

**Recipient Committee
Campaign Statement
Cover Page**

8/11/21 GLS

COVER PAGE

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CALIFORNIA FORM 460
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CAMPAIGN FINANCE

Statement covers period
from 01/01/2021
through 06/30/2021
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 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 and reviewing this statement to ensure that the information contained herein is true and correct. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and correct.

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

Executed on 8/2/21 By _____
Executed on _____ By _____
Executed on _____ By _____
Executed on _____ By _____

TREASURER _____
PROXIMATE OR RESPONSIBLE OFFICER OF SPONSOR _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT _____

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

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Statement covers period
from 01/01/2021
through 06/30/2021

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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>01/01/2021</u> through <u>06/30/2021</u> | CALIFORNIA FORM 460 Page 3 of 4 |
|--|---|

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 | \$ 80.00 | \$ 80.00 |
| 2. Loans Received Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 | \$ 80.00 | \$ 80.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 80.00 | \$ 80.00 |

**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 | \$ _____ | \$ _____ |

| | | |
|---|---------|---------|
| 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 | \$ 1,920.00 |
| 13. Cash Receipts Column A, Line 3 above | 80.00 |
| 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 | \$ 2,000.00 |
| 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 |

**Schedule A
Monetary Contributions Received**

SCHEDULE A

| | |
|--|--------------------------------|
| Statement covers period from <u>01/01/2021</u> through <u>06/30/2021</u> | CALIFORNIA FORM 460 |
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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 | \$ | 80.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A Line 1) | TOTAL \$ | 80.00 |

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