUTIONS RECEIVED.......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 39,066 **Candidates** 6. Payments Made...... Schedule E, Line 4 \$ 22. Cumulative Expenditures Made* 39 066 (If Subject to Voluntary Expenditure Limit) Total to Date Date of Election (mm/dd/vv) 39 06L **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some amounts in Column A may be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 0 filed for this calendar year, 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule		5		ts may be rounded whole dollars.	Statement cov	are period	_	SCHEDULE A
Monetary	Contribution	s Received				1-55	CALIF(
SEE INSTRUCTIO	ONS ON REVERSE				through 12-3	31-22	Page _	4 of 17
NAME OF FILER	Rusty	Robinson		474			I.D. NUM	ber 16647
DATE RECEIVED		TREET ADDRESS AND ZIP CODE OF CONTRIBUTOR WITTEE, 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 \(\) (JAN. 1 - DE(YEAR	PER ELECTION TO DATE (IF REQUIRED)
	N/A		□IND □COM □OTH □PTY □SCC	N/A				
			□IND □COM □OTH □PTY □SCC					
			□IND □COM □OTH □PTY □SCC					
			□IND □COM □OTH □PTY □SCC					
			□IND □COM □OTH □PTY □SCC					
				SUBTOTAL	\$			
Amount red (Include all	I Schedule A subto	itemized monetary contribution tals.) unitemized monetary contribut			Ö	IND COM OTH PTY	(other th I – Other (e. ' – Political I	at Committee an PTY or SCC) g., business entity)
3. Total mone (Add Lines	etary contributions 1 and 2. Enter he	received this period. re and on the Summary Page, C	Column A, Line 1.)TOTAL \$		PPC Advice: adv		Form 460 (Jan/2016)) a.gov (866/275-3772)

www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o		Statement cov from 7-2 through 12-	ers period 7-22 31-22	Page_	SCHEDULE A (CONT FORNIA 460 ORM 17
NAME OF FILER	Rusty Robinson						446647
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
	NJA	□IND □COM □OTH □PTY □SCC	NJA				
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □ COM □ OTH □ PTY □ SCC					
		IND COM OTH PTY SCC					

SUBTOTAL \$

*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

0

Sched	ule	В-	Part	1
Loans	Re	ceiv	/ed	

** If required.

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Schedule B – Part 1 Loans Received	to whole dollars	to whole dollars. Statement cov				overs period 27-22 CALIFORN FORM		
SEE INSTRUCTIONS ON REVERSE					through	31-22	Page 6	of_17_
NAME OF FILER POSTY Robins	ion						1.D. NUMBER 144 (5647
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 PA OR FORGIVE THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Rusty Robinson Hanford, CA 93230 **DIND COM OTH PTY SCC	Robinson's at River Park Owner	* 2' 200	sO	S PAID S PORGIVEN S S.SCO		RATE S	\$ 5,000 4-6-22 DATE INCURRED	S.SOO PER ELECTION** \$ 5,500
Theresa Rishinson Hanford, CA 75230 TOTH OTH OTH OSCO	All Secretary Robinson's at River Park	, <u>2,500</u>	sO	PAID S O FORGIVEN S PAID S	: 21.02	%	\$	CALENDAR YEAR S. S. SOO PER ELECTION* S. S. SOO CALENDAR YEAR S.
TO IND COM OTH PTY SCC		\$	s	FORGIVEN	DATE DUE	\$	DATE INCURRED	PER ELECTION**
	\$	SUBTOTALS \$		\$	\$	(Festers (a) and School	dula E Lina 2)	
Schedule B Summary 1. Loans received this period	s of less than \$100.) 00 paid or forgiven.) t are also itemized on Sche 2 from Line 1.)	dule A.)		.NET \$	0 11,000 -11,000	C F	Contributor Codes ND – Individual COM – Recipient C	committee PTY or SCC) business entity) ty
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.	1			vy a rangement resultant			

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

SCHEDULE B - PART 2 Schedule B - Part 2 Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. **Loan Guarantors** 7-27-22 **FORM** 12-31-22 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Robinson 1446647 IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF BALANCE CONTRIBUTOR CUMULATIVE **GUARANTEED** OUTSTANDING LOAN CONTRIBUTOR CODE* TO DATE (IF SELF-EMPLOYED, ENTER THIS PERIOD TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) LENDER CALENDAR YEAR NIA СОМ □отн PER ELECTION (IF REQUIRED) DATE □ PTY □ scc LENDER CALENDAR YEAR □сом □ OTH PER ELECTION (IF REQUIRED) DATE □ PTY □ scc CALENDAR YEAR LENDER □сом □отн PER ELECTION (IF REQUIRED) DATE □ PTY scc CALENDAR YEAR LENDER СОМ

DATE

SUBTOTAL \$

OTH

□ PTY □ SCC PER ELECTION (IF REQUIRED)

Enter on Summary Page,

Line 17 only.

Schedul			to whole dollars.						SCHEDULE
Nonmon	etary Contributions Received				fron	statement covers p 7-27-72		CALIF(ornia 460
SEE INSTRUCT	TIONS ON REVERSE				thro	ough 12-31-	22	Page	P of 17
NAME OF FILE	Rusty Robinson							I.D. NUME	46647
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	DA CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	NJA	□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	itional information on appropriately labeled	d continuation	sheets.	SUBTO	OTAL S	S			
1. Amount r	e C Summary received this period – itemized nonmoneta all Schedule C subtotals.)	ry contributior	ıs.		\$_	0	IND	•	
3. Total non	received this period – unitemized nonmone monetary contributions received this perio	od.				0	PTY	l – Other (e. ′ – Political I	.g., business entity)
(Add Line	es 1 and 2. Enter here and on the Summar	ry Page, Colui	mn A, Lines 4 and 10.)	TOTA	\L \$ _		_		

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar		Statement cover	SCHEDULE DRNIA 460		
SEE INSTRUCTI	IONS ON REVERSE			through	31-22	Page	7 of 1/
NAME OF FILER	Posty Robinson					I.D. NUME	3ER 46647
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	N/A	Monetary Contribution Nonmonetary Contribution Independent					
	☐ Support ☐ Oppose	Expenditure Monetary Contribution					
		Nonmonetary Contribution Independent					
	☐ Support ☐ Oppose	Expenditure Monetary Contribution					
		☐ Nonmonetary Contribution ☐ Independent			Add the second of the second o		
	Support Dppose	Expenditure					
			SUBTOTA	L \$			
Schedule	D Summary						

DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Monetary Contribution Monetary Contrib	Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole dolla		Statement cover 7-27 through 12-3	- 22	CALIFO FOI	10 of 17
DATE MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Monetary Contribution Monetary Cont	TO THE ST THE IN							
Contribution Nonmonetary Contribution Independent Expenditure Support Oppose Op	DATE	MEASURE NUMBER OR LETTER AND JURISDICTION,	TYPE OF PAYMENT			CALENDA	AR YEAR	TO DATE
Support Oppose		NY	Contribution Nonmonetary Contribution					
Contribution Independent Expenditure Monetary Contribution Independent Contribution Independent Expenditure Support Oppose Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Support Oppose Independent Independent Independent Independent Independent Expenditure Independent Expenditure		☐ Support ☐ Oppose	Expenditure Monetary					
Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Contribution	de la manual de la constitución de	☐ Support ☐ Oppose	Contribution Independent					
Support	on the state of th		Contribution Nonmonetary Contribution					
Contribution Independent Expenditure		☐ Support ☐ Oppose	Expenditure Monetary					
	And the second s		Contribution				F	
CHOTATAL & Location with Maintenance		☐ Support ☐ Oppose	Expenditure	SUBTOTAL	*	earth AREALA	Ω	

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER WSTT Robinson	Amounts may k to whole d			Statement covers pe from 7-27-3 through 12-36	22 FORM -22 Page 11 I.D. NUMBE	of 17
CODES: If one of the following codes accurately describ 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 com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearances ses lating s urvey researci	s h senger services	RAD radio airtime and pro RFD returned contribution SAL campaign workers's TEL t.v. or cable airtime a TRC candidate travel, lod TRS staff/spouse travel, l	oduction costs ns salaries and production costs lging, and meals odging, and the same c mmittees of the same c	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE C	DR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
N/A			-	V/A		
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.			SUBTOTAL \$	

Schedule E Summary

FPPC Form 460 (Jan/2016))

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period 7-27-2	CALIFORNIA 460 FORM
through12-31-	-22 Page 12 of 17
	I.D. NUMBER 144647

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Rusty Robinson

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)

	NA	
	•	The state of the s
7,771,771,771		
		Schoolule D.

SCHEDULE	

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

www.fppc.ca.gov

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be roun to whole dollars.	Statement cov	ers period 7-72	california 460	
SEE INSTRUCTIONS ON REVERSE			through(2-	-31-22	Page 13 of 17
NAME OF FILER Robinson	700				1.D. NUMBER 1446647
CODES: If one of the following codes accurately described 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 member communication MTG meetings and appearan 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 nces earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate travi TRS staff/spouse tra	nd production cost butions kers' salaries time and productio el, lodging, and me avel, lodging, and re en committees of to on	on costs pals meals he 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 PAI THIS PERIOI (ALSO REPORT OI	BALANCE AT CLOSE
NJA					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	<u> </u>	<u> </u>		\$
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Selection)	accrued expenses under \$	3100.)	INCU	RRED TOTAL	s \$
 Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p Net change this period. (Subtract Line 2 from Line 1. Enter the Suppose Column A. Line 2.) 	payments on accrued experts on the difference here and	enses under \$100.)			()
on the Summary Page, Column A, Line 9.)		***************************************	**************************************	NE	May be a negative number FPPC Form 460 (Jan/2016))

Schedule F	
(Continuation Sheet	t)
Accrued Expenses	(Unpaid Bills)

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from 7-27-22	CALIFORNIA 460
through 12-31-22	Page 14 of 17
	I.D. NUMBER

NAME OF FILER

Posty Robinson

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)*

MBR member communications

MER pradio airtime and production costs

RED returned contributions

CTB SAL campaign workers' salaries

CVC civic donations PET petition circulating phone banks polling and survey research TRS candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

Indicating events
IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

POL polling and survey research
POS postage, delivery and messenger services professional services (legal, accounting)
POS postage, delivery and messenger services professional services (legal, accounting)
POS postage, delivery and messenger services professional services (legal, accounting)
POS postage, delivery and messenger services professional services (legal, accounting)

campaign literature and mailings

PRT print ads

Vol Voter registration

WEB information technology costs (internet, e-mail)

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

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
N JA					
		3			
	SUBTOTALS \$	S 0	s C	s U	\$ <i>O</i>

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE NAME OF FILER O COMMITTEE NAME OF FILER O COMMITTEE NAME OF FILER	t Amou	ints may be r o whole dolla		Statement covers period from 7-27-22 through 12-31-22	CALIFORNIA 460 FORM Page 15 of 17
NAME OF AGENT OR INDEPENDENT CONTRACTOR CODES: If one of the following codes accurately described 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 of meetings a OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	ommunication and appearan- enses culating ks I survey resea elivery and m	ns ces	RAD radio airtime and production or returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production or candidate travel, lodging, and its staff/spouse travel, lodging, and its staff/spouse travel.	ction costs meals d meals of the same candidate/sponsor
* Payments that are contributions or independent expenditures must also be	summarized on Sch	hedule D.	•		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A					

(IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NJA			
			:
Attach additional information on appropriately labeled continuation she	pets.		TOTAL* \$

* 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.

Loans Made to Others*		e dollars.			ers period 7-22	CALIFORI FORM	WIA 460
SEE INSTRUCTIONS ON REVERSE	W			through 12	-31-22	Page 16	of_ <u>i7</u>
NAME OF FILER Robinson						I.D. NUMBER	G(47)
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER BEGIN	(a) STANDING ALANCE NNING THIS PERIOD		(c) REPAYMENT O FORGIVENESS THIS PERIOD	BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
NJA			PAID \$	\$	% RATE	\$	CALENDAR YEAR
\$		\$	FORGIVEN \$	DATE DUE	\$	DATE INCURRED	\$
			PAID \$ FORGIVEN	\$	% RATE	s	\$PER ELECTION**
s		s	\$	DATE DUE	s	DATE INCURRED	\$
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. **SUBT*	TOTALS \$		\$	\$	\$		
Calmadula II Communica					(Enter (e) on Schedule I, Line 3)		
Schedule H Summary 1. Loans made this period				\$	0		
(Total Column (b) plus unitemized loans of less than \$100.) 2. Payments received on loans				\$	0		**If Required
(Total Column (c) plus unitemized payments of less than \$100.) 3. Net change this period. (Subtract Line 2 from Line 1.)					0		

(May be a negative number)

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Amounts may be rounded to whole dollars.				CALIFORNIA 460 FORM Page 17 of 17	
NAME OF FILER	Rusty Robinson			,		1.D. NUMBER 1446647	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF	RECEI	PT	AMOUNT OF INCREASE TO CASH	
	NA	N	'A				
				•	**************************************		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	l information on appropriately labeled continuation sheets.				SUBTOTAL \$		
Schedule I Su 1. Itemized increa	mmary ses to cash this period			©	0		
	reases to cash of under \$100 this period		***************************************	.\$.\$	0		
	est received this period on loans made to others. (Sch				0		
4. Total miscellane	eous increases to cash this period. (Add Lines 1, 2, and the state of	nd 3. Enter here and on the		\$	()	FPPC Form 460 (Jan/2016))	