Recipient Committee Campaign Statement				[	Date Stamp	CALIFOR	
Cover Page	Stat from throug	ement covers p 07/01/2 h09/21/2	2024	Date of election if applicable: (Month, Day, Year) 11/05/2024		Page1	fficial Use Only
Type of Recipient Committee:All     Officeholder, Candidate Controlled Committee     State Candidate Election Committee     Recall     (Also Complete Part 5)     General Purpose Committee     Sponsored     Small Contributor Committee     Political Party/Central Committee	Primarily Fe Committee Contro Spons (Also Com Officeholde	ormed Ballot Measure		2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain Below)	Special O	SEP26'2 Statement Y OF 1 dd-Year Report	4ан11:43 MERCED
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME I Committee To Elect Mike Harris	F NO COMMITTEE)	3 <b>1466758</b> 024		Treasurer(s) NAME OF TREASURER Kelly Lawier MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX) CITY MAILING ADDRESS (IF DIFFERENT) NO. AND	STATE STREET OR P.O. BOX	ZIP CODE	AREA CODE/PHONE	CITY NAME OF ASSISTANT TREASURER, IF / MAILING ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE
CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE	CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE

## 4. Verification

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I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 on9/24/24	Ву	
Executed on	Signature of Treasurer or Assistant Treasurer By- Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	
Executed on DATE	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on DATE	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	5555 5

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov



#### **COVER PAGE - PART 2**

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



## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDAT Michael Harris	E			
OFFICE SOUGHT OR HELD (INCLUDE LOC Sought: City Council Member City		STRICT NUME	BER IF APPLICABLE	E) 3
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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME			I.D.NUMBER	2
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			YES	NO NO
COMMITTEE ADDRESS	STREET ADDRESS (NO	D P.O.BC	X)	
CITY	STATE	ZIP CO	ODE	AREA CODE/PHONE
COMMITTEE NAME			I.D.NUMBER	2
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			YES	
COMMITTEE ADDRESS	STREET ADDRESS (NO	0 P.O.BC	DX)	
CITY	STATE	ZIP C	ODE	AREA CODE/PHONE

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
		OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

#### 7. Primarily Formed 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	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

Campaign Disclosure Statement	Type or print in ink.			SUMMARY PAGE	
Summary Page	Amounts may be rounded to whole dollars.		t covers period	CALIFORNIA FORM 460	
		through _	21/2024	3 / 17	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUMBER	
Committee To Elect Mike Harris For City Council 2024				1466758	
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year S Running in Both General Election	Summary for Candidates h the State Primary and	
1. Monetary Contributions Schedule A, Line 3	\$7183.00	\$13409.97	General Election	115	
2. Loans Received Schedule B, Line 7	0.00	10000.00	1/	1 through 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$7183.00	\$23409.97	20. Contribution Received \$	0.00 \$ 0.00	
4. Nonmonetary Contributions Schedule C, Line 3	0.00	750.00	21. Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	7183.00	\$24159.97	Made \$	0.00 \$ 0.00	
Expenditures Made         6. Payments Made       Schedule E, Line 4	\$ 16304.68	\$ 17670.68	Expenditure Lin Candidates	nit Summary for State	
7. Loans Made	0.00	0.00	22. Cumul	ative Expenditures Made*	
8. SUBTOTAL CASH PAYMENTS	\$ 16304.68	\$ 17670.68	(If Subject to Voluntary Expenditure Lim		
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-1181.50	600.00	Date of Election	n Total to Date	
10. Nonmonetary Adjustment       Schedule C, Line 3	0.00	750.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE       Add Lines 8 + 9 + 10	\$15123.18	\$19020.68		\$	
Current Cash Statement			1	\$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$14860.97	To calculate Column B, add amounts in Column A to the			
13. Cash Receipts Column A, Line 3 above	7183.00	corresponding amounts			
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	from Column B of your last report. Some amounts in			
15. Cash Payments Column A, Line 8 above	16304.68	Column A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$5739.29	figures that should be subtracted from previous			
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts			
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).		001. Amounts in this section may be	
18. Cash Equivalents See instructions on reverse	\$0.00		different from amour	nts reported in Column B.	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$10600.00				
			FPPC T	FPPC Form 460 JAN/05 oll-Free Helpline: 866/ASK-FPPC	

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Schedule A Monetary Contributions Received		Type or print in ink. Amounts may be rounded		Statement covers period			
wonetary	contributions Received	to whole dollars.		from 7/01/2024		CALIFORNIA 460	
SEE INSTRUCTION				through 22	1/2024		4 / 17
NAME OF FILER						I.D. Nu	umber
Committee To	Elect Mike Harris For City Council 2024					1466	758
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 08/19/2024	Adam Gray for Congress 2524 North Farris Avenue Fresno CA 93704 ID:	IND COM OTH PTY SCC		100.00	10	0.00	100.00 G24
Rcpt Dt: 09/10/2024	BIAGV Stanislaus PAC 1701 West March Lane Suite F Stockton CA 95207 ID: 1381872	IND COM OTH PTY SCC		1500.00	150	0.00	1500.00 G24
Rcpt Dt: 08/19/2024	Jeff Coburn	X IND COM OTH PTY SCC	Captain Merced County Sheriffs Department	100.00	10	0.00	100.00 G24
Rcpt Dt: 08/19/2024	Joseph Donabed	X IND COM OTH PTY SCC	Chemist Envirotech	50.00	10	00.00	100.00 G24
Rcpt Dt: 08/19/2024	Richard Eason	IND COM OTH PTY SCC	Business owner Self Employed-Richard Eason	100.00	10	00.00	100.00 G 24
			SUBTOTAL	\$			
(Include all	eived this period - contributions of \$100 or more. Schedule A subtotals.)			700.00	IN		idual ipient Committee ner than PTY or SCC)
3. Total monet	eived this period - unitemized contributions of less th tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col			7183.00	PT	TY - Politi CC - Smal	

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Schedule A Monetary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		7101	Statement covers period		CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE			through 921	2024		5/17	
NAME OF FILER	Elect Mike Harris For City Council 2024					I.D. Nu	mber	
						1466	758	
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 09/19/2024	Mike Gallo	X IND COM OTH PTY SCC	CEO and Co-Owner Joseph Gallo Farms	500.00	50	0.00	500.00 G 24	
Rcpt Dt: 08/19/2024	Michael Harris	X IND COM OTH PTY SCC	Retired Retired	150.00	1090	0.00	10900.00 G24	
Rcpt Dt: 08/19/2024	Michele Harris	IND COM OTH PTY SCC	Retired Retired	75.00	10	0.00	100.00 G24	
Rcpt Dt: 08/19/2024	Greg Hausman	IND COM OTH PTY SCC	Retired Retired	125.00	12	5.00	125.00 G24	
Rcpt Dt: 09/10/2024	Lyons Investements Management, LLC and Affiliated 1212 K Street Modesto CA 95354 ID:	Entities COM		1000.00	200	0.00	2000.00 G24	
			SUBTOTAL	\$				
(Include all 2. Amount rec 3. Total monet	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.) eived this period - unitemized contributions of less th tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col	nan \$100	\$			(other TH- Other TY - Politic CC- Small	dual pient Committee er than PTY or SCC) al Party Contributor Committee	
					FPPC To		PC Form 460 (JAN/05) Ipline: 866/ASK-FPPC	

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	Schedule A Monetary Contributions Received		be or print in ink. nts may be rounded o whole dollars.	Statement covers period from 1012024		CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE			through 92	12024		6 / 17
NAME OF FILER						I.D. Nu	mber
Committee To	Elect Mike Harris For City Council 2024					1466	758
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/10/2024	Lyons Investements Management, LLC and Affiliated 1212 K Street Modesto CA 95354 ID:	Entities COM		1000.00	200	0.00	2000.00 G 24
Rcpt Dt: 08/19/2024	Barry McAuley	IND COM OTH PTY SCC	Retired Retired	500.00	50	0.00	500.00 G24
Rcpt Dt: 08/07/2024	Mark McAulev	IND COM OTH PTY SCC	Retired Retired	500.00	50	0.00	500.00 G24
Rcpt Dt: 08/19/2024	Merced Travel 1211 Cabella Circle Lady Lake FL 32159 ID:	IND COM OTH PTY SCC		200.00	20	0.00	200.00 G 24
Rcpt Dt: 09/10/2024	North Valley Labor Federation Committee on Political 312 Clay Street Suite 300 Oakland CA 94607 ID: 1328933			500.00	50	0.00	500.00 G24
			SUBTOTAL	\$			
(Include all 2. Amount rec 3. Total monet	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.) eived this period - unitemized contributions of less th tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col	nan \$100	\$			(other H- Other Y - Politic	dual pient Committee er than PTY or SCC)
		,		N		FP	PC Form 460 (JAN/05)

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Schedule A		Type or print in ink.					SCHEDULE A
Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement cove from 7012		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through 912	1/2024		7 / 17
NAME OF FILER Committee To I	Elect Mike Harris For City Council 2024			-			umber 6758
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 08/19/2024	Mark Pazin	X IND COM OTH PTY SCC	Retired Retired	50.00	14	9.00	149.00 G24

	SUBTOTAL \$	6450.00	
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$		*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC)
<ol> <li>Amount received this period - unitemized contributions of less than \$100</li> <li>Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)</li> </ol>			OTH - Other PTY - Political Party SCC - Small Contributor Committee
			FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

# SCHEDULE A Notes

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Form/Schedule	<b>Reference No</b>	TEXT
А	A-76	Lyons Investements Management, LLC and Affiliated Entities-20240910 LLC Legal Responsible Officer: William J. Lyons, Jr.
A	A-77	Lyons Investements Management, LLC and Affiliated Entities-20240910 LLC Legal Responsible Officer: William J. Lyons, Jr.
	2	

Schedule B – Part 1		т	ype or print in in	k	SCHEDULE B - PART 1				
			ounts may be rou		Statement c	overs period	CALIFORN	A AGO	
Loans Received			to whole dollars.		from 10	1/2024	FORM	400	
SEE INSTRUCTIONS ON REVERSE					through 9 2	1/2024	9 / 17		
NAME OF FILER							I.D. NUMBER		
Committee To Elect Mike Harris For City Co	ouncil 2024						1466758		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE	
	Retired							CALENDAR YEAR	
Michael Harris				\$0.00	<b>\$</b> 10000.00	0.00 %	\$10000.00	\$10150.00	
	Retired					RATE		PER ELECTION** 10900.00 G 24	
ID:		s 10000.00	s 0.00	s 0.00	12/31/2024	s 0.00	06/30/2024		
		Ψ	Ψ	*	DATE DUE	*	DATE INCURRED		

5	SUBTOTAL	S\$	0.00 \$	0.00 \$	10000.0	0 <b>\$</b>	0.00	
Schedule B Summary 1. Loans received this period(Total Column (b) plus unitemized loans less than \$100.)	2				\$		0.00	(Enter (e) on Schedule E, Line 3)
<ol> <li>Loans paid or forgiven this period</li></ol>	ule A.)			<u> </u>	\$		0.00	* Amounts forgiven or paid by another party also must be reported on Schedule A.
3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.				Net	•	a negati	0.00 ve number)	** If required.
*Contributor Codes IND-Individual COM-Recipient Committee (other than PTY or SCC) O	TH-Other	PTY-Poli	tical Party SC	CC-Small Contribu	utor Commi	tee	FPPO	FPPC Form 460 (JAN/05) C Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.						Statement covers period from 1 01 2024			CALIFORNIA FORM 4(		<b>460</b>
SEE INSTRUCTIONS ON REVERSE							through	9/21/2	024	1	0 / 17	
NAME OF FILER			7	*****						I.D. NUN	IBER	
Committee To Elect Mike Harris For City Council 2024										146675	58	
CODES: If one of the following codes accurately describes t	the paym	ent, you n	nay enter	the c	code. Other	rwise, d	escribe	the payme	nt.			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG OFC PET PHO POL POL POS PRO	member con meetings an office expen petition circu phone banks polling and s postage, del professional print ads	d appearan ses ilating survey rese ivery and m	ces arch lessen	ger services ccounting)		RFD SAL TEL TRC TRS TSF VOT	radio airtime a returned contr campaign woi t.v. or cable ai candidate trav staff/spouse to transfer betwe voter registrat information te	ibutions kers' salarie rtime and p rel, lodging, ravel, lodgin een committe ion	roduction co and meals g, and mea ees of the s	ls ame candi	idate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR		DESCRI		PAYMENT			AMO	UNT PAID
3AM Communications 1850 Bergthold Street	ID:		CNS									2000.00
Manteca CA 95336												
3AM Communications 1850 Bergthold Street	ID:		CNS									2000.00
Manteca CA 95336												
Aaron, Thomas & Associates, Inc. 29 West Easy Street	ID:		LIT									780.69
Simi Valley CA 93065												
* Payments that are contributions or independent expenditures must a	llso be sun	nmarized or	n Schedule	D.					SUE	STOTAL \$		
Schedule E Summary	×						an an an Anna an Anna Anna Anna Anna An					
1. Payments made this period of \$100 or more. (Include all	Schedule	E subtota	als.)							\$	160	78.21
2. Unitemized payments made this period of under \$100.											2	26.47
3. Total interest paid this period on loans. (Enter amount fro	m Sched	ule B, Par	t 1, Colu	mn (e	e).)					\$		0.00
4. Total payments made this period. (Add lines 1, 2, and 3.	Entor ho	ro and an	the Cum		Dama Calu				то		163	804.68

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Schedule E Payments Made	Amour	e or print in ir nts may be rou whole dollars	unded	Statement covers period from 1012024	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE				through 9 21 2024	11 / 17
NAME OF FILER					I.D. NUMBER
Committee To Elect Mike Harris For City Council 2024					1466758
CODES: If one of the following codes accurately describes t	he payment, you i	may enter th	ne code. Otherwise	e, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POS postage, de	nd appearance nses ulating s survey researc	sh senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and put TRC candidate travel, lodging, TRS staff/spouse travel, lodgin TSF transfer between committee VOT voter registration WEB information technology committee	es roduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Bank of America 900 Samoset Drive	ID:	FND	6/27/2024 Fundrais	ing Reception	1781.50
NewarkDE 19713					
Bank of America 900 Samoset Drive	ID:	n (*	CMP and OFC		1290.66
Newark DE 19713		1			
Bank of America 900 Samoset Drive	ID:		CMP and OFC		2458.90
Newark DE 19713	N.				
* Payments that are contributions or independent expenditures must al	lso be summarized o	n Schedule D		SUE	STOTAL \$
Schedule E Summary					
<ol> <li>Payments made this period of \$100 or more. (Include all \$</li> </ol>	Schedule E subtot	als.)			\$
<ol> <li>Unitemized payments made this period of under \$100.</li> </ol>					
3. Total interest paid this period on loans. (Enter amount from					
4. Total payments made this period. (Add lines 1, 2, and 3.					

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Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.				tement covers period	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE				throug	9/21/2024	. 12	2/17
NAME OF FILER						I.D. NUM	BER
Committee To Elect Mike Harris For City Council 2024							
CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)*	MBR member co MTG meetings a OFC office exper PET petition circ PHO phone bank POL polling and	mmunications nd appearance nses culating (s survey researd	es	RAD RFD SAL TEL	radio airtime and product returned contributions campaign workers' salari t.v. or cable airtime and p candidate travel, lodging	es production co , and meals ng, and meals	sts
LEG legal defense			al, accounting)	VOT		tees of the sa	ame candidate/sponsor
LIT campaign literature and mailings	PRT print ads				information technology c	osts (internet,	, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION O	FPAYMENT		AMOUNT PAID
Glen Camarda	ID:	СМР					860.00
Campaign Graphics 95 Canyon Diablo Road	ID:	СМР					2044.00
Sedona AZ 86351			100 C				
Jeremiah Greagains	ID:	CNS					250.00
* Payments that are contributions or independent expenditures must al	so be summarized o	on Schedule D	).	14 p	SU	BTOTAL \$	
Schedule E Summary							
1. Payments made this period of \$100 or more. (Include all S	Schedule E subto	tals.)				\$	
2. Unitemized payments made this period of under \$100.						\$	
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Pa	art 1, Colum	n (e).)			\$	
4. Total payments made this period. (Add lines 1, 2, and 3. I	Enter here and or	the Summ	ary Page, Colu	umn A, Line 6.)	тс	)TAL \$	

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							SCHEDULE E
Schedule E	٨٣	Type or print in nounts may be r			Statement covers period	CALIFORM	IA AGO
Payments Made		to whole dolla		fro	101/2024	FORM	400
SEE INSTRUCTIONS ON REVERSE				th	rough 9/21/2024	13 / 1	7
NAME OF FILER						I.D. NUMBER	
Committee To Elect Mike Harris For City Council 2024						1466758	
CODES: If one of the following codes accurately describes						-	
CMP campaign paraphernalia/misc. CNS campaign consultants		er communication			RAD radio airtime and product RFD returned contributions	ion costs	
CTB contribution (explain nonmonetary)*		MTG meetings and appearances DFC office expenses			SAL campaign workers' salarie	es	
CVC civic donations	PET petition circulating PHO phone banks				TEL 1.v. or cable airtime and p		
FIL candidate filing/ballot fees FND fundraising events		banks and survey resea	arch		IRC candidate travel, lodging, IRS staff/spouse travel, lodging		
IND independent expenditure supporting/opposing others (explain)*			essenger services		TSF transfer between committ		candidate/sponsor
LEG legal defense		ional services (le			VOT voter registration		
LIT campaign literature and mailings	PRT print ac	ls		1	NEB information technology co	osts (internet, em	ail)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTI	ON OF PAYMENT		AMOUNT PAID
Jeremiah Greggains	ID:	CNS					250.00
	10.						
Jeremiah Greggains	ID:	CNS					250.00
Jeremian Greggans	ID.						
Michael Harris	ID:	CMP					174.52
	ID.						
* Payments that are contributions or independent expenditures must a	also be summariz	ed on Schedule	D.		SUI	BTOTAL \$	
Schedule E Summary							
1. Payments made this period of \$100 or more. (Include all	Schedule E su	btotals.)				\$	
2. Unitemized payments made this period of under \$100.						\$	
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B	, Part 1, Colur	nn (e).)			\$	
4. Total payments made this period. (Add lines 1, 2, and 3.	Enter here and	d on the Sum	mary Page, Colu	umn A, Lin	е 6.) то	TAL \$	

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Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period from	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE				through 921 2024	14 / 17
NAME OF FILER					I.D. NUMBER
Committee To Elect Mike Harris For City Council 2024					1466758
CODES: If one of the following codes accurately describes t	he payment, you i	may enter th	e code. Otherwis	se, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POS postage, de	nd appearances nses ulating s survey researc	n senger services	RAD radio airtime and product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodgin TSF transfer between commit VOT voter registration WEB information technology co	es production costs , and meals ng, and meals tees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DE	ESCRIPTION OF PAYMENT	AMOUNT PAID
Imedia West 3144 North G Street #125-162 Merced CA 95340	ID:	WEB			600.00
Merced County Registrar Of Voters 2222 M Street	ID:	FIL			611.00
Merced CA 95340					· · · · · · · · · · · · · · · · · · ·
The KAL Group, Inc. 9460 Tegner Road	ID:	PRO			350.73
HilmarCA 95324					
* Payments that are contributions or independent expenditures must a	lso be summarized o	n Schedule D.		SU	BTOTAL \$
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include all \$	Schedule E subtot	als.)			\$
2. Unitemized payments made this period of under \$100.					\$
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Pa	rt 1, Columr	(e).)		\$
4. Total payments made this period. (Add lines 1, 2, and 3.	Enter here and on	the Summa	nry Page, Column	A, Line 6.) TO	DTAL \$
					FPPC Form 460 (JAN/05)

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Schedule E Payments Made	Amoun	e or print in ink ts may be roun whole dollars.		Stat	ement covers period 1 01 2024 9 21 2024	CALIFORNIA FORM 460	D
NAME OF FILER						I.D. NUMBER	
Committee To Elect Mike Harris For City Council 2024						1466758	
CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc.	ne payment, you n		e code. Otherwise		the payment.	on costs	
CNS campaign consultants	MTG meetings an	d appearances		RFD	returned contributions		
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expension office expension of the office of the			SAL TEL	campaign workers' salarie t.v. or cable airtime and pr		
FIL candidate filing/ballot fees	PHO phone banks				candidate travel, lodging,		
FND fundraising events IND independent expenditure supporting/opposing others (explain)*		survey research ivery and messe		TRS TSF	staff/spouse travel, lodging transfer between committe	g, and meals ses of the same candidate/spons	nsor
LEG legal defense	PRO professional	services (legal,		VOT	voter registration		
LIT campaign literature and mailings	PRT print ads			WEB	information technology cos	sts (internet, email)	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES		FPAYMENT	AMOUNT PAID	
The KAL Group, Inc. 9460 Tegner Road	ID:	PRO				376.2	:1
Hilmar CA 95324							

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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	16078.21
Schedule E Summary		
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	
2. Unitemized payments made this period of under \$100.	\$	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	

					SCHEDULE F
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ir Amounts may be rou to whole dollars	Inded	Statement covers	s period CA	LIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through 921	2024	16 / 17
NAME OF FILER			5 · · ·	I.D.	NUMBER
Committee To Elect Mike Harris For City Council 2024				14	66758
CODES: If one of the following codes accurately describes	the payment, you may ente	er the code. Otherw	ise, describe the pay		
<ul> <li>CMP campaign paraphernalia/misc.</li> <li>CNS campaign consultants</li> <li>CTB contribution (explain nonmonetary)*</li> <li>CVC civic donations</li> <li>FIL candidate filing/ballot fees</li> <li>FND fundraising events</li> <li>IND independent expenditure supporting/opposing others (explain)*</li> <li>LEG legal defense</li> <li>LIT campaign literature and mailings</li> </ul>	MBR member communicatio MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services ( PRT print ads	nces nces earch nessenger services	RAD radio airtim RFD returned co SAL campaign TEL t.v. or cable TRC candidate TRS staff/spous TSF transfer be VOT voter regis	ne and production co ontributions workers' salaries e airtime and produc travel, lodging, and n se travel, lodging, and stween committees o	tion costs neals d meals f the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ID: Bank of America 900 Samoset Drive <u>Newark</u> DE 19713	FND 6/27/2024 Fundraising Reception	1781.50	0.00	1781.5	50 0.00
Bank of America 900 Samoset Drive	cvc	0.00	600.00	0.0	00 600.00
Newark DE 19713					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	<b>\$</b> 1781.50	600.00\$	<b>5</b> 1781.5	<b>50 \$</b> 600.00
<ul> <li>Schedule F Summary</li> <li>1. Total accrued expenses incurred this period. (Include all So accrued expenses of \$100 or more, plus total unitemized a</li> </ul>			INCU	RRED TOTALS	\$600.00
<ol><li>Total accrued expenses paid this period. (Include all Scheo accrued expenses of \$100 or more, plus total unitemized p</li></ol>				PAID TOTALS	<b>\$</b> 1781.50
<ol> <li>Net change this period. <b>Subtract</b> Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)</li> </ol>				NET	\$
					FPPC Form 460 (JAN/05)

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Schedule G Payments Made Contractor (on B	by a ehal	n Agent or Indep f of This Commi	endent ttee)	Amou	be or print in ink. nts may be rounded whole dollars.	Statement covers period from 1 01 2024	CALIFORNIA FORM 46
SEE INSTRUCTIONS ON REVE	RSE					through 9/21/2024	_ 17 / 17
NAME OF FILER Committee To Elect Mike		For City Council 2024				1 -	I.D. NUMBER
NAME OF AGENT OR INDEPE	NDENT C	CONTRACTOR					1466758
Bank of America							
CMP campaign paraphern CNS campaign consultant CTB contribution (explain CVC civic donations FIL candidate filing/ballot FND fundraising events IND independent expendit LEG legal defense LIT campaign literature a	alia/miso s nonmon fees ture sup nd maili	c. etary)* porting/opposing others (exp ngs	MBR member MTG meeting OFC office ex PET petition PHO phone b POL polling a plain)* POS postage	communicati s and appears penses circulating anks nd survey res , delivery and onal services	ons ances	vise, describe the payment. RAD radio airtime and produ RFD returned contributions SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodgin TRS staff/spouse travel, lodgin TSF transfer between comm VOT voter registration WEB information technology	aries d production costs ng, and meals ging, and meals nittees of the same candidate/s
NA		ADDRESS OF PAYEE OR CRI MITTEE, ALSO ENTER I.D. NUMBER)	EDITOR	CODE	OR DES	SCRIPTION OF PAYMENT	AMOUNT PA
4imprint, Ink 101 Commerce Street			ID:	СМР			64.
Oshkosh 4imprint, Ink	<u></u>	54901	ID:	СМР			44
101 Commerce Street	WI	54901					
SignsOnTheCheap.cc 11525 Stonehollow Di # 220 Austin	m	78758	ID:	CMP			153
Merced County Sherif 700 West 22nd Street	f Assoc		ID:	CVC			60
Merced	CA	95340					
			ID:				

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.