Desirient Committee				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVED	CALIFORNIA 460
	Statement covers period from 7-23-23	Date of election if applicable: (Month, Day, Year)	JUL 2 2 2024	Page 1 of 17 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>7-22-24</u>	6-7-22	KINGS COUNTY ELECT	IONS
1. Type of Recipient Committee: All Committees - Co	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 Compilate Part 8) Primarily Formed Candidate/ Officeholder Committee Also Compilate Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ll □ Sp ermination)	uarterly Statement seclal Odd-Year Report
s. Committee information	D. NUMBER 446647	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	, , , , , , , , , , , , , , , , , , , ,	NAME OF TREASURER		
Elect Rusty Robinson for Kings County District 4 Su	pervisor 2022	Theresa Robinson		
		Douty Street		
STREET ADDRESS (NO P.O. BOX)		CITY	ŜTATE ZIP	CODE AREA CODE/PHONE
Douty Street		Hanford		230
CITY STATE ZIP CO		NAME OF ASSISTANT TREASUR	RER, IF ANY	
Hanford CA 9323 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		N/A		
· · · · · · · · · · · · · · · · · · ·	^	MAILING ADDRESS		
N/A CITY STATE ZIP CO	DDE AREA CODE/PHONE	N/A city	STATE ZIP	CODE AREA CODE/PHONE
N/A		N/A		
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDR	ES8	
. Verification				
I have used all reasonable diligence in preparing and review	ing this statement and to the best of my	knowledge the information contained	herein and in the attached s	schedules is true and complete. 1
certify under penalty of perjury under the laws of the State of	California that the foregoing is true an	d correct		
Executed on 7-22-24	8v			
7-22-24	,	Signature of Treasurer or Assistan	t Treasurer	
Executed on Date	By Signature of Cor	ntrolling Officeholder, Candidate, State Measure Pr	roponent or Responsible Officer of Spo	onsor
Executed on	Ву			
Date	•	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Page 2 of	f_17

5. Officeholder or Candidate Controlled Comm	ittee		6.	Primarily Formed Ballot	Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Rusty Robinson				N/A				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTI	RICT NUMBER IF APPLI	CABLE)		BALLOT NO. OR LETTER	JURISDICTION	NC	Г	SUPPORT
Kings County District 4 Supervisor								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO, AND STREET) C	ITY STATE	E ZIP				•		
<u> </u>	Hanford CA	93230		Identify the controlling office	tolder, candid	late, or state	measure prop	onent, if any.
				NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to			OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER							
Elect Rusty Robinson for Kings County District 4	1446647		7	Primarily Formed Cand	idata/Offic	ahaldar Ca	mmittaa L	let names of
NAME OF TREASURER	CONTROLLED COMM	MITTEE?	۲.	officeholder(s) or candidate(s)	for which this	committee is p	orimarily form	ed.
Theresa Robinson	☑ YES □ N	O						
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELD	□ SUPPORT
Douty Street				N/A				OPPOSE
CITY STATE ZIP C	ODE AREA CO	ODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	
Hanford CA 932 COMMITTEE NAME								☐ SUPPORT ☐ OPPOSE
	I.D. NUMBER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
N/A	N/A	<u></u>						OPPOSE
NAME OF TREASURER	CONTROLLED COMM	MITTEE?		NAME OF OFFICEHOLDER OR	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT
N/A COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES N	10						OPPOSE
N/A	• •							
CITY STATE ZIP C	ODE AREA CO	ODE/PHONE		Associ	h cantinuatio	an choole is a	000000011	
N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Attac	ภ conunuau	on sheets if n	ecessary	
DV/A								

Campaign Disclosure Statement St

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollare.	from 7-23-23	FORM 460
SEE INSTRUCTIONS ON REVERSE		through <u>7-22-24</u>	Page 3 of
NAME OF FILER			I.D. NUMBER
Rusty Robinson			1446647
		5	Survey on the Condidates

Wildly Woodington			
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$\frac{250}{0}\$ \$\frac{250}{0}\$ \$\frac{250}{0}\$ \$\$\$	\$\frac{250}{0}\$ \$\frac{250}{0}\$ \$\frac{250}{0}\$ \$\frac{250}{250}\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$\frac{N/A}{A} \$= \frac{N/A}{A} \$=
Expenditures Made 6. Payments Made	\$\frac{50}{0}\$ \$\frac{50}{0}\$ \frac{0}{0}\$ \frac{0}{0}\$ \frac{5}{50}\$	\$\frac{50}{0}\$ \$\frac{50}{0}\$ \frac{0}{0}\$ \$\frac{0}{50}\$ \$\frac{0}{50}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) / \$ N/A
Current Cash Statement 12. Beginning Cash Balance	\$\frac{55}{250}\$ \tag{0} \tag{50} \tag{50} \tag{50} \tag{255}	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$ <u>0</u> \$ <u>0</u>	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement cov	vers period	CALI	schedule FORNIA 460 DRM
SEE INSTRUCTION	ONS ON REVERSE			through <u>7-22-24</u>		_ Page	4 of
NAME OF FILER Rusty Robins			The second secon			1.D. NU 144664	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER J.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
11-8-23	Pacific Gas & Electric Company Rosemead, CA 91770	□INÐ □COM ØOTH □PTY □SCC		250	250		
		□IND □COM □OTH □PTY □SCC				The second secon	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					. 100
manufactors (17 v · ·		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL S	\$ 250			
1. Amount re	A Summary ceived this period – itemized monetary contribution	ıs.	s 25	0	IN	ontributor C D – Individu DM – Recipi	

2. Amount received this period – unitemized monetary contributions of less than \$100 $\frac{0}{2}$

3. Total monetary contributions received this period. (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

	A (Continuation Sheet) Contributions Received	Amounts may to whole d	be rounded follars.	Statement cov from <u>7-23-23</u> through <u>7-22-24</u>	vers period	SCHEDULE A (COMPANIA FORM FORM 17		
NAME OF FILER Rusty Robins	son	1.009		-		1.D. NU 14466	IMBER	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN, 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
	N/A	□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □ COM □ OTH						

SUBTOTAL \$ 0

PTY □scc

*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

Schedule B – Part 1 Loans Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rusty Robinson	Am	ounts may be ro to whole dollars			Statement cover from <u>7-23-23</u> through <u>7-22-24</u>		CALIFORN FORM Page 6 I.D. NUMBER 1446647	OULE B - PART 11A 460 of 17
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 PAIE OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTION TO DATE
N/A				PAID \$	\$	% RATE	\$	\$ PER ELECTION
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEAR
†		\$	\$	\$ FORGIVEN	\$	RATE \$	\$	\$PER ELECTION
T IND COM OTH PTY SCC				PAID \$	\$		\$	\$ PER ELECTION

SUBTOTALS \$ 0

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

\$ 0

DATE DUE

(May be a negative number)

\$ 0

\$ 0

|--|

☐ COM ☐ OTH ☐ PTY ☐ SCC

1.	Loans received this period	\$ 0
	(Total Column (b) plus unitemized loans of less than \$100.)	۸
2.	Loans paid or forgiven this period	\$ <u> </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.)	n
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$ <u>U</u>
	Enter the net here and on the Summary Page, Column A, Line 2.	

†Contributor Codes IND -- Individual

DATE INCURRED

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.

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

Schedule B - Part 2 **Loan Guarantors**

Amounts may be rounded to whole dollars.

Statement covers period california 460 from <u>7-23-</u>23 through <u>7-22-24</u> Page 7 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rusty Robinson					1446647	
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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
N/A	□IND □COM		LENDER		CALENDAR YEAR	
	□ OTH □ PTY □ SCC		JIDUAL, ENTER JAND EMPLOYER JAND EMPLOYER JAND EMPLOYER JAND EMPLOYER JURIOUS AMOUNT TO THIS PERIOD THIS PERIOD THIS PERIOD TO THE JURIOUS AMOUNT	PER ELECTION (IF REQUIRED)		
	□IND □COM		LENDER	"	CALENDAR YEAR	
	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)	
- AAACC BARK	□ IND □ COM	Acco of Manh	LENDER		CALENDAR YEAR	
	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)	
	□IND		LENDER		CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	
			SUBTOTAL	\$ 0	Enter on Summary Page, Line 17 only.	

Schedu	le C netary Contributions Received		Amounts may be rounded to whole dollars.		<u> </u>	Statement covers p	SCHEDULE C			
Moninonetary Continuations Neceived					fron	n <u>7-23-23</u>		california 46		
SEE INSTRUC	TIONS ON REVERSE				thro	ugh <u>7-22-24</u>	.,,.	Page	of <u>17</u>	
NAME OF FILE	R							I.D. NUMB	ER	
Rusty Robir	nson							1446647		
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	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
	N/A	□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC					1	A Maria		
		□IND □COM □OTH □PTY □SCC						10.11.01		
		□IND □COM □OTH □PTY □SCC						4.4		
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$ 0				
1. Amount (Include 2. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.) received this period – unitemized nonmone nmonetary contributions received this period	tary contribut	tions of less than \$100		\$	0	OT PT	other the H – Olher (e. Y – Political F	it Committee an PTY or SCC) g., business entity)	
(Add Lir	nes 1 and 2. Enter here and on the Summar	y Page, Colu	mn A, Lines 4 and 10.)	TOT/	AL\$_	·				

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Amounts may be ro to whole dollar		Statement covers period CALIFORNIA FORM			of 17
Rusty Robinso	on					1446647	
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					
	☐ Support ☐ Oppose	Independent Expenditure		***************************************			
		Monetary Contribution					
		☐ Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure		, , , , , , , , , , , , , , , , , , , ,			
:		Monetary Contribution					
		Nonmonetary Contribution					
	Support Dppose	Independent Expenditure					
			SUBTOTAL	\$ 0			

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)\$	
1. Refined contributions and madportation experience made the periodi (metade all contests)	
2. Unitemized contributions and independent expenditures made this period of under \$100\$	
2. Officeringed dortal battering and independent experienced made the period of and of the period of an area of the period of the perio	
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

					through 7-22-24		Page	of
NAME OF FILER							I.D. NUMB	
Rusty Robinso	on						1446647	
DATE		FFICE, AND DISTRICT, OR TTER AND JURISDICTION, MITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAI (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	N/A		Monetary Contribution			:		
			☐ Nonmonetary Contribution					
	☐ Support	☐ Oppose	Independent Expenditure					
			Monetary Contribution					
			Nonmonetary Contribution					
	☐ Support	☐ Oppose	Independent Expenditure					
			Monetary Contribution					
			☐ Nonmonetary Contribution					
	☐ Support	☐ Oppose	Independent Expenditure			· Mare		
-			Monetary Contribution				ļ	
			☐ Nonmonetary Contribution					
	☐ Support	☐ Oppose	Independent Expenditure					
				SUBTOTAL	\$ 0			

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may b to whole de			CALIFORNIA 460 FORM Page 11 of 17 I.D. NUMBER		
Rusty Robinson					14466	47
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 LtT campaign literature and mailings	es the payment, y MBR member com meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	munications d appearances es lating urvey research very and mess	n senger services	erwise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at staff/spouse travel, lodging, transfer between committee voter registration WEB information technology cost	n costs duction cost nd meals , and meals es of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DE	SCRIPTION OF PAYMENT		AMOUNT PAIÐ
Shirley N. Weber, Ph.D. California Secretary of State 11th Street, Room		FIL	State Annual Fee	on Campaign Committee		50
					-	
* Payments that are contributions or independent expenditures must also be	oe summarized on Scho	edule D.		s	UBTOTAL	\$ 50
Schedule E Summary						50
1. Itemized payments made this period. (Include all Schedu	le E subtotals.)		***************************************		\$ _	0
2. Unitemized payments made this period of under \$100\$ =						- ALLOHOU
. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$					\$	<u> </u>

SCHEDULE E	(CONT.
------------	--------

Schedule	E	
(Continuat	ion	Sheet)
Payments	Mad	de

Amounts may be rounded

	SCHEDULE E (CONT.)		
Statement covers period 7-23-23 from	california 460		
through <u>7-22-24</u>	Page 12 of 17		
	I.D. NUMBER		
	1440047		

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER **Rusty Robinson** 1446647 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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

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

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE	Amounts may be round to whole dollars.	led	Statement cover from 7-23-23 through 7-22-24	F	schedule FORNIA 460 ORM 13 of 17
NAME OF FILER Rusty Robinson				I.D. N 1446	umber 647
CODES: If one of the following codes accurately described 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 communication MTG meetings and appearant 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	ns nces arch nessenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratie	nd production costs buttons ters' salaries lime and production cos l, lodging, and meals avel, lodging, and meals committees of the sa	me 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
N/A					

* Payments that are contributions or independent expenditures must also be \$ 0 \$ 0 \$ 0 SUBTOTALS \$ 0 summarized on Schedule D.

Schedule F Summary

1.	Total accrued expenses incurred this period	d. (Include all Schedule F, Column (b) subtotals for tal unitemized accrued expenses under \$100.)	INCURRED TOTALS \$ 0
	·		
2.	Total accrued expenses paid this period. (I	nclude all Schedule F, Column (c) subtotals for payments on	0

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

May be a negative number FPPC Form 460 (Jan/2016)]

SCHEDULE F	(CONT.)
------------	---------

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

Amounts may be rounded to whole dollars.

Statement covers period from 7-23-23	california 460 form		
through <u>7-22-24</u>	Page 14 of 17		
	I.D. NUMBER		
	1446647		

Rusty Robinson

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications

CNS campaign consultants MTG meetings and appearances RFD returned contributions OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations PET candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees

TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)*

VOT voter registration PRO professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

^{*} 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/A					
	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amoun to	its may be rounded whole dollars.		Statement covers period om 7-23-23	CALIFORM FORM - Page 15	
NAME OF FILER		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		I.D. NUMBER	
Rusty Robinson					1446647	
NAME OF AGENT OR INDEPENDENT CONTRACTOR						
N/A						
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* OFC office expenditure of candidate filing/ballot fees PHO phone bar POL polling and POS postage, of		ommunications and appearances enses culating aks d survey research felivery and messenger services lat services (legal, accounting)		RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/s VOT voter registration WEB information technology costs (internet, e-mail)		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPT	ION OF PAYMENT		AMOUNT PAID
N/A				, de la major		
			A4 11 11 11 11 11 11 11 11 11 11 11 11 11			

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

^{*} 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.

								SCHEDULE H
			nay be rounded ole dollars.		Statement covers period		CALIFORNIA 460	
Loans Made to Others*		to wild	ie dollars.		from <u>7-23-23</u>		FORM	400
					7.99.94		1.0	177
SEE INSTRUCTIONS ON REVERSE					through		Page <u>16</u>	of <u>17</u>
NAME OF FILER							I.D. NUMBER	
Rusty Robinson							1446647	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(a) OUTSTANDING	(e)	(f)	(g)
OF RECIPIENT	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE	AMOUNT LOANED THIS	REPAYMENT C FORGIVENES	S BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF	CUMULATIVE LOANS
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	BEGINNING THIS PERIOD	PERIOD	THIS PERIOD	PERIOD PERIOD	RECEIVED	LOAN	TO DATE
N/A				☐ PAID	ļ			CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	s
		**************************************		FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$		s		s
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate					ALAVAMA PA			
also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also de	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0		
		1 2				(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					Û	•	•	
1. Loans made this period			***************		\$ —		Г	**!!
(Total Column (b) plus unitemized loan					_e 0			**If Required
2. Payments received on loans (Total Column (c) plus unitemized payr	nanta of lose than \$100 \							
3. Net change this period. (Subtract Line	ກອກເຈັບກ່ອວວັດກຸສກ ຊາບບ.) 2 from Line 1.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NET \$ 0			
(Enter the net here and on the Summa	ry Page, Column A, Line 7.)			•			

(May be a negative number)

	eous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from 7-23-23 through 7-22-24	CALIFORNIA 460 FORM Page 17 of 17
Rusty Robins				1446647
DATE RECEIVED	FULL NAME AND ADDRESS OF SOUR		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	N/A			
Attach add	ditional information on appropriately labeled continuation s	heets.	SUBTOTA	AL\$ 0
1. Itemized i	increases to cash this period.		·	
2. Unitemize	ed increases to cash of under \$100 this period		\$ <u>0</u>	
3. Total of al	Il interest received this period on loans made to othe	rs. (Schedule H, Column (e).)	\$ <u>'</u>	