CITY CLERK

## LOS ANGELES COUNTY

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

www.fppc.ca.gov

2024 FEB -8 PM 2: 23 2024 JAN 25 PH 4: 48 COVER PAGE CAMPAIGH FINANCE **Recipient Committee** CALIFORNIA Campaign Statement FORM Cover Page Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only from 1-1-2023 03-05-2024 through 12-31-2023 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☑ Office holder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement
Special Odd-Year Report Semi-annual Statement O State Candidate Election Committee Recall Committee O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) Amendment (Explain below) (Aiso Complete Part 6) General Purpose Committee
O Sponsored Primarily Formed Candidate/ Small Contributor Committee
Political Party/Central Committee Officeholder Committee (Alto Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Harry Leon For GCC Board of Trustees 2024 Tamar Zarougian MAILINGADDRESS STREET ADDRESS (NO P.O. BOX) AREA CODE/PHONE CITY ZIP CODE Los Angeles 90065 818-588-7680 AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY La Crescent 91214 818-464-5870 ca MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILINGADDRESS AREA CODE/PHONE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and t ned schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the fore Executed on 1-23-2024 Executed on 1-23-2024 By. Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016))

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA 460

Page \_\_\_\_\_ of \_\_\_\_

Officeholder or Candidate Controlled	Committee	6.	i.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			i	NAME OF BALLOT MEASURE		-		
Harry Leon								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	D DISTRICT NUMBER IF APPLICABLE)			BALLOT NO. OR LETTER	JURISDICTI	ON	Tr	SUPPORT
Glendale community College Area #1								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	EET) CITY STATE ZIE	<u> </u>						
La Crescent	Ca 912	14		identify the controlling office	holder, candl	date, or state	measure prop	onent, If any.
		_		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR F	ROPONENT		
Related Committees Not Included in the	is Statement: List any committee	ne .						
not included in this statement that are controlled by	y you or are primarily formed to receive			OFFICE SOUGHT OR HELD			DISTRICT NO	IF ANY
contributions or make expenditures on behalf of y	our candidacy.							
COMMITTEE NAME	I.D. NUMBER	_						
		_ 7	۲.	Primarily Formed Cand	idate/Offic	eholder Co	mmittee L	st names of
NAME OF TREASURER	CONTROLLED COMMITTEE?			officeholder(s) or candidate(s)	for which this	committee is p	orimarily forme	ed.
COMMITTEE ADDRESS STREET ADDRESS (	YES NO		;	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (	NO P.O. BOX)							☐ SUPPORT
CITY STATE	ZIP CODE AREA CODE/PHO	WE.						☐ OPPOSE
CITY	ZIF CODE AREA CODEFFIC	INE	1	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
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COMMITTEE NAME	I.D. NUMBER		;	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
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COMMITTEE ADDRESS STREET ADDRESS (		_				1		OPPOSE
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CITY STATE	ZIP CODE AREA CODE/PHO	NE		Atta	h continuati	on sheets if ne	00000001/	
		·		, , , , , ,			, occounty	

SUMMARY PAGE Amounts may be rounded **Campaign Disclosure Statement** to whole dollars. Statement covers period CALIFORNIA Summary Page **FORM** from 1-1-2023 12-31-2023 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Harr Leon Column B Calendar Year Summary for Candidates Column A Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** 1. Monetary Contributions..... 1/1 through 6/30 7/1 to Date Loans Received...... Schedule B. Line 3 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1+2 \$ Received 4. Nonmonetary Contributions..... 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED..... ...Add Lines 3 + 4 \$ \_ **Expenditures Made Expenditure Limit Summary for State** Candidates 6. Payments Made..... Schedule E, Line 4 \$ 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ..... (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ..... .Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment...... ...... Schedule C. Line 3 3787.25 3787.25 11. TOTAL EXPENDITURES MADE ...... **Current Cash Statement** To calculate Column B, add amounts in Column A to the corresponding \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 3787,25 amounts in Column A may be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 \$ 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 filed for this calendar year, 17. LOAN GUARANTEES RECEIVED ...... ..... Schedule B, Part 2 \$ ...

**Cash Equivalents and Outstanding Debts** 

18. Cash Equivalents See instructions on reverse \$
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

only carry over the amounts from Lines 2, 7, and 9 (if

any).

chedule / lonetary (	Contributions Received	to:	is may be rounded whole dollars.	Statement co	vers period		ORNIA 460
EE INSTRUCTION	NS ON REVERSE			through12-31-20	)23	Page _	of
AME OF FILER Harry Leon				<u></u>		I.D. NUN	ABER
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 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					,
		IND COM OTH PTY SCC					
·			SUBTOTAL	5	\$300 × X	311	
. Amount rec (Include all	A Summary  elived this period – itemized monetary contributions Schedule A subtotals.)  elived this period – unitemized monetary contribution				OT PT	(other to H Other (e Y Political	ai ent Committee han PTY or SCC) e.g., business entity)

	Am	ounts may be ro	unded				SCHE	DULE B - PART 1
Schedule B – Part 1		to whole dollar			Statement cov	ers period	CALIFORN	11A 160
Loans Received		•			from <u>1-1-2023</u>		FORM	400
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OFF INOTHUSTIONS ON DEVENCE					through12-31-	2023	Page	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	
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Harry Leon	*						1	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b) AMOUNT	(c) AMOUNT PAI	D OUTSTANDING	(0) INTEREST	ORIĞINAL	(g) CUMULATIVE
OF LENDER	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	RECEIVED THIS	OR FORGIVE	N BALANCE AT	PAID THIS	AMOUNT OF	CONTRIBUTIONS
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIO	PERIOD	PERIOD	LOAN	TO DATE
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I IND COM OTH PTY SCC	<u> </u>		<u> </u>	L		<u> </u>	2,42 20, 24/01/2/2000	
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Schedule B Summary	<del>-</del>		•				•	
Loans received this period		•••••		\$				
(Total Column (b) plus unitemized loa 2. Loans paid or forgiven this period	ins of less than \$100.)					( to	Contributor Codes	
2. Loans paid or forgiven this period	100 - 11 - 15 - 15 - 1		••••••	\$			ID - Individual	
(Total Column (c) plus loans under \$		ll - A >				C	OM - Recipient C	
(Include loans paid by a third party the				NET A		_	other than ) ,.TH Other (e.g.,	PTY or SCC)
3. Net change this period. (Subtract L			• • • • • • • • • • • • • • • • • • • •	NE1 \$	<del> </del>		TY – Other (e.g., TY – Political Pari	
Enter the net here and on the Summ	ary rage, Column A, Line 2.						CC - Small Contri	
				(1	May be a negative number)	_	<del></del>	

and the second of the second o

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

\*\* if required.

Contract of the same

Schedule Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole o		Statement cov	ers period	CALIFORNIA 460		
				through12-31-2	2023	Page_	of	
NAME OF FILER Harry Leo						I.D. NU	JMBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		IND COM OTH PTY SCC			a			
		IND COM OTH PTY SCC						
-		IND COM OTH PTY SCC						
		IND COM OTH PTY SCC						
		IND COM OTH PTY SCC		-				

SUBTOTAL \$

Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Cther (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statement covers period from1-1-2023	CALIFOR	
SEE INSTRUCTIONS ON REVERSE	٠.,٠			through 12-31-2023	Page	of
NAME OF FILER Harry Leon					I.D. NUMBER	3
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	IND COM	, , ,	LENDER		CALENDAR YEAR	
en de la companya de La companya de la co	OTH PTY SCC		DATE	1	PER ELECTION (IF REQUIRED)	
	IND		LENDER		CALENDAR YEAR	
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•		. , .	SUI	BTOTAL \$	Summary Page,	

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Schedul Nonmon	e C letary Contributions Received		Amounts may be rounded to whole dollars.	Statement covers period			CALIFORNIA 460		
SEE INSTRUCT	IONS ON REVERSE				thre	ough <u>12-31-2023</u>		Page	of
NAME OF FILE	R Harry Leon							I.D. NUM	BER
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 SER		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN:1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC							
		IND COM OTH PTY SCC							
		IND COM OTH PTY SCC							
		IND COM OTH PTY SCC							
Attach add	litional Information on appropriately labeled	continuation	sheets.	SUBT	OTAL :	B			
Amount (Include     Amount     Total nor	e C Summary received this period — itemized nonmonetal all Schedule C subtotals.) received this period — unitemized nonmone nmonetary contributions received this period es 1 and 2. Enter here and on the Summar	tary contribut	tions of less than \$100		\$ _		OTH	(other the - Other (e - Political	nt Committee ean PTY or SCC) .g., business entity)

Schedule D SCHEDULE D **Summary of Expenditures** Amounts may be rounded to whole dollars. Statement covers period CALIFORNIA 46 **Supporting/Opposing Other** from \_1-1-2023 Candidates, Measures and Committees through 12-31-2023 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Harry Leon NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DESCRIPTION AMOUNT THIS DATE MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT CALENDAR YEAR TO DATE PERIOD (IF REQUIRED) OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) Monetary Contribution Nonmonetary Contribution Independent Oppose Expenditure Monetary Contribution Nonmonetary Contribution Independent Support Oppose Expenditure Monetary Contribution Nonmonetary Contribution independent Expenditure Support Oppose SUBTOTAL \$ Schedule D Summary

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. Summary of Expenditures Statement covers period CALIFORNIA Supporting/Opposing Other Candidates, Measures and Committees FORM from \_ 1-1-2023 through 12-31-2023 NAME OF FILER I.D. NUMBER Harry Leon NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DESCRIPTION AMOUNT THIS MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT CALENDAR YEAR DATE TO DATE (IF REQUIRED) PERIOD OR COMMITTEE (JAN, 1 - DEC. 31) (IF REQUIRED) Monetary Contribution Nonmonetary Contribution Independent Support Oppose Expenditure Monetary Contribution Nonmonetary

Contribution Independent Support Oppose Expenditure Monetary Contribution Nonmonetary Contribution Independent Support Oppose Expenditure Monetary Contribution Nonmonetary Contribution Independent Support Oppose Expenditure SUBTOTAL \$

Schedule E Payments Made	Amounts may be to whole d			Statement covers period from _1-1-2023		ORNIA 460
SEE INSTRUCTIONS ON REVERSE				through <u>12-31-2023</u>	Page _	
NAME OF FILER Harry Leon					I.D. NUN	MBER
CODES: If one of the following codes accurately de CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundralsing events IND independent expenditure supporting/opposing others (explain legg agail defense campaign literature and mailings	MBR member com MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and so	nmunications d appearance ses lating urvey researc very and mes	s '	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and STSF transfer between committee: VOT voter registration WEB information technology costs	fuction costs and meals and meals s of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
City of Glendale 91206	Glendale, Ca	FIL	Candidate State	ement		\$900.00
City of Glendale 91206	Glendale,Ca	FIL	Filing Fee			\$25.00
Global Print inc 91201	, Glendale ,Ca	LIT	Printing			\$650
* Payments that are contributions or independent expenditures must	t also be summarized on Scho	dule D.		SU	BTOTAL S	\$1,575.00
Schedule E Summary						
1. Itemized payments made this period. (Include all Sc	hedule E subtotals.)				\$	\$3787.25
2. Unitemized payments made this period of under \$10	00				\$_	
3. Total interest paid this period on loans. (Enter amou	nt from Schedule B, Par	t 1, Columi	n (e).)		\$	

	•			_		SCHEDULE E (CO
Schedule E Continuation Sheet)	Amounts may to whole			Statement covers	period	FORM 46
Payments Made	**			from <u>1-1-2023</u>		FORM
EE INSTRUCTIONS ON REVERSE				through 12-31-202		Page of
AME OF FILER						I.D. NUMBER
Harry Leon						
ODES: If one of the following codes accurat	tely describes the payment,	you may ente	er the code. Other	erwise, describe the	payment.	
MP campaign paraphernalia/misc.  As campaign consultants  contribution (explain nonmonetary)*  civic donations  L candidate filing/ballot fees  Indraising events  independent expenditure supporting/opposing others  iegal defense  campaign literature and mailings	(explain)* POS postage, d	and appearances enses culating	enger services accounting)	TRS staff/spouse tra	outlons ers' salaries dime and product el, lodging, and m evel, lodging, and en committees of en	ion costs neals I meals I the same candidate/spons
NAME AND ADDRESS OF PA (IF COMMITTEE, ALSO ENTER I.D. NI		-CODE O	R DE	SCRIPTION OF PAYMENT		AMOUNT PAID
Southland Mailing LLC		1				******
Altadena, Ca 91001	•	LIT .	Mailings			\$2212.25
Altadena, Ca 91001	·	L' .	Mailings			\$2212.25
Altadena, Ca 91001	· ·		Mailings			\$2212.25
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Altadena, Ca 91001		LI	Mailings			\$2212.25
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Altadena, Ca 91001		LII	Mailings			\$2212.25

\$UBTOTAL \$ 2212.25

FPPC Form 460 [Jan/2016])

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Accrued Expenses (Unpaid Bills)		Statement coverage from 1-1-2023	ers period	FORM 460	
SEE INSTRUCTIONS ON REVERSE	en e				Page of
NAME OF FILER Harry Leon					I.D. NUMBER
CODES: If one of the following codes accurately descr  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC cwic donations  FiL candidate filling/ballot fees  FIND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	ibes the payment, you may  MBR member communication  MTG meetings and appeara  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey rese  postage, delivery and in  PRO professional services (  print ads	ns nces parch nessenger services legal, accounting)	RAD radio airtime ai RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production cost butions kers' salaries time and product el, lodging, and mayel, lodging, and en committees of on	ion costs neals I meals the same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT P THIS PERI (ALSO REPORT	OD BALANCE AT CLOSE
		i			
	ann e				-
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$		B .	\$
Schedule F Summary  1. Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemize  2. Total accrued expenses paid this period. (Include all Saccrued expenses of \$100 or more, plus total unitemize  3. Net change this period. (Subtract Line 2 from Line 1. from the Summary Page, Column A, Line 9.)	ed accrued expenses under schedule F, Column (c) subtoted payments on accrued exp	\$100.) tals for payments on enses under \$100.).		PAID TOTA	LS \$

Out adult 5	Amounts may be round	led			SCHEDULE F (CON
Schedule F (Continuation Sheet)	to whole dollars.	icu	Statement cove	ers period CA	LIFORNIA 460
Accrued Expenses (Unpaid Bills)			from _1-1-2023_		FORM TOU
	•	•	through	023 Pag	je of
NAME OF FILER				I.D.	NUMBER
Harry Leon					
CODES: If one of the following codes accurately describe	es the payment, you may	enter the code. Oth	erwise, describe th	e payment.	
CMP campaign paraphernalla/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events iND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings  * Payments that are contributions or independent expenditures must	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rest POS postage, delivery and in PRO professional services ( PRT print ads	earch messenger services legal, accounting)	RFD returned contri SAL campaign wor TEL t.v. or cable all TRC candidate trav TRS staff/spouse tr TSF transfer betwe VOT voter registrati	kers' salaries time and production c el, lodging, and meals avel, lodging, and mea en committees of the	als same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b)  AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	· · · · · · · · · · · · · · · · · · ·		. ,		

SUBTOTALS \$

\$

FPPC Form 460 (Jan/2016))
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www.fppc.ca.gov

\$

Schedule G							SCHEDULE G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		nts may be ro whole dollar			tatement covers period	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE				thro	ugh 12-31-2023	Page	of
NAME OF FILER Harry Leon						I.D. NUMBI	ER
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member or meetings a office expeptition cin PHO phone ban polling and postage, d profession PRT member or member or member of member	ommunications and appearance in ses culating ks Is survey reseaselivery and me as services (leg	s ces	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, at staff/spouse travel, lodging, at transfer between committees voter registration information technology costs	costs uction costs d meals and meals s of the same c	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR .	DESCRIPTION	OF PAYMENT		AMOUNT PAID
Attach additional information on appropriately labeled continual	tion sheets.	<del></del>		<del></del>		TOTAL* \$	,

<sup>\*</sup>Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

•								SCHEDULE H	
Schedule H Loans Made to Others*			ay be rounded le dollars.		Statement cove	rs period	california 460		
SEE INSTRUCTIONS ON REVERSE				•	through12-31-20	23	Page	of	
NAME OF FILER Harry Leon							I.D. NUMBER		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	(c) REPAYMENT FORGIVENES THIS PERIO	SS CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE	
				PAID				CALENDAR YEAR	
The second secon	, , , , , ,	t. et	. ,	FORGIVEN	- \$	RATE	\$	PER ELECTION**	
· · · · · · · · · · · · · · · · · · ·		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID				CALENDAR YEAR	
		,		\$FORGIVEN	-   \$	RATE	\$	\$PER ELECTION**	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	en must also he	SUBTOTALS	\$	\$	\$	\$			
						(Enter (e) on Schedule I, Line 3)			
Schedule H Summary  1. Loans made this period					\$				
(Total Column (b) plus unitemized loan 2. Payments received on loans	s of less than \$100.)				\$	<u> </u>		**If Required	
(Total Column (c) plus unitemized payr 3. Net change this period. (Subtract Line	nents of less than \$100.) 2 from Line 1.)				NET \$				
(Enter the net here and on the Summa	ry Page, Column A, Line 7.)			٠.		be a negative number)		•	
	, ·								

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Schedule I Miscellaneous Increases to Cash		Amounts may be to whole do		Statement covers period from1-1-2023	CALIFORNIA 460
SEE INSTRUCTIO	NS ON REVERSE			through 12-31-2023	Page of
NAME OF FILER					I.D. NUMBER
	Harry Leon				
, DATE. RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
			٠.		
Attach additional information on appropriately labeled continuation sheets.  SUBTOTAL					L\$
	Summary		<del></del>	<del></del>	
	creases to cash this period				_
2. Unitemized	increases to cash of under \$100 this period		<del></del>	\$ <sub>`</sub>	_
3. Total of all	interest received this period on loans made to others. (	Schedule H, Columi	n (e).)	\$	
	ollaneous increases to cash this period. (Add Lines 1, 2 Page, Line 14.)				FPPC Form 460 (Jan/2016))
				FPPC Advice: ad	vice@fppc.ca.gov (866/275-3772)

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