

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Date Stamp

CALIFORNIA
FORM

460

Page 1 of 17

For Official Use Only

JAN29'25AM11:18
CITY OF MERCED

Statement covers period

from 10/20/2024

through 12/31/2024

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

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4

☒ 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 Formed Ballot Measure Committee

☐ Controlled

☐ Sponsored

(Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:

☐ Preelection Statement

☒ Semi-annual Statement

☐ Termination Statement
(Also file a Form 410 Termination)

☐ Amendment (Explain Below)

☐ Quarterly Statement

☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1466758

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee To Elect Mike Harris For City Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

Kelly Lawler

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 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 on 01/22/2025

DATE

Executed on 01/22/2025

DATE

Executed on

DATE

Executed on

DATE

By Kelly Lawler

Signature of Treasurer or Assistant Treasurer

By Michael J. Harris

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
Cover Page - Part 2**

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Michael J. Harris

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member

City of Merced

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 make expenditures on behalf of your candidacy*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS

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 ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA

6. Primarily Formed 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 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

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 10/20/2024

through 12/31/2024

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect Mike Harris For City Council 2024

I.D. NUMBER

1466758

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 4,138.65 | \$ 24,890.62 |
| 2. Loans Received | Schedule B, Line 3 | 3,000.00 | 13,000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ 7,138.65 | \$ 37,890.62 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | 750.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ 7,138.65 | \$ 38,640.62 |

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 | \$ 0.00 | \$ 0.00 |
| 21. Expenditures Made | \$ 0.00 | \$ 0.00 |

Expenditures Made

| | | | |
|--|----------------------|--------------|--------------|
| 6. Payments Made | Schedule E, Line 4 | \$ 10,910.03 | \$ 35,750.74 |
| 7. Loans Made | Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ 10,910.03 | \$ 35,750.74 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 249.18 | 249.18 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | 750.00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ 11,159.21 | \$ 36,749.92 |

Expenditures Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Current Cash Statement

| | | |
|---|---|-------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 5,911.26 |
| 13. Cash Receipts | Column A, Line 3 above | 7,138.65 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 |
| 15. Cash Payments | Column A, Line 8 above | 10,910.03 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 2,139.88 |

If this is a termination statement, Line 16 must be zero.

| | | |
|------------------------------------|--------------------|---------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Line 2 | \$ 0.00 |
|------------------------------------|--------------------|---------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|--------------|
| 18. Cash Equivalents | See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 13,249.18 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 10/20/2024
through 12/31/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee To Elect Mike Harris For City Council 2024

I.D. NUMBER

1466758

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|--------------------------------|---|---------------------------------------|
| 10/30/2024 | BIAGV Stanislaus PAC 1701 West March Lane Suite F Stockton, CA 95207 ID: 1381872 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,638.65 | 3,138.65 | 3,138.65 G-2024 |
| 12/06/2024 | California Real Estate Political Action Committee (CREPAC) - 515 South Figueroa Street Suite 1110 Los Angeles, CA 90071 ID: 890106 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 1,500.00 | 1,500.00 | 1,500.00 G-2024 |
| 11/04/2024 | Operating Engineers Local Union 3 District 50 PAC 3000 Clayton Road Concord, CA 94518 ID: 891399 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | 1,000.00 G-2024 |

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) ----- \$ 4,138.65

2. Amount received this period - unitemized monetary contributions of less than \$100 ----- \$ 0.00

3. Total monetary contributions received this period.
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ----- **TOTAL \$** 4,138.65

*** Contributor Codes**

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SUBTOTAL \$ 4,138.65

Schedule B - Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

| | |
|--|----------------------------|
| Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect Mike Harris For City Council 2024

I.D. NUMBER

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| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF 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 | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|--|---|---------------------------------|--|---|-------------------------------|---|---|
| Michael J. Harris [REDACTED] | Retired Retired | | | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 10,000.00 12/31/2024 DATE DUE | 0 % RATE \$ 0.00 | \$ 10,000.00 06/30/2024 DATE INCURRED | CALENDAR YEAR \$ 13,000.00 PER ELECTION** 13,900.00 G-2024 |
| * <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 10,000.00 | \$ 0.00 | | | | | |
| Michael J. Harris [REDACTED] | Retired Retired | | | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 3,000.00 12/31/2028 DATE DUE | 0 % RATE \$ 0.00 | \$ 3,000.00 11/26/2024 DATE INCURRED | CALENDAR YEAR \$ 13,000.00 PER ELECTION** 13,900.00 G-2024 |
| * <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 0.00 | \$ 3,000.00 | | | | | |

Schedule B Summary

- Loans received this period ----- \$ 3,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ----- \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ----- **NET \$** 3,000.00
Enter the net here and on the Summary Page, Column A, Line 2
(May be a negative number)

* Contributor Codes

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SUBTOTALS \$ 3,000.00 \$ 0.00 \$ 13,000.00 \$ 0.00

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

(Enter (e) on
Schedule E, Line 3)

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

Schedule B - Part 2
Loan Guarantors

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

| | |
|--|----------------------------|
| Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u> | CALIFORNIA FORM 460 |
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| I.D. NUMBER 1466758 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect Mike Harris For City Council 2024

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|--|--|---|--------|-------------------------------------|-------------------------------------|-----------------------------------|
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER | | CALENDAR DATE | |
| | | | DATE | | \$ PER ELECTION (IF REQUIRED) | |
| | | | | | | |

SUBTOTAL \$

Enter on Summary
Page. Line 17 only.

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/20/2024 | |
| through | 12/31/2024 | Page <u>7</u> of <u>17</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|-------------------------------|
| NAME OF FILER Committee To Elect Mike Harris For City Council 2024 | I.D. NUMBER 1466758 |
|--|-------------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|---|----------------------------------|---------------------------|---|------------------------------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Schedule C Summary

| | |
|--|----------------------|
| 1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.) | \$ 0.00 |
| 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 | \$ 0.00 |
| 3. Total nonmonetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) | TOTAL \$ 0.00 |

* Contributor Codes

IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

| | |
|--------------------|--|
| SUBTOTAL \$ | |
|--------------------|--|

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures, and Committees

Amounts may be rounded
to whole dollars.

Statement covers period
from 10/20/2024
through 12/31/2024

| | |
|-------------------------------|--|
| SCHEDULE D | |
| CALIFORNIA FORM 460 | |
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| I.D. NUMBER 1466758 | |

NAME OF FILER

Committee To Elect Mike Harris For City Council 2024

| 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) |
|------------|---|---|------------------------------|-----------------------|---|---------------------------------------|
| 11/14/2024 | Joshua M. Pedrozo County Supervisor Merced County DISTRICT #: 2 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 873.44 | 873.44 | 873.44 G-2024 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SCHEDULE D SUMMARY

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ----- \$ 873.44
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.) ----- **TOTAL \$** 873.44

SUBTOTAL \$ 873.44

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/20/2024 | |
| through | 12/31/2024 | Page <u>9</u> of <u>17</u> |
| NAME OF FILER Committee To Elect Mike Harris For City Council 2024 | | I.D. NUMBER 1466758 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CODES: If one of the following codes 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 airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| 3AM Communications 1850 Berghold Street Manteca, CA 95336 | | CNS and CMP | 2,350.01 |
| 3AM Communications 1850 Berghold Street Manteca, CA 95336 | | Digital Advertising | 2,358.00 |
| 3AM Communications 1850 Berghold Street Manteca, CA 95336 | LIT | | 2,996.16 |
| Bank of America 900 Samoset Drive Newark, DE 19713 | | CTB and CVC | 873.44 |
| SUBTOTAL \$ | | | 8,577.61 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/20/2024 | |
| through | 12/31/2024 | Page <u>10</u> of <u>17</u> |
| I.D. NUMBER | | 1466758 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect Mike Harris For City Council 2024

CODES: If one of the following codes 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 airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Jeremiah Greggains [REDACTED] | CNS | | 250.00 |
| Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116 | OFC | | 130.00 |
| Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116 | OFC | | 130.00 |
| The KAL Group, Inc. 9460 Tegner Road Hillmar, CA 95324 | PRO | | 365.82 |
| SUBTOTAL \$ | | | 875.82 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period
from 10/20/2024
through 12/31/2024

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect Mike Harris For City Council 2024

I.D. NUMBER

1466758

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, 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

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-----------------|
| The KAL Group, Inc. 9460 Tegner Road Hilmar, CA 95324 | PRO | | 353.65 |
| Voter Link 13348 Alpine Cove Drive Alpine, UT 84004 | | Text Messages | 600.00 |
| Voter Link 13348 Alpine Cove Drive Alpine, UT 84004 | CMP | | 150.00 |
| Voter Link 13348 Alpine Cove Drive Alpine, UT 84004 | CMP | | 352.95 |
| SUBTOTAL \$ | | | 1,456.60 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|--|
| Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u> | CALIFORNIA FORM 460 Page <u>12</u> of <u>17</u> I.D. NUMBER 1466758 |
|--|--|

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect Mike Harris For City Council 2024

CODES: If one of the following codes 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 airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| | | | |
| | | | |

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ----- \$ 10,910.03

2. Unitemized payments made this period of under \$100 ----- \$ 0.00

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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ----- **TOTAL \$** 10,910.03

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 0.00

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

| | |
|--|--|
| Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u> | CALIFORNIA FORM 460 Page <u>13</u> of <u>17</u> I.D. NUMBER 1466758 |
|--|--|

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect Mike Harris For City Council 2024

CODES: If one of the following codes 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 airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | 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 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 |
|--|-----------------------------------|--|---------------------------------------|---|---|
| Bank of America 900 Samoset Drive Newark, DE 19713 | MTG and OFC | 0.00 | 249.18 | 0.00 | 249.18 |

SCHEDULE F SUMMARY

| | | |
|---|---------------------------|---------------|
| 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) | INCURRED TOTALS \$ | <u>249.18</u> |
| 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | PAID TOTALS \$ | <u>0.00</u> |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) | NET \$ | <u>249.18</u> |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| | | | | | | | | |
|------------------|-----------|-------------|-----------|---------------|-----------|-------------|-----------|---------------|
| SUBTOTALS | \$ | 0.00 | \$ | 249.18 | \$ | 0.00 | \$ | 249.18 |
|------------------|-----------|-------------|-----------|---------------|-----------|-------------|-----------|---------------|

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded
to whole dollars.

SCHEDULE G

| | |
|--|--|
| Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u> | CALIFORNIA FORM 460 Page <u>14</u> of <u>17</u> I.D. NUMBER 1466758 |
|--|--|

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NAME OF FILER

Committee To Elect Mike Harris For City Council 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bank of America

CODES: If one of the following codes 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 airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| J. Lamont Walker [REDACTED] | CVC | | 566.50 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

TOTAL * \$ 566.50

** 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.

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www.fppc.ca.gov

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded
to whole dollars.

SCHEDULE G

| | |
|--|---|
| Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u> | CALIFORNIA FORM 460 Page <u>15</u> of <u>17</u> I.D. NUMBER 1466758 |
|--|---|

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NAME OF FILER

Committee To Elect Mike Harris For City Council 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

3AM Communications

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, 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

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|-----------------------------|-------------|
| Matthew Hewitt [REDACTED] | LIT | | 2,996.16 |
| Meta Platforms 1 Hacker Way Menlo Park, CA 94025 | | CMP and Digital Advertising | 2,123.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

TOTAL * \$ 5,119.16

** 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.

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Schedule H
Loans Made to Others*

Amounts may be rounded
to whole dollars.

SCHEDULE H

| | |
|--|----------------------------|
| Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u> | CALIFORNIA FORM 460 |
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1466758

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD * | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|--|--|--|----------------------------------|--|---|----------------------------|-------------------------------------|---|
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION** |

SUBTOTALS \$ \$ \$ \$

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

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Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 10/20/2024
through 12/31/2024

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| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|------------------|---|------------------------|-------------------------------|
| | | | |

Schedule I Summary

1. Itemized increases to cash this period. ----- \$ 0.00

2. Unitemized increases to cash of under \$100 this period. ----- \$ 0.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ----- \$ 0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the
Summary Page, Line 14.) -----

TOTAL \$ 0.00

SUBTOTAL \$