

**Recipient Committee  
Campaign Statement  
Cover Page**

1/25/23  
FE

COVER PAGE

Date Stamp: 2023 JAN 26  
LOS ANGELES  
CAMPAIGN FINANCE

CALIFORNIA FORM 460  
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For Official Use Only  
G 11326

Statement covers period  
from 07/01/2022  
through 12/31/2022

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 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 complete. I certify under penalty of perjury under the laws of the

edge the information contained herein is true and rue and correct.

Executed on 1/24/23 By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

\_\_\_\_\_  
TREASURER

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

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

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

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

Statement covers period  
 from 07/01/2022  
 through 12/31/2022

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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 \_\_\_\_\_

**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 \_\_\_\_\_

**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 ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS (NO P.O. BOX) _____	
CITY _____	STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

**7. Primarily Formed Candidate/Officeholder Committee**

*List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

COMMITTEE NAME _____	I.D. NUMBER _____
NAME OF TREASURER _____	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS (NO P.O. BOX) _____	
CITY _____	STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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>07/01/2022</u> through <u>12/31/2022</u>	<b>CALIFORNIA FORM 460</b>
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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
<b>Contributions Received</b>		
1. Monetary Contributions ..... Schedule A, Line 3	\$ 1,625.00	\$ 1,625.00
2. Loans Received ..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1+2	\$ 1,625.00	\$ 1,625.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3+4	\$ 1,625.00	\$ 1,625.00

**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	\$ _____	\$ _____

<b>Expenditures Made</b>		
6. Payments Made ..... Schedule E, Line 4	\$ 575.00	\$ 594.98
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6+7	\$ 575.00	\$ 594.98
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	\$ 575.00	\$ 594.98

**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.

<b>Current Cash Statement</b>	
12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 519.66
13. Cash Receipts ..... Column A, Line 3 above	1,625.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	575.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,569.66
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00

<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts ..... Add Lines 2 + Line 9 in Column B above	\$ 0.00

**Schedule A  
Monetary Contributions Received**

Statement covers period from <u>07/01/2022</u> through <u>12/31/2022</u>	<b>CALIFORNIA FORM 460</b>
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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 .....	\$	1,625.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) .....	<b>TOTAL \$</b>	<b>1,625.00</b>

**\*\* 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		<b>CALIFORNIA FORM 460</b>
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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.) . <b>TOTAL \$</b> | <b>500.00</b> |

**Schedule E  
Payments Made**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2022	
through	12/31/2022	Page 6 of 6
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**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	\$ 75.00
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.)	<b>TOTAL \$ 575.00</b>