Recipient Committee COVER PAGE Date Stamp **Campaign Statement** CALIFORNIA RECEIVED **FORM** Cover Page JAN 31 2022 Page: Statement covers period Date of election if applicable: (Month, Day, Year) from 7/1/21 For Official Use Only AMADOR COUNTY ELECTIONS through 12/31/21 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report Recall Controlled Termination Statement (Aiso Complete Part 5) Sponsored (Also file a Form 410 Termination) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1440359 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Committe to Elect Gary Redman for Sheriff 2022 Kris Redman MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE Pine Grove CA 95665 STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Pine Grove CA 95665 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS Same STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE OPTIONAL - FAV / E MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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 dant Treasurer Executed on Signature of Controlling Officeholder, Candidate, Stale Neasure Proponent or Responsible Officer of Sponsor Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent

. Officeholder or Candidate Controlled Com	nittee		6.	Primarily Formed Ballot	Measure Co	mmittee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Gary Redman								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPI	ICABLE)		BALLOT NO. OR LETTER	JURISDICTION		To	SUPPORT
Amador County Sheriff - Coroner								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STA	TE ZIP						
	Jackson CA	95642		Identify the controlling officer	nolder, candidat	e, or state me	easure propo	nent, if any.
				NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	PONENT		
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your car	or are primarily formed	ommittees to receive		OFFICE SOUGHT OR HELD		DI	ISTRICT NO. IF	FANY
COMMITTEE NAME	I.D. NUMBER							
and the state of t	I.D. NOMBER							
			7	Delmonik Formed Condi	-1-1-1077			
NAME OF TREASURER	CONTROLLED COM	MITTEE?	I.	Primarily Formed Candi officeholder(s) or candidate(s) f	or which this co	older Comi mmittee is prin	mittee List marily formed.	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES [NO		NAME OF OFFICEHOLDER OR C	ANDIDATE LO	ETIOE AGUA	IT OF UE 6	Ţ
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)			NAME OF OFFICEHOLDER OR C	ANDIDATE C	FFICE SOUGH	H F OR HELD	SUPPORT
CITY STATE ZIP	CODE AREA O	ODERVIONE						OPPOSE
SIME ZIP	CODE AREA	ODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE C	FFICE SOUGH	TOR HELD	SUPPORT
COMMITTEE NAME	7				- 1			OPPOSE
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								SUPPORT
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	YES D	NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	FFICE SOUGH	11 OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	BOX)							OPPOSE
The state of the s								
CITY STATE ZIP	CODE AREAC	ODE/PHONE		Attac	h continuation s	sheets if nece	essary	
							•	

Campaign Disclosure Statement **Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA from 7/1/21 FORM I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Gary Redman 1440359 Column A Column B Contributions Received Calendar Year Summary for Candidates TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and General Elections 25,404,36 1/1 through 6/30 7/1 to Date 2. Loans Received...... Schedule B, Line 3 2,000.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ 27,404.36 Received 15,120.00 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 42,524.36 Made Expenditures Made **Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 12,130.39 Candidates 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 12,130.39 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 12,130.39 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 13. Cash Receipts Column A, Line 3 above 27,404,36 add amounts in Column A to the corresponding 14. Miscellaneous Increases to Cash Schedule I, Line 4 *Amounts in this section may be different from amounts amounts from Column B reported in Column B. 12,130,39 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 15,273.97 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ == filed for this calendar year, only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any). 18. Cash Equivalents See instructions on reverse 2,000.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

SEE INSTRUCTI	ONS ON REVERSE	Amoui to	nts may be rounded o whole dollars.	Statement cov from <u>7/1/21</u> through <u>12/31/21</u>		CALIFORNIA 460 FORM Page 4 of 5		
Gary Redma						1.D. N 14403	UMBER 359	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PERELECTION TO DATE (IF REQUIRED)	
11/6/21	Jackson, CA 95642	OIND COM OTH PTY SCC	District Attorney - Amador County	135.00	135.00			
9/4/21	Martin A Ryan Sutter Creek, CA 95685	ZIND COM OTH PTY SCC	Retired	1500.00	1500.00			
9/1/21	McGinness Communications Solutions, Inc Folsom, CA 95630	IND COM OTH PTY SCC		500.00	500.00			
9/20/21	Joyce Mattox Orange, CA 92866	ZIND COM OTH PTY SCC	None	200.00	200.00			
9/20/21	Armstrong Family Trust Villa Park, CA 92861	ZIND COM OTH PTY SCC	Retired	100.00	100.00			
			SUBTOTALS	2,435.00				

Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)

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

 *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

FPPC Form 460 (Jan/2016))

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole	dollars.	Statement coverage from 7/1/21	vers period	CALIFORNIA 460		
NAME OF FILER				through 12/31/21			45 of 15	
Gary Redm	an					14403		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
9/20/21	Thomas Walker Gilmer Yorba LInda, CA 92886	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00			
9/20/21	The Michael Gregory Amsbry Lvg Trust Reno, NV 89509	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00			
9/23/21	Stanley Lukowicz Jackson, CA 95642	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	2000.00	2000.00			
10/21/21	MP Associates, Inc Ione, CA 95640	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		800.00	800.00			
10/25/21	Jeremy Martin Ione, CA 95640	☑IND □COM □OTH □PTY □SCC	Deputy - Amador County	400.00	400.00			
			SUBTOTAL S	\$ 3400.00	V 11 11 11 11 11 11 11 11 11 11 11 11 11			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

Schedule A (Continuation Sheet) Amounts may be rounded SCHEDULE A (CONT.) **Monetary Contributions Received** to whole dollars. Statement covers period CALIFORNIA from 7/1/21 FORM through_12/31/21 NAME OF FILER I.D. NUMBER Gary Redman 1440359 FULL NAME, STREET ADDRESS AND ZIP CODE OF CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER AMOUNT PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER CONTRIBUTOR RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED CODE (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD (JAN. 1 - DEC. 31) (IFREQUIRED) IND 10/16/21 Novelli's Maintenance 120.00 120.00 COM VI OTH Pioneer, CA 95666 □ PTY SCC V IND 10/14/21 Private Investigator -160.00 COM John D Ambrose Ambrose Investigations 160.00 OTH PTY Jackson, CA 95642 SCC ✓ IND 10/24/21 Ron Rocket Realtor - Re-Max 2500.00 2500.00 □ COM OTH Pine Grove, CA 95665 PTY SCC **IND** 11/6/21 Paul Mulinelli, Jr 120.00 120.00 СОМ OTH Jackson, CA 95642 PTY SCC

Retired

2800.00

SUBTOTAL \$ 5700.00

4800.00

VIND

☐ COM

☐ PTY ☐ SCC

*Contributor Codes

IND - Individual

11/6/21

COM - Recipient Committee (other than PTY or SCC)

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

Stanley Lukowicz

Jackson, CA 95642

PTY - Political Party

Schedule A (Continuation Sheet) Amounts may be rounded SCHEDULE A (COLL) **Monetary Contributions Received** to whole dollars. Statement covers period CALIFORNIA from_7/1/21 **FORM** through 12/31/21 NAME OF FILER I.D. NUMBER Gary Redman 1440359 FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER CONTRIBUTOR RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED CODE (IF SELF-EMPLOYED, ENTER NAME) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) 11/6/21 Mother Lode Real Investors 160.00 160.00 COM **✓** OTH Jackson, CA 95642 PTY SCC **Z** IND 11/6/21 Mike Roots Retired 500.00 500.00 COM □отн Ione, CA 95640 PTY SCC **IND** 11/6/21 Heath Immer Retired 425.00 425.00 □ сом □ OTH Pine Grove, CA 95665 PTY SCC IND 11/6/21 Kim Konieczka Office Manager - Blue Oak 450.00 450.00 □ COM Vet Hospital OTH Pioneer, CA 95666 PTY SCC □ IND

SUBTOTAL \$ 1,535,00

COM OTH PTY

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

	An	Amounts may be rounded					SCHEDULE B - PARI		
Schedule B – Part 1 Loans Received		to whole dollars			Statement cove	ers period	CALIFORN	^{IIA} 460	
					from <u>7/1/21</u>		10050000		
SEE INSTRUCTIONS ON REVERSE					through 12/31/2	L	Page S	of 15	
NAME OF FILER							I.D. NUMBER		
Gary Redman							1440359		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(6) AMOUNT PAID OR FORGIVEN THIS PERIOD	I BALANCE AT	(0) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE	
Gary Redman Pine Grove, CA 95665	Sheriff-Coroner Amador County			PAID \$	\$ <u>2,000.00</u>	% RATE	\$_2,000.00	\$ 2,000.00	
TIME GROVE, CAT 95005		\$ <u></u>	\$_2,000.00	FORGIVEN	DATE DUE	\$	DATE INCURRED	s 2,000.00	
				\$ FORGIVEN	\$	% RATE	\$	\$ PER ELECTION*	
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				\$	\$		\$	\$PER ELECTION	
IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
	8	SUBTOTALS \$	2,000.00	\$	\$ 2,000.00	\$			
Schedule B Summary 1. Loans received this period				\$ 2,0	00.00	(Enter(e) on Scheo	lule E, Line 3)		
 (Total Column (b) plus unitemized loan Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha Net change this period. (Subtract Line 	0 paid or forgiven.) t are also itemized on Sche 2 from Line 1.)	dule A.)		2.0	00.00	0	TH - Other (e.g., l	ommittee PTY or SCC) business entity)	
Enter the net here and on the Summar	y Page, Column A, Line 2.			(M)	ay be a negative number)		TY – Political Part CC – Small Contri		

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

** If required.

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Schedule C Nonmonetary Contributions Received

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$ ___

NAME OF FILER

Gary Redman

DATE

RECEIVED

11/6/21

11/6/21

11/6/21

11/6/21

Amounts may be rounded

SCHEDULE C to whole dollars. Statement covers period CALIFORNIA from 7/1/21 FORM Page. 9 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER 1440359 IF AN INDIVIDUAL, ENTER CUMULATIVE TO FULL NAME, STREET ADDRESS AND AMOUNT/ PER ELECTION CONTRIBUTOR OCCUPATION AND EMPLOYER **DESCRIPTION OF** DATE ZIP CODE OF CONTRIBUTOR FAIR MARKET TO DATE CODE* (IF SELF-EMPLOYED, ENTER GOODS OR SERVICES CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE (If REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) ✓ IND Glenn Wharregard Retired Front Sight 9,920.00 9.920.00 COM Firearms lifetime OTH Mountain Ranch, CA 95246 membership/traini PTY ng course SCC IND Danica Duke - Realtor Yeti filled gift bag 400.00 400.00 COM Keller Williams Realty **✓**IOTH □ PTY Folsom, CA 95630 SCC **IND** Heath Immer Retired Handmade Black 00.008 800.00 COM Walnut bench OTH Pine Grove, CA 95665 □ PTY SCC **✓** IND Gary Redman Sheriff -Big John Skinner 175.00 175.00 ПСОМ Amador County Knife OTH Pine Grove, CA 95665 □ PTY SCC Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$** 11,295,00 Schedule C Summary *Contributor Codes 1. Amount received this period – itemized nonmonetary contributions. IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH -- Other (e.g., business entity) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ PTY - Political Party

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Schedule C Nonmonetary Contributions Received
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Amounts may be rounded to whole dollars.

Statement covers period from 7/1/21 CALIFORNIA 460

through 12/31/21 Page of 5

I.D. NUMBER 1440359

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Gary Redman

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/6/21	Dave Cerrie Orangevale, CA 95652	IND COM OTH PTY SCC	Contractor - Dave Cerrie Construction	12x9 Edge Grain Walnut Cutting Board	200.00	200.00	
11/6/21	Leitia Sexton Jackson, CA 95642	☑IND □COM □OTH □PTY □SCC	Retired	Duck Decoy/Scrimshaw Powder Horn/2 Paintings	750.00	750.00	
11/6/21	Tim Booker Jackson, CA 95642	IND COM OTH PTY SCC	Security - Jackson Rancheria Casino Resort	Handmade Knife	125.00	125.00	
11/6/21	Teresa Ryan Sutter Creek, CA 95685	✓ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	Traveling Whiskey Bar/Signed "Rat "Pack" picture	225.00	225.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,300.00

Schedule C Summary

 Amount received this 	period – itemized nonmonetary contributions.
	C subtotals.)

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

*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

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Schedule C Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.				Statement covers p	period	CALIFORNIA 460					
SEE INSTRUC NAME OF FILE Gary Redm	HTMD				thro	ough <u>12/31/21</u>		Page					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALENDA	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)				
11/6/21	Tod/Riebe Jackson, CA 95642	☑IND □COM □OTH □PTY □SCC	District Attorney - Amador County	Six wine bottle variety	Six wine bottle variety						180.00		
11/6/21	Di Stasio Vinyard Plymouth, CA 95669	IND COM OTH PTY		Three case wir variety	ne	700.00	700.00						
11/6/21	Joe Dirickx Jackson, CA 95642	☑IND □COM □OTH □PTY □SCC	Retired	.38 Special Handgun/Cond Carry Course/s basket		375.00	375.00						
11/6/21	Gary Redman Pine Grove, CA 95665	☑IND □COM □OTH □PTY □SCC	Sheriff - Amador County	.9 mrn Handgun/Rifle Scope	>	00.008	975.00						
	ditional information on appropriately labeled	continuation	sheets.	SUBTO	DTAL !	\$ 2,055.00							
1. Amount	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)	y contribution	IS.		\$_		IND						

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

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$

3. Total nonmonetary contributions received this period.

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

PTY - Political Party

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

Scheau		to whole dollars.						SCHEDULE C		
Nonmo	netary Contributions Received		to whole dollars.			Statement covers	period	CALIFORNIA 460		
					fror	m .7/1/21		FO	RM	
SEE INSTRUC	CTIONS ON REVERSE				thre	ough 12/31/21		Page _/	2 of 15	
								I.D. NUM	BER	
Gary Redn	nan							144035	59	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
11/6/21	Adam Stone Jackson, CA 95642	☑ IND □ COM □ OTH □ PTY □ SCC	Correctional Officer - Amador County	Raffle basket i	terns	300.00	300.00			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						1100		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	DTAL S	\$ 300.00				
1. Amount (Include	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)						CON	(other th		
3. Total nor	received this period – unitemized nonmoned nmonetary contributions received this period es 1 and 2. Enter here and on the Summany	i.					PTY	- Political		

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA 460 7/1/21

	rom	2 10
SEE INSTRUCTIONS ON REVERSE	through 131134	Page _ 3 of _ 5
NAME OF FILER		I.D. NUMBER
Gary Redman		1440359
CODES. If the of the falls is a little of the state of th		

COL	PES: 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
	campaign consultants	MTG	meetings and appearances		returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
		PET	petition circulating	TEL	t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research		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)
					2, (,

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Amazon Online purchase	OFC/C MP	Correspondence/Sign stakes	151.72
Facebook Online Web Design/Advertising	WEB	Online Web Design/Advertising	129.76
Hospice of Amador Jackson, CA 95642	MTG	Annual Fundraiser Dinner	250.00

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

SUBTOTAL \$ 531.48

Schedule E Summary

1.	Itemized payments made this period. (Include all Schedule E subtotals.)	\$/_	1,792.27
2.	Unitemized payments made this period of under \$100	\$	338/2
	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u> </u>
4.	Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	s /c	2,130.39

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDU	JLE E	CONT

Statement covers period from through	CALIFORNIA 460		
	Page 14 of 15		
	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 paraphernalla/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 independent expenditure supporting/opposing others (explain)* IND 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 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
Italian Benevolent Society Sutter Creek, CA 95685	FND	Hall Rent/Food	2,578.62
Merzlak Signs Jackson, CA 95642	СМР	Signs/Stickers/Banner	3,386.04
Ledger Dispatch Jackson, CA 95642	PRT	Ad	320,00
Michael Allrita Sutter Creek, CA 95685	FND	Golf Team Help with Dinner Service	500.00
NEP Website Design	WEB	Website Design/Maintenance	2,650.00

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

SUBTOTAL \$ 9,434.66

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars. SCHEDULE E (CONT.)

Statement covers period 7/1/21 from	CALIFORNIA 460
through 12/31/21	Page 15 of 15
	I.D. NUMBER
	1440359

Gary Redman 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 TRS staff/spouse travel, lodging, and meals POL polling and survey research 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 CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Reginald Gold Ione, CA 95640	СМР	T-Shirts	1,282.22
The Event Helper	FND	Hall Rental Insurance - kickoff dinner	125.93
Upcountry Rotary Pioneer, CA 95666	MTG	Crab Feed Fundraiser	220.00
Vispro Net	СМР	Flags	197.98

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

SUBTOTAL \$ 1,826.13