

# Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period  
 from 1/24/24  
 through 6/30/24

Date of election if applicable:  
(Month, Day, Year) 2024

11/4/24

Date Stamp  
 RECEIVED BY  
 LOS ANGELES COUNTY  
 07/18/24  
 JUL 22 PM 2:15  
 CAMPAIGN FINANCE

CALIFORNIA FORM 450

Page 1 of 3

For Official Use Only

## 1. Type of Recipient Committee:

- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
- Primarily Formed Candidate/Officeholder Committee

## 2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Quarterly Statement
- Special Odd-year Report
- Amendment (Explain) \_\_\_\_\_  
(Also check type of statement you are amending)

## 3. Committee Information

I.D. NUMBER  
1465609

COMMITTEE NAME

Leadership for a new generation

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Whittier	CA	90605	5626523515

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Robert Bojorquez

MAILING ADDRESS

15236 Cullen St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Whittier	CA	90603	5626523515

NAME OF ASSISTANT TREASURER, IF ANY

MAILING 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 and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-16-24  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA FORM <b>450</b>
from	1/24/24	
through	6/30/24	Page <u>2</u> of <u>3</u>

NAME OF COMMITTEE	I.D. NUMBER
Leadership for a new generation	146509

**Expenditures Made**

1. Expenditures of \$100 or more made this period.....	\$ 0
2. Expenditures under \$100 made this period (Not itemized.).....	48.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ 48.00
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	0
5. Total expenditures made from previous statement..... <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ 0
6. TOTAL EXPENDITURES MADE TO DATE..... <i>Add Lines 3 + 4 + 5</i>	\$ 48.00

**Contributions Received**

7. Monetary contributions received this period.....	\$ 0
8. Non-monetary contributions received this period.....	0
9. Total contributions received from previous statement..... <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ 0
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... <i>Add Lines 7 + 8 + 9</i>	\$ 0

**Current Cash Statement**

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$ 100
12. Cash receipts this period..... <i>Line 7 above</i>	0
13. Miscellaneous increases to cash.....	\$ 0
14. Cash expenditures this period..... <i>Line 3 above</i>	48.00
15. ENDING CASH BALANCE THIS PERIOD..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ 52.00

**Recipient Committee  
Campaign Statement – Short Form**

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from 1-24-24  
through 6-30-24

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NAME OF COMMITTEE

Leadership for a new generation

I.D. NUMBER

165609

**5. Payments Made** (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
7/1/24	Bank of America 15742 Whittier Blvd Whittier CA	Monthly Statement Fees		48	<b>Calendar Year</b> 2024 \$ _____ <b>Other</b> \$ 48.00
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.		
					<b>Calendar Year</b> \$ _____ <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
					<b>Calendar Year</b> 2024 \$ _____ <b>Other</b> \$ 48.00
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
<b>SUBTOTAL</b>				\$ 48.00	

\* Required only for payments which are contributions or independent expenditures.