

**Recipient Committee
Campaign Statement
Cover Page**

01/24/24
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COVER PAGE

| | |
|------------------------------------------------------------------------------------------|--------------------------------------|
| Date Stamp RECEIVED LOS ANGELES 2024 JAN 25 PM 3:39 CAMPAIGN FINANCE | CALIFORNIA FORM 460 |
| | Page 1 of 3 For Official Use Only |

| | |
|-------------------------------------------------------------------------|-----------------------------------------------------------------|
| Statement covers period from 07/01/2023 through 12/31/2023 | Date of Election if applicable (Month, Day, Year) |
|-------------------------------------------------------------------------|-----------------------------------------------------------------|

1. Type of Recipient Committee

- | | |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input 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 |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement

- | | |
|-----------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-Annual Statement | <input type="checkbox"/> Special Odd-Year Statement |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment | |

3. Committee Information

I.D. Number 1421654

COMMITTEE NAME
Democrats for the Protection of Animals

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Encino CA 91436 323/655-4065

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Jane Leiderman

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Encino CA 91436 323/655-4065

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing complete. I certify under penalty of perjury unde

nation contained herein is true and

Executed on 1/15/24 By

Executed on By

Executed on By

Executed on By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Statement covers period
from 07/01/2023
through 12/31/2023

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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 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 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 OR 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 |

**Campaign Disclosure Statement
Summary Page**

| | |
|--------------------------------------------------------------------------------|-----------------------------------------------|
| Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u> | CALIFORNIA FORM 460 Page 3 of 3 |
|--------------------------------------------------------------------------------|-----------------------------------------------|

NAME OF FILER Democrats for the Protection of Animlas

I.D. NUMBER
1421654

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|-------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| Contributions Received | | |
| 1. Monetary Contributions Schedule A, Line 3 | \$ 0.00 | \$ 625.00 |
| 2. Loans Received Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 | \$ 0.00 | \$ 625.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 | \$ 0.00 | \$ 625.00 |

**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 | \$ _____ | \$ _____ |

| | Column A | Column B |
|-------------------------------------------------------------|----------|----------|
| Expenditures Made | | |
| 6. Payments Made Schedule E, Line 4 | \$ 0.00 | \$ 0.00 |
| 7. Loans Made Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 | \$ 0.00 | \$ 0.00 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8+9+10 | \$ 0.00 | \$ 0.00 |

**Expenditure Limit Summary
for State Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

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

| Current Cash Statement | |
|-----------------------------------------------------------------------|-------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 2,194.66 |
| 13. Cash Receipts Column A, Line 3 above | 0.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0.00 |
| 15. Cash Payments Column A, Line 8 above | 0.00 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 2,194.66 |
| 17. LOAN GUARANTEES RECEIVED. Schedule B, Part 2 | \$ 0.00 |

| Cash Equivalents and Outstanding Debts | |
|--------------------------------------------------------------------|---------|
| 18. Cash Equivalents | \$ 0.00 |
| 19. Outstanding Debts. Add Lines 2 + Line 9 in Column B above | \$ 0.00 |