

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

RECEIVED BY
LOS ANGELES COU
FE: 3/15/23
2023 MAR 16 AM 11:44
CAMPAIGN FINANCE

CALIFORNIA
FORM **460**

Page 1 of 6

For Official Use Only
G11326

Statement covers period
from 07/01/2022
through 09/24/2022

Date of Election if applicable

(Month, Day, Year)

1. Type of Recipient Committee

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1421654

COMMITTEE NAME

Democrats for the Protection of Animals

STREET ADDRESS (NO PO BOX)

CITY
Encino

STATE ZIP CODE AREA CODE/PHONE
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 and review complete. I certify under penalty of perjury under the law:

my knowledge the information contained herein is true and egoing is true and correct.

Executed on 5/15/23 By _____

R OR ASSISTANT TREASURER

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Statement covers period
from 07/01/2022
through 09/24/2022

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 07/01/2022 through 09/24/2022 CALIFORNIA FORM 460 Page 3 of 6

NAME OF FILER Democrats for the Protection of Animlas

I.D. NUMBER 1421654

Table with 3 columns: Description, Column A (Total This Period), Column B (Calendar Year Total to Date). Rows include Contributions Received (Monetary, Loans, Subtotal, Nonmonetary, Total) and Expenditures Made (Payments, Loans, Subtotal, Accrued Expenses, Nonmonetary Adjustment, Total).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections.

Summary table for candidates with columns for 1/1 through 6/30 and 7/1 to Date. Rows for Contributions Received and Expenditures Made.

Expenditures Made

Table with 3 columns: Description, Column A, Column B. Rows include Payments Made, Loans Made, Subtotal Cash Payments, Accrued Expenses, Nonmonetary Adjustment, Total Expenditures Made.

Expenditure Limit Summary for State Candidates

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

Table with 2 columns: Description, Amount. Rows for cumulative expenditures made.

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

Current Cash Statement

Table with 3 columns: Description, Column A, Column B. Rows include Beginning Cash Balance, Cash Receipts, Miscellaneous Increases to Cash, Cash Payments, Ending Cash Balance, Loan Guarantees Received.

Cash Equivalents and Outstanding Debts

Table with 3 columns: Description, Column A, Column B. Rows include Cash Equivalents, Outstanding Debts.

**Schedule A
Monetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page 4 of 6

NAME OF FILER Democrats for the Protection of Animlas

I.D. NUMBER
1421654

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)

SUBTOTAL \$ 0.00

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$	0.00
2. Amount received this period - unitemized	\$	50.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	TOTAL \$	50.00

**** Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page 5 of 6

NAME OF FILER Democrats for the Protection of Animlas

I.D. NUMBER
1421654

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/09/2022	Judie Mancuso State Assembly Person State District Office District 72	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		500.00	500.00	500.00 (G22)
		<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE				

SUBTOTAL \$ 500.00

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$ 500.00
2. Unitemized contributions and independent expenditures made this period of under \$100.	\$ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) . TOTAL \$	500.00

**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page 6 of 6
NAME OF FILER Democrats for the Protection of Animlas		I.D. NUMBER 1421654

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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
Judie Mancuso for State Assembly 2022 Sacramento, CA 95815 ID No: 1443966	CTB		500.00

SUBTOTAL \$ 500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 500.00
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 500.00