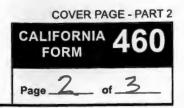
	Contract of the second	RECEIVED BY Page of
	from <u>Vanyary 1, 2023</u>	Date of election if applicable: (Month, Day, Year) 2023 JUL 27 PM 1:15
EE INSTRUCTIONS ON REVERSE	through <u>6-30-23</u>	CANPAIGN FINANCE
Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:
<ul> <li>Officeholder, Candidate Controlled Committee</li> <li>State Candidate Election Committee</li> <li>Recall (Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> <li>Political Party/Central Committee</li> </ul>	<ul> <li>Primarily Formed Ballot Measure Committee         Controlled         Sponsored         (Also Complete Part 6)</li> <li>Primarily Formed Candidate/ Officeholder Committee         (Also Complete Part 7)</li> </ul>	<ul> <li>Preelection Statement</li> <li>Semi-annual Statement</li> <li>Termination Statement</li> <li>(Also file a Form 410 Termination)</li> <li>Amendment (Explain below)</li> </ul>
Committee Information	I.D. NUMBER 910277	Treasurer(s)
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITT Friends of William Zuke		NAME OF TREASURER William D. Zuke Mailing Address
	IP CODE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHON MONTROSE, CA 21021-0574 NAME OF ASSISTANT TREASURER, IF ANY
LOSA Ageles, CA90042, MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C.	323-257-7458 D. BOX	MAILING ADDRESS
Montrose, CA 91021-05	IP CODE AREA CODE/PHONE	ĊITÝ STATE ZIP CODE AREA CODE/PHO
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS

Executed on July 25	2023					
Executed on duly 25	2023					
Executed on	Date	Ву	Signature of Controlling Officeho	der, Candidate, State Measure	Proponent	
Executed on	Date	Ву	Signature of Controlling Officeho	ider, Candidate, State Measure	Proponent	PPC Form 460 (Jan/2016)
					F	PPC Form 460 (Jan/2016)

## Recipient Committee Campaign Statement Cover Page — Part 2

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.



NAME OF OFFICEHOLDER OR CANDIDATE William De Zuke		NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JURISDICT		ON	SUPPORT	
RESIDENTIAL/BUSINESS ADDRESS (NO. A	AND STREET) CITY STATE ZIP	Identify the controlling offic	ceholder, candi	date, or state measure pr	pponent, if any.	
		NAME OF OFFICEHOLDER, C	CANDIDATE, OR P	PROPONENT		
not included in this statement that are con	ed in this Statement: List any committees trolled by you or are primarily formed to receive ball of your condidacy.	OFFICE SOUGHT OR HELD		DISTRICT N	D. IF ANY	
contributions or make expenditures on bei	nan or your candidacy.					
contributions or make expenditures on bei	I.D. NUMBER					
		7. Primarily Formed Car	ndidate/Offic	eholder Committee	List names of ned.	
COMMITTEE NAME	I.D. NUMBER	officeholder(s) or candidate(	(s) for which this	committee is primarily for	ned.	
COMMITTEE NAME	I.D. NUMBER CONTROLLED COMMITTEE?	7. Primarily Formed Car officeholder(s) or candidate(	(s) for which this	eholder Committee committee is primarily for OFFICE SOUGHT OR HEI	ned.	
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADD CITY	I.D. NUMBER CONTROLLED COMMITTEE? YES NO DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	officeholder(s) or candidate(	(s) for which this	committee is primarily for	D SUPPOR	
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADD	I.D. NUMBER CONTROLLED COMMITTEE?	officeholder(s) or candidate(	(s) for which this IR CANDIDATE	OFFICE SOUGHT OR HEI	D SUPPOR OPPOSE	

Campaign Disclosure Statement Summary Page	Amounts may be rounded to whole dollars.	Statement covers period from <u>Vary (, 2023</u> through <u>6-30-23</u>	CALIFORNIA FORM 460	
NAME OF FILER			1.D. NUMBER 910277	
Contributions Received         1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)     CALEND TOTAL 1       \$	Running in Both ti General Elections	nmary for Candidates he State Primary and through 6/30 7/1 to Date \$	
Expenditures Made         6. Payments Made       Schedule E, Line 4         7. Loans Made       Schedule H, Line 3         8. SUBTOTAL CASH PAYMENTS       Add Lines 6 + 7         9. Accrued Expenses (Unpaid Bills)       Schedule F, Line 3         10. Nonmonetary Adjustment       Schedule C, Line 3         11. TOTAL EXPENDITURES MADE       Add Lines 8 + 9 + 10		Candidates	Summary for State	
Current Cash Statement         12. Beginning Cash Balance       Previous Summary Page, Line 16         13. Cash Receipts       Column A, Line 3 above         14. Miscellaneous Increases to Cash       Schedule I, Line 4         15. Cash Payments       Column A, Line 8 above         16. ENDING CASH BALANCE       Add Lines 12 + 13 + 14, then subtract Line 15         If this is a termination statement, Line 16 must be zero.       Schedule B, Part 2         Cash Equivalents and Outstanding Debts       See instructions commons	\$     41.00       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       1     0       0     0       1     0	<ul> <li>A Column poonding</li> <li>Column B</li> <li>ort. Some turnn A may ures that racted from to amounts. If report being tendar year, the amounts</li> </ul>	\$may be different from amounts	
18. Cash Equivalents       See instructions on reverse         19. Outstanding Debts       Add Line 2 + Line 9 in Column B above	\$ \$	FPPC Advice: ad	FPPC Form 460 (Jan/201 vice@fppc.ca.gov (866/275-37	

www.fppc.ca.gov