Executed on 10/21/2024

Executed on \_

Executed on -

FPPC Form 460 (Jan/2016))

Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER	R PAGE - PART 2
CALIFORN FORM	HA 460
Page 2	of 17

Officeholder or Candida	ate Controlled Comm	ittee			6.		Primarily Formed Ballo	t Measure C	Committee		
NAME OF OFFICEHOLDER OR	CANDIDATE						NAME OF BALLOT MEASURE				
Larry G Coombes											
OFFICE SOUGHT OR HELD (INC	CLUDE LOCATION AND DIST	RICT NUMBE	R IF APPLI	CABLE)			BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Tuolumne County Supervis	sor District 1									li li	OPPOSE
RESIDENTIAL/BUSINESS ADDR	ESS (NO. AND STREET)	CITY	STATE	ZIP							
		Sonora	CA	95370			Identify the controlling office	holder, candid	late, or state	measure pro	ponent, if any.
							NAME OF OFFICEHOLDER, CAN	NDIDATE, OR P	ROPONENT		
Related Committees No	ot Included in this Sta	atement:	List any co	mmittees							
not included in this statement to contributions or make expending	that are controlled by you o	r are primari					OFFICE SOUGHT OR HELD			DISTRICT NO	), IF ANY
contributions or make expending	tures on benair or your cand	оюасу.									
COMMITTEE NAME		I.D. NUME	BER								
NAME OF TREASURER		CONTRO	LLED COM	AITTEE?	7.	7.	<b>Primarily Formed Cand</b>	idate/Office	eholder Co	mmittee 1	ist names of
		☐ YES					officeholder(s) or candidate(s)	tor which this	committee is	primarily torn	iea.
COMMITTEE ADDRESS S	STREET ADDRESS (NO P.O.						NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	SUPPORT
											OPPOSE
CITY	STATE ZIP	CODE	AREA CO	DDE/PHONE			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	<u> </u>
											SUPPORT
COMMITTEE NAME		I.D. NUME	BER								OPPOSE
							NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	SUPPORT
											OPPOSE
NAME OF TREASURER			LLED COM				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT
COMMITTEE ADDRESS S	STREET ADDRESS (NO P.O.	☐ YES	3 <u> </u>	0							OPPOSE
O MINITIEE ADDRESS	SINEEI MUUNESS (NO P.O.	BUA)									
CITY	STATE ZIP	CODE	ARFAC	ODE/PHONE							
	JINIL ZIF		AIVEN O	DEFFICINE			Atta	ch continuatio	on sheets if n	ecessary	

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.			nt covers period	california 460		
SEE INSTRUCTIONS ON REVERSE			through 10/1	9/2024	Page 3 of 17		
NAME OF FILER Committee to Elect Larry Coombes Tuolumne County Supervisor District	et 1 2024				I.D. NUMBER 1470771		
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column Calendar V TOTAL TO D	YEAR DATE RI		mary for Candidates e State Primary and		
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{12214.80}{0}\$ \$\frac{12214.80}{0}\$ \$\frac{12214.80}{12214.80}\$	\$\frac{21516.80}{10000.00}\$ \$\frac{31516.80}{691.62}\$ \$\frac{32208.42}{32208.42}\$	20	1/1 th	\$\$		
Expenditures Made  6. Payments Made	\$\frac{7712.25}{0}\$ \$\frac{7712.25}{0}\$ \frac{0}{0}\$ \$\frac{7712.25}{7712.25}\$	\$\frac{16423.11}{0}\$ \$\frac{16423.11}{3112.03}\$ \$\frac{0}{19535.14}\$		andidates  22. Cumulativ	Summary for State  ve Expenditures Made*  Voluntary Expenditure Limit)  Total to Date		
Current Cash Statement  12. Beginning Cash Balance	12214.80 970.00 7712.25 16063.69	To calculate Coluladd amounts in CA to the correspoil amounts from Color food food food food food food food fo	column Inding In	mounts in this section no ported in Column B.	may be different from amounts		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$			FPPC Advice: adv	FPPC Form 460 (Jan/2016) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.go		

Schedule Monetary	A Contributions Received		nts may be rounded whole dollars.	Statement cover from <u>09/22/2024</u>	ers period	CALI F	schedule FORNIA 460 ORM
	ONS ON REVERSE			through 10/19/202	24	Page	
NAME OF FILER Committee to	o Elect Larry Coombes Tuolumne County Supervisor Distr	rict 1 2024				1.D. NU 147077	
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 Y (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
09/24/2024	Michael Maiman Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	physician Jason Hwang MD Inc	250.00	500.00		
09/24/2024	Richard Haratani Columbia CA 95310	☑IND □COM □OTH □PTY □SCC	retired	100.00	100.00		
09/24/2024	Les Marsden  Mariposa CA 95338	☑IND □COM □OTH □PTY □SCC	conductor Mariposa Symphony Orch	100.00	100.00		
09/28/2024	Ken Fowkes Sonora CA 95370	IND COM OTH PTY	retired	350.00	350.00		
09/28/2024	Deborah & George Hart  Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	retired	100.00	200.00		
			SUBTOTAL \$	900.00			
1. Amount red	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)	,	74'	50.00	IND		

2. Amount received this period – unitemized monetary contributions of less than \$100 ...... $$\frac{4764.80}{}$ 

OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

3. Total monetary contributions received this period. (Add Lines 1 and 2, Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ 12214.80

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

				from <u>09/22/2024</u>		FC	ORM TOO
NAME OF FILER Committee to	o Elect Larry Coombes Tuolumne County Supervisor Di	strict 1 2024		through 10/19/20	24	Page I.D. NU 147077	MBER
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	YEAR	PER ELECTION TO DATE (IF REQUIRED)
09/28/2024	Wendy Hesse Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	retired	100.00	100.00		
09/28/2024	John Buckley Twain Harte CA 95383	☑IND □COM □OTH □PTY □SCC	executive director CSERC	100.00	100.00		
09/28/2024	Donna Elias Sonora CA 95370	IND COM OTH PTY SCC	retired	300.00	399.00		
09/28/2024	Phyllis Ashmead Tuolumne CA 95379	IND COM OTH SCC	PR officer US Forest Service	100.00	100.00		
09/28/2024	Evelyn Thompson	☑IND □COM □OTH	retired	100.00	100.00		

**SUBTOTAL \$** 700.00

PTY □scc

\*Contributor Codes IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)

Sonora CA 95370

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)	

CALIFORNIA 460

Statement covers period

				from <u>09/22/2024</u>		FOI	<sub>RM</sub> 400		
NAME OF FILER				through	24	Page _6			
	Elect Larry Coombes Tuolumne County Supervisor Distr	rict 1 2024				1470771	The state of the s		
		1021							
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 TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
09/28/2024	Maureen Woods Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	retired	100.00	600.00				
09/28/2024	Tom Beck Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	retired	100.00	100.00				
09/28/2024	Ann Leonard Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	retired	100.00	100.00				
09/28/2024	Kristin Crownover Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	retired	100.00	225.00				
09/28/2024	Linda Goldemberg Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	retired	200.00	200.00				
	SUBTOTAL \$ 600.00								

\*Contributor Codes IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole d	lollars.	Statement cover from 09/22/2024 through 10/19/202		Page _	
Committee to	Elect Larry Coombes Tuolumne County Supervisor Distr				14707	71	
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 TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/28/2024	Thad Waterbury Sonora CA 95370-5702	☑ IND □ COM □ OTH □ PTY □ SCC	retired	200.00	500.00		
09/28/2024	Gisselle Bourns Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	Attorney CA Court of Appeals	100.00	200.00		
09/28/2024	Barbara Dresslar Sonora CA 95370	☑ IND □ COM □ OTH □ PTY □ SCC	retired	100.00	200.00		
09/28/2024	Marguerite Close Sonora CA 95370	IND COM OTH SCC	retired	100.00	225.00		
09/28/2024	Mary Anne Schmidt Tuolumne CA 95379	☑IND □COM □OTH □PTY	Tutor	150.00	150.00		

**SUBTOTAL \$ 650.00** 

\*Contributor Codes IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

				from <u>09/22/2024</u>		FC	RM 400
				through 10/19/202	4	Page _	
NAME OF FILER						I.D. NUI	1
Committee to	Elect Larry Coombes Tuolumne County Supervisor Distr	rict 1 2024				147077	1
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 TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/28/2024	Colette Such Sonora CA 95370	☑ IND □ COM □ OTH □ PTY □ SCC	retired	100.00	200.00		
09/28/2024	Mark Dyken Angels Camp CA 95222	IND COM OTH PTY	retired	100.00	200.00		
09/28/2024	Tamara Oxford Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	Professor Columbia College	100.00	200.00		
09/28/2024	Kate Hack Soulsbyville CA 95370	IND COM OTH PTY	Counselor	100.00	225.00		
09/28/2024	Patricia Cervelli Tuolumne CA 95379	IND COM OTH PTY	retired	100.00	200.00		
		\$ 500.00					

\*Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

inonotary				from <u>09/22/2024</u>		FO	ORM 460
				through <u>10/19/202</u>	24	Page _	01
NAME OF FILER						I.D. NU	1
Committee to	o Elect Larry Coombes Tuolumne County Supervisor Distr	rict 1 2024				147077	1
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 TO CALENDAR YI (JAN. 1 - DEC.	'EAR	PER ELECTION TO DATE (IF REQUIRED)
09/28/2024	Barbara Farkas Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	retired	100.00	150.00		
09/28/2024	Pamela Blair Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	retired	100.00	100.00		
09/28/2024	Marianne Hale-Levitan Twain Harte CA 95383	IND COM OTH SCC	Artist	100.00	100.00		
09/28/2024	Sean Brennan Sonora CA 95370	IND COM OTH SCC	Consultant	300.00	300.00		
09/28/2024	Cathy Parker Sonora CA 95370	☑IND □COM □OTH □PTY	Program coordinator Adventist Health	100.00	100.00		

**SUBTOTAL \$ 700.00** 

□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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)
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CALIFORNIA

FORM

Statement covers period

from <u>09/22/2024</u>

				through 10/19/202	24	Page			
NAME OF FILER Committee to	o Elect Larry Coombes Tuolumne County Supervisor Di		I.D. NUMBER 1470771						
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 TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
09/28/2024	Brian Greene Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	Librarian Columbia College	100.00	100.00				
09/28/2024	Calaveras Travel Service Angels Camp CA 95222	☐IND ☐COM ØOTH ☐PTY ☐SCC	Business	100.00	100.00				
09/28/2024	John Latorre Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	Contractor	100.00	100.00				
09/28/2024	Jessie Williams Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	Horse trainer	100.00	100.00				
09/28/2024	Jerry & Sandy Lewis Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	retired	100.00	100.00				
	SUBTOTAL \$ 500.00								

\*Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

				from <u>09/22/2024</u>		FC	ORM 400
				through 10/19/202	24	Page _	
NAME OF FILER						I.D. NU	
Committee to	Elect Larry Coombes Tuolumne County Supervisor Dist	rict 1 2024				14707	71
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 TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/28/2024	Tristan Kaiser Sonora CA 95370	☑ IND □ COM □ OTH □ PTY □ SCC	Manager	100.00			
09/28/2024	Darellea Keshner  Sonora CA 95370-8530	☐IND ☐COM ØOTH ☐PTY ☐SCC	retired	100.00	1100.00		
10/08/2024	Robert Dorroh Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	retired	1200.00	1200.00		
10/10/2024	Democratic Womens Coalition Sonora CA 95370	□IND □COM □OTH ☑PTY □SCC	Political committee	400.00	499.00		
10/10/2024	Hoyt Cory Soulsbyville CA 95372	IND COM OTH PTY	retired	100.00	100.00		
			SUBTOTAL	\$ 1900.00			

\*Contributor Codes IND - Individual

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHED	ULEA	(CONT.)

Statement covers period

Monetary Contributions Received		to whole o	dollars.	Statement covers period from 09/22/2024 through 10/19/2024		FORM 460	
NAME OF FILER  Committee to Elect Larry Coombes Tuolumne County Supervisor District 1 2024						1.D. NU	3003030
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 TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/10/2024	Lavada Ann Sullivan Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	retired	100.00			
10/10/2024	Tuolumne Co Democratic Central Committee  Sonora CA 95370	☐IND ☐COM ☐OTH ☑PTY ☐SCC	Political committee	500.00	500.00		
10/10/2024	Thomas Parrington Sonora CA 95370	☑IND □COM □OTH □PTY □SCC	retired	100.00	200.00		
10/10/2024	Amy Nilson Twain Harte CA 95383	IND COM OTH PTY	retired	100.00	<b>499</b> .00		
10/10/2024	Diane Wright Standard CA 95373	□com		100.00	100.00		15
SUBTOTAL \$ 900.00							

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o	be rounded dollars.	SCHEDULE A (CONTINUE   Statement covers period   from   09/22/2024     CALIFORNIA   46   FORM   46			
				through	24	Page_	13 of 17
NAME OF FILER Committee to	o Elect Larry Coombes Tuolumne County Supervisor Dis	trict 1 2024	***************************************				
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)	RECEIVED THIS	CALENDAR	YEAR	
10/14/2024	Nichole Coleman Sonora CA 95370	IND COM OTH PTY	Program coordinator	100.00	100.00		
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					

**SUBTOTAL \$ 100.00** 

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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1 Loans Received	Am	ounts may be ro to whole dollars			Statement covers period CALIFORNIA FORM			
EE INSTRUCTIONS ON REVERSE IAME OF FILER Committee to Elect Larry Coombes Tuolumne	e County Supervisor District 1	2024			through <u>10/19/20</u>	)24	Page 14 I.D. NUMBER 1470771	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	(6) AMOUNT PAID OR FORGIVEN THIS PERIOD	I BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Larry G Coombes  Sonora CA 95370  ☑ IND □ COM □ OTH □ PTY □ SCC	candidate	\$	s_0	□ PAID  \$ 0 □ FORGIVEN  \$ 0	\$ 10000.00 11/05/202	0 % RATE	\$ 5000.00 06/14/202- DATE INCURRED	\$ 10000.00  PER ELECTION \$ 10000.00
□ IND □ COM □ OTH □ PTY □ SCC		s	s	\$ PAID  \$ FORGIVEN	\$DATE DUE	% RATE	\$	\$ PER ELECTION
□ IND □ COM □ OTH □ PTY □ SCC		ş	s	PAID  \$ FORGIVEN	\$DATE DUE	% RATE	\$ DATE INCURRED	\$PER ELECTION
Schedule B Summary	S	SUBTOTALS \$	; 0 ;	\$ 0	\$ 10000.00	\$ 0 (Enter (e) on Sched	ule E, Line 3)	
Loans received this period  (Total Column (b) plus unitemized loan	s of less than \$100.)		••••••	\$ <u>0</u>		_		

2. Loans paid or forgiven this period..... (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 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 (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

Payments Made  SEE INSTRUCTIONS ON REVERSE	ounts may be rounde to whole dollars.	j	Statement covers period from $\frac{09/22/2024}{\text{through }} \frac{10/19/2024}{\text{through }}$	CALIFORNIA 460 FORM Page 15 of 17
NAME OF FILER  Committee to Elect Larry Coombes Tuolumne County Supervisor District	1 2024			I.D. NUMBER 1470771
CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  independent expenditure supporting/opposing others (explain)*  MTG m  OFC or  OFC p  PDT p  PDL p  POS p	nember communication neetings and appearar ffice expenses etition circulating shone banks colling and survey rese costage, delivery and no professional services (l	ns ices arch nessenger services	wise, describe the payment.  RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of candidate travel, lodging, and staff/spouse travel, lodging, and transfer between committees of voter registration WEB information technology costs (	ction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESC	RIPTION OF PAYMENT	AMOUNT PAID
Jazzed About Printing 12929 Hollow Drive Sonora CA 95370	СМР	design work & mail	ing services	2639.14
Devon's Delectables 125 Minners Way Sonora CA 95370	FND	catering services		825.00
Sierra Instant Printing 1157 Mono Way Sonora CA 95370	СМР	rack cards		146.81

1. Itemized payments made this period. (Include all Schedule E subtotals.).....

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

**Schedule E Summary** 

3893.95

3818.30

**SUBTOTAL \$ 3610.95** 

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

	0011250222 (001111				
Statement covers period 09/22/2024 from	CALIFORNIA 460				
through <u>10/19/2024</u>	Page of				
	I.D. NUMBER				
	1470771				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Larry Coombes Tuolumne County Supervisor District 1 2024

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 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 TRS staff/spouse travel, lodging, and meals POL polling and survey research IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) LEG legal defense VOT voter registration 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
Linda A Emerson  Sonora CA 95370	PRO	bookkeeping services	100.00
Webdancers 326 N Shepherd Street D Sonora CA 95370	WEB	website services	183.00

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

**SUBTOTAL \$ 283.00** 

Schedule	•	Amounts may be rounded			SCHEDULE I
Miscellane	eous Increases to Cash	to whole dollars.	1	tatement covers period	CALIFORNIA 160
			l l	09/22/2024	FORM TOO
SEE INSTRUCTIO	DNS ON REVERSE		thro	ugh <u>10/19/2024</u>	Page 17 of 17
NAME OF FILER	MS ON REVERSE				I.D. NUMBER
Committee to	Elect Larry Coombes Tuolumne County Supervisor District 1	2024			1470771
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTIO	ON OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/18/2024	Elks Lodge 100 Elks Drive Sonora CA 95370	deposit refu	nd		970.00
Attach addi	itional Information on appropriately labeled continuation sheets.			SUBTOTA	L\$ 970.00
	Summary				
1. Itemized in	creases to cash this period	•••••••••••••••••	•••••••	\$ <u>970.00</u>	
2. Unitemized	d increases to cash of under \$100 this period	••••••	***************************************	\$	
3. Total of all	interest received this period on loans made to others. (So	chedule H, Column (e).)	*************	\$	
4. Total misce	ellaneous increases to cash this period. (Add Lines 1, 2, a	and 3. Enter here and on the		070.00	
•					FPPC Form 460 (Jan/2016)) lvice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov