

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

| | |
|---|-------------------------|
| Statement covers period from <u>01/21/24</u> | through <u>02/17/24</u> |
|---|-------------------------|

Date of election if applicable:
(Month, Day, Year)

MARCH 5, 2024

Date Stamp

CALIFORNIA **460**
FORM

Page _____ of _____
For Official Use Only

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FEB 22 2024

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

| | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Sponsored |
| (Also Complete Part 5) | |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored | (Also Complete Part 6) |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

| | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | |
| (Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
Pending

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

Committee to Elect Mimi Hall District 4 Supervisor - 2024

STREET ADDRESS (NO P.O. BOX)

| | | | |
|--------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Quincy | CA | 95971 | 530-545-3004 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| | | | | |
|-------------|--------|-------|----------|-----------------|
| PO Box 1364 | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | Quincy | CA | 95971 | 530-545-3004 |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Les Hall

MAILING ADDRESS

| | | | |
|---------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Meadow Valley | CA | 95956 | 530-890-0820 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

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

Executed on 2-22-24
Date

Executed on 2-22-24
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

CALIFORNIA FORM **460**

Page _____ of _____

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

| | |
|---|-------------------------|
| Statement covers period from <u>01/21/24</u> | through <u>02/17/24</u> |
|---|-------------------------|

Date of election if applicable:
(Month, Day, Year)

March 5, 2024

Date Stamp

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

| | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) | <input type="checkbox"/> Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7) |

2. Type of Statement:

| | |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
Pending

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

Committee to Elect Mimi Hall District 4 Supervisor - 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Quincy CA 95971 530-545-3004

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

PO Box 1364

CITY STATE ZIP CODE AREA CODE/PHONE

Quincy CA 95971 530-545-3004

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Les Hall

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Meadow Valley CA 95956 530-990-0920

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 _____ Date _____

By _____ Signature of Treasurer or Assistant Treasurer

Executed on _____ Date _____

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date _____

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date _____

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mimi Hall

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Plumas County Supervisor District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED] Quincy CA 95971

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? |
|-------------------|-----------------------|

| | |
|-------------------|------------------------------|
| 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? |
|-------------------|-----------------------|

| | |
|-------------------|------------------------------|
| 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"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

| | |
|-----------------------|---------------------|
| 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"/> OPPOSE |
|-----------------------------------|-----------------------|---|

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

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

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <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.

SUMMARY PAGE

Statement covers period
01/21/24
from _____

CALIFORNIA
FORM **460**

through 02/17/24

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Les Hall

I.D. NUMBER

Pending

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--------------------|---|---|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 1,824.00 | \$ 1,855 |
| 2. Loans Received..... | Schedule B, Line 3 | \$ 0 | \$ 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$ 1,824.00 | \$ 1,855 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | \$ 1,824.00 | \$ 1,855 |

Expenditures Made

| | | | |
|--|----------------------|-------------|-------------|
| 6. Payments Made..... | Schedule E, Line 4 | \$ 4,568.47 | \$ 6,113.19 |
| 7. Loans Made..... | Schedule H, Line 3 | | |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | \$ 4,568.47 | \$ 6,113.19 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | \$ 145.62 | \$ 145.62 |
| 10. Nonmonetary Adjustment..... | Schedule C, Line 3 | | |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | \$ 4,714.02 | \$ 6,258.81 |

Current Cash Statement

| | | | |
|---|---|--------------|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 1,145.52 | 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). |
| 13. Cash Receipts | Column A, Line 3 above | \$ 1,824.00 | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | | |
| 15. Cash Payments | Column A, Line 8 above | \$ 4,568.47 | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ -1,598.95 | |

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 | \$ _____ |
| 19. Outstanding Debts..... | Add Line 2 + Line 9 in Column B above | \$ _____ |

**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) | Date of Election (mm/dd/yy) | Total to Date |
| | 1/1 | \$ _____ |
| | 1/1 | \$ _____ |

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

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>1/21/24</u> | CALIFORNIA FORM 460 |
| through <u>02/17/24</u> | Page _____ of _____ |
| I.D. NUMBER Pending | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Les Hall

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|---|------------------------------------|
| 01/22/24 | Arlene Stahlman | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 15.00 | | |
| 01/23/24 | Susan Scarlett P.O. Box 1906 Quincy, CA 95971 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BUSINESS OWNER | 100.00 | | |
| 1/23/24 | Ryan O'Keefe [REDACTED] Bellingham, WA 98225 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MORTGAGE BROKER | 25.00 | | |
| 1/25/24 | Tom Gallagher [REDACTED] Watsonville, CA 95076 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETired PHYSICIAN | 100.00 | | |
| 2/4/24 | PAMELA BELWAR | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EXECUTIVE DIRECTOR | 25.00 | | |
| | | | | SUBTOTAL \$ <u>265.00</u> | | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)\$ 1824.00

2. Amount received this period – unitemized monetary contributions of less than \$100\$ _____

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)TOTAL \$ 1824.00

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|----------------------------|
| Statement covers period from <u>01/21/24</u> | CALIFORNIA FORM 460 |
| through <u>02/17/24</u> | Page _____ of _____ |
| I.D. NUMBER | |

LES HALL

NAME OF FILER

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/5/24 | SUZANNE STIRLING [REDACTED] QUINCY, CA 95971 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TEACHER INDIAN VILLAGE ACADEMY | 250.00 | | |
| 2/6/24 | KATIE DESMOND [REDACTED] QUINCY, CA 95971 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EDUCATOR FEATHER RIVER COLLEGE | 209.00 | | |
| 2/8/24 | Patricia [REDACTED] [REDACTED] QUINCY, CA 95971 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EDUCATOR, FEATHER RIVER COLLEGE | 250.00 | | |
| 2/9/24 | Paulina Fader [REDACTED] QUINCY, CA 95971 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 100.00 | | |
| 2/9/24 | Adam [REDACTED] [REDACTED] MERCED, CA 95340 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CONSULTANT SECTARIS PARTNERS | 500.00 | | |

SUBTOTAL \$ 1,369.00

1,369.00

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 1/21/24

CALIFORNIA FORM 460

through 2/17/24

Page _____ of _____

LES HALL
NAME OF FILER

NAME OF FILER

1. ID NUMBER

***Contributor Codes**

IND = Individual

IND - Individual
COM - Recipient Committee
(other than PTY or SC)

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

PTY - Political Party

SCC = Small Contributor Committee

Schedule B – Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Statement covers period
from _____

through _____

Page _____ of _____

I.D. NUMBER

| 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 |
|---|---|---|--|---|---|--|--------------------------------------|---|
| MINI HAN PO BOX 1304 QUINCY, CA 95971 | VICE PRESIDENT MANIFEST MEDEX | \$ _____ | \$ 2,000 | <input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 2,000 | \$ _____ DATE DUE | _____ % RATE | \$ 2,000 DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION* |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____ % RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____ % RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____ % RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** |
| SUBTOTALS \$ \$ \$ \$ \$ | | | | | | | | |

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

Schedule B Summary

1. Loans received this period \$ 2,000
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 2,000
(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 \$ 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LES HARE

Statement covers period

from 1/21/24

through 2/17/24

CALIFORNIA
FORM

460

Page _____ of _____

I.D. NUMBER

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 |
|---|------|----|------------------------------|-------------|
| CELEDONIA SANTOS | MTG | | CAMPAGN EVENT - MEAN'S REST. | 950.00 |
| ALMANOR FOUNDATION | WEB | | ONLINE AD | 700.00 |
| DG CREATIVE | LIT | | MAILER | 2,838.03 |
| WILD HARE SIGN CO. | CMP | | LOGO TABLECLOTH | 80.44 |

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

SUBTOTAL \$ 4,568.47

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 4,568.47
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 \$ 4,568.47**

Schedule F
Accrued Expenses (Unpaid Bills)

 Amounts may be rounded
 to whole dollars.

 Statement covers period
 from 1/21/24
 through 2/17/24

 CALIFORNIA FORM **460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LES HALL

I.D. NUMBER

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 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| <u>Barclays</u> <u>Po Box 60517</u> <u>CITY OF INDUSTRY CA 91710</u> | WEB | 521.22 | 145.62 | | 521.22 |
| | | | | | |
| | | | | | |
| | | | | | |

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

 SUBTOTALS \$ 521.22 \$ 145.62 \$ 521.22
Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 145.62**
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ _____**
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 145.62**

May be a negative number

FPPC Form 460 (Jan/2016))

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

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RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

FEB 21 2024

#1467296

**CALIFORNIA
E FORM**

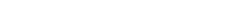
410

Statement of Organization Recipient Committee

Statement Type

| | | |
|--|------------------------------------|---|
| <input checked="" type="checkbox"/> Initial | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified or <input checked="" type="radio"/> Date qualification threshold met | Date qualification threshold met | Date of termination |
| 12 / 22 / 2023 | _____ / _____ / _____ | _____ / _____ / _____ |

| | | | |
|---|--|---|------------------------------|
| NAME OF COMMITTEE Committee to Elect Mimi Hall District 4 Supervisor | | I.D. Number <i>(If applicable)</i> | |
| <i>2024</i> | | <i>Mar 21/8/24</i> | |
| STREET ADDRESS (NO P.O. BOX) [REDACTED] | | NAME OF TREASURER Les Hall | |
| CITY Quincy | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | CITY Meadow Valley |
| STATE CA | | STATE CA | ZIP CODE 95956 |
| ZIP CODE 95971 | | AREA CODE/PHONE 530-990-0920 | |
| AREA CODE/PHONE 530-5345-3004 | | NAME OF ASSISTANT TREASURER, IF ANY N/A | |
| FULL MAILING ADDRESS (IF DIFFERENT) PO Box 1364 | | STREET ADDRESS (NO P.O. BOX) | CITY |
| QUINCY CA 95971 | | STATE CA | ZIP CODE 95956 |
| E-MAIL ADDRESS OF COMMITTEE (REQUIRED) // FAX (OPTIONAL) mimihallforsupervisor@gmail.com | | EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | |
| NAME OF PRINCIPAL OFFICER(S) N/A | | AREA CODE/PHONE | |
| COUNTY OF DOMICILE Plumas | | JURISDICTION WHERE COMMITTEE IS ACTIVE Plumas County | STREET ADDRESS (NO P.O. BOX) |
| | | | CITY |
| | | | STATE CA |
| | | | ZIP CODE 95956 |
| | | EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | |
| | | AREA CODE/PHONE | |

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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. 

December 28, 2023

Executed on _____ DATE _____

Executed on December 28, 2023

Executed on 12/10/2013 at 12:00:00 PM

COMPONENT

Digitized by srujanika@gmail.com

REGISTRATION AND DECLARING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

| | | | |
|--|---------------------|---------------------|--------------|
| COMMITTEE NAME | I.D. NUMBER | | |
| <i>COMMITTEE TO ELECT MIMI HALL DISTRICT 4 SUPERVISOR - 2024</i> | | | |
| <ul style="list-style-type: none"> • All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records. | | | |
| NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
| <i>PLUMAS BANK ; MIMI HALL, LES HALL</i> | <i>530 283-6800</i> | | |
| ADDRESS OF FINANCIAL INSTITUTION | CITY | STATE | ZIP CODE |
| | <i>QUINCY</i> | <i>CA</i> | <i>95971</i> |

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPOINTER | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | |
|---|---|---------------------|---|-----------------------------------|
| <i>MIMI HALL</i> | <i>PLUMAS COUNTY SUPERVISOR - DISTRICT 4</i> | <i>2024</i> | <input checked="" type="checkbox"/> Nonpartisan | <input type="checkbox"/> Partisan |
| | | | <input type="checkbox"/> Nonpartisan | <input type="checkbox"/> Partisan |
| | | | (list political party below) | |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|----------------------------------|---------------------------------|
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM **410**

Page 3

COMMITTEE NAME

I.D. NUMBER

4. Type of Committee *(Continued)*

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

| NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR | | | |
|-----------------|--|------|-------|-----------------|
| STREET ADDRESS | NO. AND STREET | CITY | STATE | ZIP CODE |
| | | | | AREA CODE/PHONE |

Small Contributor Committee

_____ / _____ / _____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/21/24
through 02/17/24

Date of election if applicable:
(Month, Day, Year)

MARCH 5, 2024

Date Stamp

RECEIVED

CALIFORNIA FORM 460

Page 1 of 1

For Official Use Only

FEB 22 2024

PLUMAS CO. CLERK REC'D

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee | |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled | |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Sponsored | |
| (Also Complete Part 5) | | |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee | |
| <input type="checkbox"/> Sponsored | (Also Complete Part 7) | |
| <input type="checkbox"/> Small Contributor Committee | | |
| <input type="checkbox"/> Political Party/Central Committee | | |

2. Type of Statement:

| | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | |
| (Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

FILED

FEB 22 2024

3. Committee Information

I.D. NUMBER
Pending

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

Committee to Elect Mimi Hall District 4 Supervisor - 2024

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Quincy CA 95971 530-545-3004

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

PO Box 1364

CITY STATE ZIP CODE AREA CODE/PHONE

Quincy CA 95971 530-545-3004

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Les Hall

PLUMAS CO. CLERK REC'D

BY

MAILING ADDRESS

[REDACTED] PO BOX 146
CITY STATE ZIP CODE AREA CODE/PHONE
Meadow Valley CA 95956 530-990-0820

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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

Executed on 2-22-24 Date

Executed on 2-22-24 Date

Executed on _____ Date

[REDACTED]

or

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mimi Hall

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Plumas County Supervisor District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Quincy CA 95971

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? |
|-------------------|-----------------------|

YES 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? |
|-------------------|-----------------------|

YES 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"/> OPPOSE |
|----------------------|--------------|---|

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Les Hall

Statement covers period
01/21/24
from _____
through 02/17/24

CALIFORNIA
FORM **460**

Page _____ of _____

I.D. NUMBER
Pending

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------|--------------------|---|---|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 1,824.00 | \$ 1,855 |
| 2. Loans Received | Schedule B, Line 3 | \$ 0 | \$ 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ 1,824.00 | \$ 1,855 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ 1,824.00 | \$ 1,855 |

**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 | \$ _____ | \$ _____ |

Expenditures Made

| | | | |
|------------------------------------|----------------------|-------------|-------------|
| 6. Payments Made | Schedule E, Line 4 | \$ 4,568.47 | \$ 6,113.19 |
| 7. Loans Made | Schedule H, Line 3 | | |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ 4,568.47 | \$ 6,113.19 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | \$ 145.62 | \$ 145.62 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | | |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ 4,714.02 | \$ 6,258.81 |

**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

| | |
|------|----------|
| 1/1/ | \$ _____ |
| 1/1/ | \$ _____ |

Current Cash Statement

| | | | |
|-------------------------------------|---|-------------|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 1,145.52 | 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). |
| 13. Cash Receipts | Column A, Line 3 above | \$ 1,824.00 | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | | |
| 15. Cash Payments | Column A, Line 8 above | \$ 4,568.47 | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ -1598.95 | |

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 | \$ _____ |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ _____ |

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

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|---|-------------------------------|
| Statement covers period from <u>1/21/24</u> through <u>02/17/24</u> | CALIFORNIA 460 FORM |
| Page _____ of _____ | I.D. NUMBER Pending |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Les Hall

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 01/22/24 | Arlene Stahlman | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 15.00 | | |
| 01/23/24 | Susan Scarlett P.O. Box 1906 Quincy, CA 95971 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BUSINESS OWNER | 100.00 | | |
| 1/23/24 | PATRICK O'KEEFE [REDACTED] BELLINGHAM, WA 98225 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MORTGAGE BROKER | 25.00 | | |
| 1/25/24 | TOE WALLACE [REDACTED] WATSONVILLE, CA 95076 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED PHYSICIAN | 100.00 | | |
| 2/4/24 | PAMELA BERWAL | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EXECUTIVE DIRECTOR | 25.00 | | |
| | | | | SUBTOTAL \$ 265.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 1824.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)TOTAL \$ 1,824.00

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | | |
|---|--|---------------------|
| Statement covers period from <u>01/21/24</u> | | CALIFORNIA FORM |
| through <u>02/17/24</u> | | Page _____ of _____ |
| | | I.D. NUMBER |

LES HALL

NAME OF FILER

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|---|------------------------------------|
| 2/5/24 | SUZANNE STIRLING [REDACTED] QUINCY, CA 95971 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TENHILL INDIAN VILLAGE ACADEMY | 250.00 | | |
| 2/6/24 | RATIO DEMONET [REDACTED] QUINCY, CA 95971 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EDUCATOR FEATHER RIVER COLLEGE | 209.00 | | |
| 2/8/24 | Patricia Williams [REDACTED] QUINCY, CA 95971 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EDUCATOR, FEATHER RIVER COLLEGE | 250.00 | | |
| 2/9/24 | Donald Fader [REDACTED] QUINCY, CA 95971 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 100.00 | | |
| 2/9/24 | Adam Cox [REDACTED] MERCED, CA 95340 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CONSULTANT SECTARIS PARTNERS | 500.00 | | |
| | | | | SUBTOTAL \$ <u>1,309.00</u> | | |
| | | | | | | <i>1,309.00</i> |

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|-------------------------------|
| Statement covers period from <u>1/21/24</u> | CALIFORNIA FORM 460 |
| through <u>2/17/24</u> | Page _____ of _____ |
| I.D. NUMBER | |

LES HALL

NAME OF FILER

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------------------|---|---|---|-----------------------------|---|------------------------------------|
| 2/13/24 | MINNIE WOODFORD [REDACTED] MCSON, FL 85101 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ASSOCIATE PPFA | 250.00 | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ 250.00 | | | | | | |

*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

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA 460
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Statement covers period

through _____

Page _____ of _____

I.D. NUMBER

| 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 |
|---|---|--|------------------------------------|---|--|----------------------------------|--------------------------------|--|
| <p>MINI HALL PO BOX 1304 MUNICY, IA 50571</p> <p>[†] <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</p> | <p>VICE PRESIDENT MANIFEST MEDEX</p> | \$ _____ | \$ 2,000 | <input type="checkbox"/> PAID <input checked="" type="checkbox"/> FORGIVEN | \$ _____ | _____ % RATE | \$ 2,000 DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____ |
| <p>[†] <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</p> | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$ _____ | _____ % RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____ |
| <p>[†] <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</p> | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$ _____ | _____ % RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____ |
| SUBTOTALS \$ _____ \$ _____ \$ _____ \$ _____ | | | | | | | | |

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

Schedule B Summary

1. Loans received this period \$ 4,000
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 2,000
(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 \$ 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required

†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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LES Haze

Statement covers period

from 1/21/24

through 2/17/24

Page _____ of _____

I.D. NUMBER

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 |
|---|------|----|------------------------------|-----------------|
| CELEDONIA SANTOS | MTG | | CAMPAGN EVENT - MORN'S REST. | <u>950.00</u> |
| ALMANOR FOUNDATION | WEB | | ONLINE AD | <u>700.00</u> |
| DB CREATIVE | LIT | | MAILER | <u>2,838.03</u> |
| WILD HARE SIGN CO. | CINP | | LOGO TABLECLOTH | <u>80.44</u> |

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

SUBTOTAL \$ 4,568.47

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 4,568.47
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 \$ 4,568.47**

Schedule F
Accrued Expenses (Unpaid Bills)

 Amounts may be rounded
 to whole dollars.

 Statement covers period
 from 1/21/24
 through 2/17/24

 CALIFORNIA **460**
 FORM

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LES HAN

I.D. NUMBER

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 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| <u>Barclays</u> <u>Po Box 60517</u> <u>CITY OF INDUSTRY CA 91710</u> | <u>WEB</u> | <u>521.22</u> | <u>145.62</u> | | <u>521.22</u> |
| | | | | | |
| | | | | | |

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

 SUBTOTALS \$ 521.22 \$ 145.62 \$ 521.22
Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 145.62**
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ _____**
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 145.62**

May be a negative number

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

| | |
|---|---|
| Statement covers period from <u>1/1/24</u> | Date of election if applicable: (Month, Day, Year) |
| through <u>1/20/24</u> | <u>3/5/24</u> |

| | |
|-------------------------------|---------------------------|
| Date Statement JAN 25 2024 | Page <u>1</u> of <u>1</u> |
| For Official Use Only | |

FI **CALIFORNIA FORM 460**
PLUMAS CO. CLERK-RECORDED
BY [REDACTED]

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee | |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled | |
| <input type="radio"/> Recall | <input type="radio"/> Sponsored | |
| (Also Complete Part 5) | | |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee | |
| <input type="radio"/> Sponsored | (Also Complete Part 6) | |
| <input type="radio"/> Small Contributor Committee | (Also Complete Part 7) | |
| <input type="radio"/> Political Party/Central Committee | | |

2. Type of Statement:

| | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | |
| (Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

[REDACTED]

[REDACTED]

3. Committee Information

I.D. NUMBER
Pending

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

Committee to Elect Mimi Hall District 4 Supervisor - 2024

STREET ADDRESS (NO P.O. BOX)

CITY Quincy STATE CA ZIP CODE 959/1 AREA CODE/PHONE 530-545-3004

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY PO Box 1364 STATE CA ZIP CODE 959/1 AREA CODE/PHONE 530-545-3004

OPTIONAL: FAX / E-MAIL ADDRESS

mimihallfor supervisor@gmail.com

Treasurer(s)

NAME OF TREASURER

Les Hall

MAILING ADDRESS

PO Box 1364

| | | | |
|--------------------|-----------------|-----------------------|-------------------------------------|
| CITY <u>Quincy</u> | STATE <u>CA</u> | ZIP CODE <u>959/1</u> | AREA CODE/PHONE <u>530-990-U9ZU</u> |
|--------------------|-----------------|-----------------------|-------------------------------------|

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

leshall89@hotmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the foregoing

schedules is true and complete. I

Executed on 1-24-24 Date 1-24-24 By [REDACTED]

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mimi Hall

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Plumas County Board of Supervisors District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED] Quincy CA 95971

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? |
|-------------------|-----------------------|

| | |
|-------------------|------------------------------|
| 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? |
|-------------------|-----------------------|

| | |
|-------------------|------------------------------|
| 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"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

| | |
|-----------------------|---------------------|
| 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"/> OPPOSE |
|-----------------------------------|-----------------------|---|

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

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

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <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.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Les Hall

Statement covers period
from 1/1/24
through 1/20/24

CALIFORNIA
FORM
460

Page of

I.D. NUMBER
Pending

Contributions Received

| | |
|--------------------------------------|---------------------------|
| 1. Monetary Contributions..... | <i>Schedule A, Line 3</i> |
| 2. Loans Received..... | <i>Schedule B, Line 3</i> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | <i>Add Lines 1 + 2</i> |
| 4. Nonmonetary Contributions..... | <i>Schedule C, Line 3</i> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | <i>Add Lines 3 + 4</i> |

| Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|
| \$ <u>315.00</u> | \$ <u> </u> |
| <u>0.00</u> | <u>0.00</u> |
| \$ <u>315.00</u> | \$ <u> </u> |
| <u>0.00</u> | <u>0.00</u> |
| \$ <u>315.00</u> | \$ <u> </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 | \$ <u> </u> | \$ <u> </u> |
| 21. Expenditures Made | \$ <u> </u> | \$ <u> </u> |

Expenditures Made

| | |
|---|-----------------------------|
| 6. Payments Made..... | <i>Schedule E, Line 4</i> |
| 7. Loans Made..... | <i>Schedule H, Line 3</i> |
| 8. SUBTOTAL CASH PAYMENTS..... | <i>Add Lines 6 + 7</i> |
| 9. Accrued Expenses (Unpaid Bills)..... | <i>Schedule F, Line 3</i> |
| 10. Nonmonetary Adjustment..... | <i>Schedule C, Line 3</i> |
| 11. TOTAL EXPENDITURES MADE..... | <i>Add Lines 8 + 9 + 10</i> |

| | |
|-------------------|------------------|
| \$ <u>1544.72</u> | \$ <u> </u> |
| <u>0.00</u> | <u>0.00</u> |
| \$ <u>1544.72</u> | \$ <u> </u> |
| <u>0</u> | <u>0</u> |
| <u>0</u> | <u>0</u> |
| \$ <u>1544.72</u> | \$ <u> </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

| | |
|---|------------------|
| <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |

Current Cash Statement

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

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

| |
|-------------------|
| \$ <u>235.24</u> |
| <u>315.00</u> |
| <u>1544.72</u> |
| \$ <u>1145.52</u> |

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).

| | |
|------------------------------------|---------------------------|
| 17. LOAN GUARANTEES RECEIVED | <i>Schedule B, Part 2</i> |
|------------------------------------|---------------------------|

| |
|------------------|
| \$ <u> </u> |
|------------------|

Cash Equivalents and Outstanding Debts

| | |
|----------------------------|--|
| 18. Cash Equivalents..... | <i>See instructions on reverse</i> |
| 19. Outstanding Debts..... | <i>Add Line 2 + Line 9 in Column B above</i> |

| |
|------------------|
| \$ <u> </u> |
| \$ <u> </u> |

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 1/1/24

CALIFORNIA **460**
FORM

through 1/20/24

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/3/24 | Davney Gasser | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 25.00 | 25.00 | 25.00 |
| 1/9/24 | Bob Blesse | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | 100.00 |
| 1/12/24 | Paul Hardy | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Biologist | 25.00 | 25.00 | 25.00 |
| 1/15/24 | Mark Thomas | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ambulance | 50.00 | 50.00 | 50.00 |
| 1/20/24 | Emily Chung | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Public Health Director | 100.00 | 100.00 | 100.00 |
| SUBTOTAL \$ 300.00 | | | | | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 315.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 315.00**

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

NAME OF FILER

Les Hall

Statement covers period
 from 1/1/24

through 1/20/24

CALIFORNIA
 FORM **460**

Page _____ of _____

I.D. NUMBER
 Pending

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------------|---|---|---|-----------------------------|---|------------------------------------|
| 1/20 | Arlene Stahlman | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher | 15.00 | 15.00 | 15.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ 15.00 | | | | | | |

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Les Hall

Statement covers period
from 1/1/24
through 1/20/24

Page _____ of _____

I.D. NUMBER
Pending

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 |
|---|------|----|----------------------------|-------------|
| Almanor Foundation | CTB | | Plumas Sun Ad/Contribution | 700.00 |
| Forest Stationers | OFC | | Copies and supplies | 33.52 |
| Quincy Chamber of Commerce | MTG | | Booth cost for event | 25.00 |

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

SUBTOTAL \$ 758.52

Schedule E Summary

| | |
|--|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 1544.72 |
| 2. Unitemized payments made this period of under \$100 | \$ 0 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 1544.72 |

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

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mimi Hall

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Plumas County Supervisor District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED] Quincy CA 95971

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? |
|-------------------|-----------------------|

| | |
|-------------------|------------------------------|
| 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? |
|-------------------|-----------------------|

| | |
|-------------------|------------------------------|
| 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"/> OPPOSE |

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

| | |
|-----------------------|---------------------|
| 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"/> OPPOSE |

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

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

| | | |
|-----------------------------------|-----------------------|----------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <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.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mimi Hall

| | | |
|---|--------------------|-----------------------------------|
| Statement covers period from <u>1/1/23</u> | to <u>12/31/23</u> | CALIFORNIA FORM 460 |
| through <u>12/31/23</u> | | Page <u>_____</u> of <u>_____</u> |
| | | I.D. NUMBER <u>Pending</u> |

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|---------------------------|--|--|
| 1. Monetary Contributions..... | <i>Schedule A, Line 3</i> | \$ <u>2435.00</u> | \$ <u>2435.00</u> |
| 2. Loans Received..... | <i>Schedule B, Line 3</i> | \$ <u>U</u> | \$ <u>U</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS | <i>Add Lines 1 + 2</i> | \$ <u>2435.00</u> | \$ <u>2435.00</u> |
| 4. Nonmonetary Contributions..... | <i>Schedule C, Line 3</i> | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | <i>Add Lines 3 + 4</i> | \$ <u>2435.00</u> | \$ <u>2435.00</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 | \$ <u>2435.00</u> | \$ <u>2435.00</u> |
| 21. Expenditures Made | \$ <u>2786.96</u> | \$ <u>2786.96</u> |

Expenditures Made

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|-----------------------------|--|--|
| 6. Payments Made..... | <i>Schedule E, Line 4</i> | \$ <u>2059.76</u> | \$ <u>2059.76</u> |
| 7. Loans Made..... | <i>Schedule H, Line 3</i> | | |
| 8. SUBTOTAL CASH PAYMENTS..... | <i>Add Lines 6 + 7</i> | \$ <u>2059.76</u> | \$ <u>2059.76</u> |
| 9. Accrued Expenses (Unpaid Bills) | <i>Schedule F, Line 3</i> | <u>727.20</u> | <u>727.20</u> |
| 10. Nonmonetary Adjustment..... | <i>Schedule C, Line 3</i> | | |
| 11. TOTAL EXPENDITURES MADE | <i>Add Lines 8 + 9 + 10</i> | \$ <u>2786.96</u> | \$ <u>2786.96</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 |
|-----------------------------------|---------------|
| <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |

Current Cash Statement

| | | |
|---|--|-------------------|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ <u>0.00</u> |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | \$ <u>2435.00</u> |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i> | |
| 15. Cash Payments | <i>Column A, Line 8 above</i> | \$ <u>2059.76</u> |
| 16. ENDING CASH BALANCE | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>375.24</u> |

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

| | | |
|------------------------------------|---------------------------|--------------|
| 17. LOAN GUARANTEES RECEIVED | <i>Schedule B, Part 2</i> | \$ <u> </u> |
|------------------------------------|---------------------------|--------------|

Cash Equivalents and Outstanding Debts

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

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 A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

| | | |
|---------------------------------------|---------------|---------------------|
| Statement covers period from _____ | through _____ | Page _____ of _____ |
| | | I.D. NUMBER |

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|---|-----------------------------|---|------------------------------------|
| 12/27/23 | Jennifer McQuarrie | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney | 100.00 | 100.00 | |
| 12/25/23 | Alice Gleghorn | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Behavioral Health | 100.00 | 100.00 | |
| 12/18/23 | John Khin | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100.00 | 100.00 | |
| 12/18/23 | Cindy Noble | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Administrator | 100.00 | 100.00 | |
| 12/17/23 | Zach Friend Campaign Account | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Elected Official | 250.00 | 250.00 | |
| SUBTOTAL \$ 650 | | | | | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 435.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 2435.00**

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|-------------------------------|
| Statement covers period from <u>1/1/23</u> | CALIFORNIA FORM 460 |
| through <u>12/31/23</u> | Page _____ of _____ |
| I.D. NUMBER | |

NAME OF FILER

Mimi Hall

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/13/23 | Siobhan Kelly Les Hall | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Self Employed | 100.00 500.00 | 100.00 500.00 | |
| 12/12/23 | Gail Pellerin | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CA Assemblymember | 250.00 | 250.00 | |
| 12/12/23 | Frank Richardson Guy McNett | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Retired | 100.00 100.00 | 100.00 100.00 | |
| 12/8/23 | Traci Holt | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business owner | 100.00 | 100.00 | |
| 12/7/23 | Louise Young Nance Reed | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100.00 100.00 | 100.00 100.00 | |
| SUBTOTAL \$ 1350.00 | | | | | | |

*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

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

| | |
|---------------------------------------|-------------------------------|
| Statement covers period from _____ | CALIFORNIA FORM 460 |
| through _____ | Page _____ of _____ |
| I.D. NUMBER | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mimi Hall

| 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 |
|---|---|---|--|---|---|--|--------------------------------------|---|
| Mimi Hall PO Box 1364 Quincy CA | Executive, Manifest Med | \$ _____ | 1000.00 | <input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 2000.00 | S _____ DATE DUE | _____ % RATE | \$ 1000.00 11/20/23 | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive, Manifest Med | \$ _____ | 1000.00 | <input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 1000.00 | S _____ DATE DUE | _____ % RATE | \$ 1000.00 12/8/23 | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | S _____ DATE DUE | _____ % RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | | | | | |
| SUBTOTALS \$ 2000.00 \$ \$ \$ \$ | | | | | | | | |

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

Schedule B Summary

1. Loans received this period \$ 2000.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 2000.00
(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 \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

†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 E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mimi Hall

Statement covers period
from 1/1/23

through 12/31/23

Page _____ of _____

I.D. NUMBER

Pending

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 |
|---|------|----|-------------------------------------|-------------|
| Wildhare Signs, [REDACTED] Quincy | CMP | | Signs | 1935.86 |
| | | | | |
| Stripe | CMP | | Online contribution payment service | 123.90 |

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

SUBTOTAL \$ 2059.76

Schedule E Summary

| | | |
|--|-------|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | | \$ _____ |
| 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 \$ 2059.76 |

Schedule F
Accrued Expenses (Unpaid Bills)

 Amounts may be rounded
 to whole dollars.

 CALIFORNIA
460
 FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

 Statement covers period
 from _____

through _____

Page _____ of _____

I.D. NUMBER

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 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Political Data Intelligence | POL | 600.00 | 600.00 | | 600.00 |
| Go Daddy | WEB | 98.20 | 98.20 | | 98.20 |
| Campaign Partner | WEB | 29.00 | 29.00 | | 29.00 |

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

SUBTOTALS \$ 727.20 \$ 727.20 \$ 727.20

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **727.20** **INCURRED TOTALS \$** _____
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** _____
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **727.20** **NET \$** _____

May be a negative number

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Statement of Organization
Recipient Committee

| | | | |
|----------------|---|------------------------------------|---|
| Statement Type | <input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified <input type="radio"/> Date qualification threshold met | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination - See Part 5 |
| | | Date qualification threshold met | Date of termination |
| | | | |

FILED

Date Stamp **CALIFORNIA FORM 410**

DEC 05 2023 For Official Use Only

PLUMAS CO. CLERK REC'D.
BY [REDACTED]

| | | | | | |
|---|--|--|--|--|--|
| 1. Committee Information | | I.D. Number (if applicable) | 2. Treasurer and Other Principal Officers | | |
| NAME OF COMMITTEE <i>Committee to Elect Mimi Hall District 4 Supervisor - 2024</i> | | NAME OF TREASURER <i>LES HALL</i> | | | |
| STREET ADDRESS (NO P.O. BOX) [REDACTED] | | CITY <i>Quincy</i> | STATE <i>CA</i> | ZIP CODE <i>95971</i> | AREA CODE/PHONE <i>530-345-3004</i> |
| CITY <i>Quincy</i> | | STATE <i>CA</i> | ZIP CODE <i>95971</i> | AREA CODE/PHONE <i>530-345-3004</i> | NAME OF ASSISTANT TREASURER, IF ANY |
| FULL MAILING ADDRESS (IF DIFFERENT) <i>PO Box 1364, quincy, CA 95971</i> | | STREET ADDRESS (NO P.O. BOX) | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <i>mimi.khin.hall@aol.com</i> | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| COUNTY OF DOMICILE <i>Plumas</i> | JURISDICTION WHERE COMMITTEE IS ACTIVE <i>Plumas County</i> | NAME OF PRINCIPAL OFFICER(S) | | | |
| | | STREET ADDRESS (NO P.O. BOX) | | | |
| | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Attach additional information on appropriately labeled continuation sheets. | | | | | |

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 11-20-23

DATE

Executed on 11-21-23

DATE

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICHEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICHEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

| | | | | |
|---|---|---------------------|--------------------|----------|
| COMMITTEE NAME | | I.D. NUMBER | | |
| <i>Committee to Elect Mimi Hall District 4 Supervisor-2024</i> | | | | |
| <ul style="list-style-type: none"> • All committees must list the financial institution where the campaign bank account is located. <p><i>Committee to Elect Mimi Hall District 4 Supervisor - 2024</i></p> | | | | |
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER | | |
| Plumas Bank | 530-283-6800 | STATE | ZIP CODE | |
| ADDRESS | Quincy | CA | 95971 | |
| <p>4. Type of Committee Complete the applicable sections.</p> | | | | |
| <p>Controlled Committee</p> <ul style="list-style-type: none"> • List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election. • List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable • If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. | | | | |
| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPO | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | |
| Mimi Hall | Plumas County Supervisor District 4 | 2024 | Nonpartisan | Partisan |
| | | | Nonpartisan | Partisan |
| (list political party below) | | | | |

Primarily Formed Committee

^{Not}

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| | | | |
|---|--|--|--------|
| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | |
| | | CHECK ONE | |
| | | SUPPORT | OPPOSE |
| | | SUPPORT | OPPOSE |

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA
FORM 410

Page 3

I.D. NUMBER

A/13

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Candidate Intention Statement

FILED
Date Stamp

CALIFORNIA
FORM

501

Check One: Initial Amendment (Explain) _____

OCT 16 2023

For Official Use Only

PLUMAS COUNTY, CALIFORNIA
BY _____

REPUTY

EMAIL (optional)

mimikhinhal@aol.com

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Hall, Mimi K

DAYTIME TELEPHONE NUMBER

(530) 545-3004

FAX NUMBER (optional)

()

REPUTY

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

Quincy

CA

95971

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

County Supervisor

Plumas County

4

PARTY PREFERENCE:

(Check one box, if applicable.)

State (Complete Part 2.)

PRIMARY / GENERAL

City County Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On, ____/____/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

10/18/2023
(month, day, year)

Signature
