

# Recipient Committee Campaign Statement Cover Page

COVER PAGE

|   |                            |
|---|----------------------------|
| Date Stamp                                | <b>CALIFORNIA FORM 460</b> |
| Filed Date:<br><b>07/26/2024 01:54 PM</b> | Page <u>1</u> of <u>28</u> |
|   | For Official Use Only      |

|                                |  |
|--------------------------------|--|
| <b>Statement covers period</b> | <b>Date of election if applicable:</b> |
| from <u>01/01/2024</u>         | (Month, Day, Year)                     |
| through <u>06/30/2024</u>      | _____                                  |

SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

### 2. Type of Statement:

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" type="checkbox"/> Semi-annual Statement                                   | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |
- \_\_\_\_\_  
\_\_\_\_\_

### 3. Committee Information

I.D. NUMBER 1469241

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

Barbara Leary for Folsom City Council 2024

STREET ADDRESS (NO P.O. BOX)

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Sacramento | CA    | 95841    | (916)348-9100   |

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

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

(916)348-9111 campaigns@rcbs.us

### Treasurer(s)

NAME OF TREASURER

Denise Lewis

MAILING ADDRESS

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Sacramento | CA    | 95841    | (916)348-9100   |

NAME OF ASSISTANT TREASURER, IF ANY

Marissa Russell

MAILING ADDRESS

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Sacramento | CA    | 95841    | (916)348-9100   |

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 07/26/2024  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

Executed on 07/26/2024  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Barbara F Leary

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Council Member : City of Folsom 4

|   |        |       |       |
|---|--------|-------|-------|
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY   | STATE | ZIP   |
| [REDACTED]                                    | Folsom | CA    | 95630 |

**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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period                    |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                       | 01/01/2024 |                                |
| through                                    | 06/30/2024 | Page <u>3</u> of <u>28</u>     |
| NAME OF FILER                              |            | I.D. NUMBER                    |
| Barbara Leary for Folsom City Council 2024 |            | 1469241                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Barbara Leary for Folsom City Council 2024

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| <b>Contributions Received</b>                                |  |  |
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>    | \$ 11,685.00   | \$ 11,685.00                               |
| 2. Loans Received ..... <i>Schedule B, Line 3</i>            | 2,000.00   | 2,000.00                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>  | \$ 13,685.00   | \$ 13,685.00                               |
| 4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i> | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i> | \$ 13,685.00   | \$ 13,685.00                               |

| Calendar Year Summary for Candidates<br>Running in Both the State Primary and<br>General Elections |                  |             |
|--|------------------|-------------|
|  | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received   | \$ _____         | \$ _____    |
| 21. Expenditures Made  | \$ _____         | \$ _____    |

|  | Column A    | Column B    |
|--|-------------|-------------|
| <b>Expenditures Made</b>   |             |             |
| 6. Payments Made ..... <i>Schedule E, Line 4</i>                   | \$ 1,756.35 | \$ 1,756.35 |
| 7. Loans Made ..... <i>Schedule H, Line 3</i>                      | 0.00        | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>             | \$ 1,756.35 | \$ 1,756.35 |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> | 745.38      | 745.38      |
| 10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>         | 0.00        | 0.00        |
| 11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>      | \$ 2,501.73 | \$ 2,501.73 |

| Expenditure Limit Summary for State<br>Candidates                                |               |  |
|--|---------------|--|
| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |  |
| Date of Election<br>(mm/dd/yy)   | Total to Date |  |
| / /  | \$ _____      |  |
| / /  | \$ _____      |  |
| / /  | \$ _____      |  |

| Current Cash Statement  |              |
|---|--------------|
| 12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>                    | \$ 0.00      |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                                     | 13,685.00    |
| 14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>                       | 0.00         |
| 15. Cash Payments ..... <i>Column A, Line 8 above</i>                                     | 1,756.35     |
| <b>16. ENDING CASH BALANCE</b> ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 11,928.65 |
| <i>If this is a termination statement, Line 16 must be zero.</i>                          |              |

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).

|  |             |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>             | \$ 0.00     |
| <b>Cash Equivalents and Outstanding Debts</b>                            |             |
| 18. Cash Equivalents ..... <i>See instructions on reverse</i>            | \$ 0.00     |
| 19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ 2,745.38 |

\*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 |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 01/01/2024 |                            |
| through                 | 06/30/2024 | Page <u>4</u> of <u>28</u> |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|---------------|---|---|---|-----------------------------|---|------------------------------------|
| 5/23/2024     | Oscar Balaguer<br>[REDACTED]<br>Sacramento CA 95818   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/28/2024     | William Barcellona<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Executive Vice President<br>America's Physician Groups  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/26/2024     | Andrea Langan Barrows<br>[REDACTED]<br>Folsom CA 95630  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/30/2024     | Kristina Bas Hamilton<br>[REDACTED]<br>Folsom CA 95630  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | State Government Director<br>AFSCME Local 3939  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/21/2024     | Mark Berry<br>[REDACTED]<br>Sacramento CA 95827   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br>Delta CPM   | 150.00                      | 150.00  | 150.00 G-24                        |

**SUBTOTAL \$ 750.00**

## Schedule A Summary

|   |                                  |
|---|----------------------------------|
| 1. Amount received this period – itemized monetary contribution<br>(Include all Schedule A subtotals.) .....                              | \$ <u>10,175.00</u>              |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....   | \$ <u>1,510.00</u>               |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$ <u>11,685.00</u></b> |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2024 |                                |
| through                 | 06/30/2024 | Page <u>5</u> of <u>28</u>     |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 5/18/2024          | Anita Bogdanoff<br>[REDACTED]<br>Folsom CA 95630  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/10/2024          | Michael Burckhard<br>[REDACTED]<br>Folsom CA 95630  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Michael Burckhard LLC  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/10/2024          | Robert C. Burness<br>[REDACTED]<br>Sacramento CA 95831  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/17/2024          | Carol Cino<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 100.00                      | 100.00  | 100.00 G-24                        |
| 6/25/2024          | Kathleen Cole<br>[REDACTED]<br>Folsom CA 95630  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| <b>SUBTOTAL \$</b> |   |   |   | 700.00                      |   |                                    |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from _____              | 01/01/2024 |                                |
| through _____           | 06/30/2024 | Page <u>6</u> of <u>28</u>     |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 6/10/2024          | Derek Cressman<br>[REDACTED]<br>Sacramento CA 95816   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Farmer<br>The Green Olive Branch  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/20/2024          | Michelle Dang<br>[REDACTED]<br>Folsom CA 95630  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Professor<br>Sacramento State   | 100.00                      | 100.00  | 100.00 G-24                        |
| 6/13/2024          | Susan Herre DeBry<br>[REDACTED]<br>Sacramento CA 95833  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/29/2024          | Bob Delp<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br>Benchmark Resources   | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/9/2024           | Mark Dempsey<br>[REDACTED]<br>Orangevale CA 95662   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| <b>SUBTOTAL \$</b> |   |   |   | 700.00                      |   |                                    |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2024 |                                |
| through                 | 06/30/2024 | Page <u>7</u> of <u>28</u>     |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 6/10/2024          | Yen-Hsi Deng<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 5/17/2024          | Elizabeth Di Regolo<br>[REDACTED]<br>Gold River CA 95670  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/12/2024          | Jerold Di Regolo<br>[REDACTED]<br>Gold River CA 95670   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/24/2024          | Michael R. Eaton<br>[REDACTED]<br>Davenport CA 95017  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 5/19/2024          | Glenn Fait<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| <b>SUBTOTAL \$</b> |   |   |   | 750.00                      |   |                                    |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from _____              | 01/01/2024 |                                |
| through _____           | 06/30/2024 | Page <u>8</u> of <u>28</u>     |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 6/11/2024          | Heather Fargo<br>[REDACTED]<br>Sacramento CA 95833  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00   | 150.00 G-24                           |
| 5/17/2024          | Benjamin Fuentes<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00   | 150.00 G-24                           |
| 6/21/2024          | Brenda Gustin<br>[REDACTED]<br>Sacramento CA 95826  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Health Educator<br>Brenda Gustin  | 150.00                      | 150.00   | 150.00 G-24                           |
| 6/5/2024           | James S. Harty<br>[REDACTED]<br>Carmichael CA 95608   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00   | 150.00 G-24                           |
| 6/26/2024          | Rosanna Herber<br>[REDACTED]<br>Sacramento CA 95818   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00   | 150.00 G-24                           |
| <b>SUBTOTAL \$</b> |   |   |   | 750.00                      |  |                                       |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from _____              | 01/01/2024 |                                |
| through _____           | 06/30/2024 | Page <u>9</u> of <u>28</u>     |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 5/19/2024          | John Hettinger<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 5/19/2024          | Loretta R. Hettinger<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/27/2024          | Vincent Hill<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Management Consultant<br>GovCIO   | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/4/2024           | Jenifer Jacobs<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Clinical Psychologist<br>Jenifer Jacobs   | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/1/2024           | JFK Democratic Club<br>[REDACTED]<br>Citrus Heights CA 95621                                    | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 150.00                      | 150.00  | 150.00 G-24                        |
| <b>SUBTOTAL \$</b> |   |   |   | 750.00                      |   |                                    |

\*Contributor Codes  
 IND – Individual  
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       (other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from _____              | 01/01/2024 |                                |
| through _____           | 06/30/2024 | Page <u>10</u> of <u>28</u>    |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 5/31/2024          | David Jones<br>[REDACTED]<br>Sacramento CA 95818  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Educator<br>Center of Law, Energy, and Environment  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/19/2024          | Nancy Kniskern<br>[REDACTED]<br>Sacramento CA 95826   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/3/2024           | Jude Lamare<br>[REDACTED]<br>Fair Oaks CA 95628   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/7/2024           | John Lane<br>[REDACTED]<br>Folsom CA 95630  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director of Sustainability and Environmental Compliance<br>Teichert                           | 100.00                      | 100.00  | 100.00 G-24                        |
| 6/15/2024          | Jeri Langham<br>[REDACTED]<br>Sacramento CA 95827   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| <b>SUBTOTAL \$</b> |   |   |   | 700.00                      |   |                                    |

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(other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2024 |                                |
| through                 | 06/30/2024 | Page 11 of 28                  |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 6/13/2024          | John Lescroart<br>[REDACTED]<br>Davis CA 95616  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/21/2024          | Martha Clark Lofgren<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Brewer Lofgren LLP  | 150.00                      | 150.00  | 150.00 G-24                        |
| 5/18/2024          | Bonnie London<br>[REDACTED]<br>Folsom CA 95630  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 100.00                      | 100.00  | 100.00 G-24                        |
| 6/30/2024          | Jason London<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 100.00                      | 100.00  | 100.00 G-24                        |
| 6/30/2024          | Christal Love Lazard<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Community Engagement and Government Relations<br>Manager<br>City of Elk Grove                 | 150.00                      | 150.00  | 150.00 G-24                        |
| <b>SUBTOTAL \$</b> |   |   |   | 650.00                      |   |                                    |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2024 |                                |
| through                 | 06/30/2024 | Page 12 of 28                  |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 6/30/2024          | Linda McDonald<br>[REDACTED]<br>Fair Oaks CA 95628  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 100.00                      | 100.00  | 100.00 G-24                        |
| 5/19/2024          | Perry Metzger<br>[REDACTED]<br>Sacramento CA 95826  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 100.00                      | 100.00  | 100.00 G-24                        |
| 6/13/2024          | Evan Minton<br>[REDACTED]<br>Sacramento CA 95816  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Senior Policy Manager<br>Voices for Progress  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/18/2024          | Mogavero Architects<br>[REDACTED]<br>Sacramento CA 95811  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/30/2024          | Heather Moss<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Licensed Marriage and Family Therapist<br>Soul Journey Therapist                              | 100.00                      | 100.00  | 100.00 G-24                        |
| <b>SUBTOTAL \$</b> |   |   |   | 600.00                      |   |                                    |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2024 |                                |
| through                 | 06/30/2024 | Page 13 of 28                  |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 6/2/2024           | Jag Nagendra<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Engineer<br>California Department of Water Resources  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/21/2024          | Bruce Notareus<br>[REDACTED]<br>Carmichael CA 95608   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/7/2024           | Dyane Osorio<br>[REDACTED]<br>Sacramento CA 95811   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director<br>Sierra Club   | 100.00                      | 100.00  | 100.00 G-24                        |
| 6/13/2024          | James Pahl<br>[REDACTED]<br>Fair Oaks CA 95628  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/9/2024           | Jill Peterson<br>[REDACTED]<br>Carmichael CA 95608  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| <b>SUBTOTAL \$</b> |   |   |   | 700.00                      |   |                                    |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from _____              | 01/01/2024 |                                |
| through _____           | 06/30/2024 | Page <u>14</u> of <u>28</u>    |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 5/22/2024          | Lorraine Poggione<br>[REDACTED]<br>Folsom CA 95630  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 5/20/2024          | Bruce Pomer<br>[REDACTED]<br>Sacramento CA 95864  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 5/30/2024          | Justin Raithel<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | COO<br>Symmetry for Health  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/30/2024          | Marcia Rayford<br>[REDACTED]<br>Citrus Heights CA 95610   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br>Rayford Strategies  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/3/2024           | Michael J. Reynolds<br>[REDACTED]<br>Folsom CA 95630  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Product Line Manager<br>Intel   | 150.00                      | 150.00  | 150.00 G-24                        |
| <b>SUBTOTAL \$</b> |   |   |   | 750.00                      |   |                                    |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2024 |                                |
| through                 | 06/30/2024 | Page 15 of 28                  |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 6/30/2024          | Brandon Rose<br>[REDACTED]<br>Fair Oaks CA 95628  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Scientist<br>State of California  | 100.00                      | 100.00  | 100.00 G-24                        |
| 5/23/2024          | Teresa Rose<br>[REDACTED]<br>Fair Oaks CA 95628   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Health Coach<br>Weight Watchers   | 100.00                      | 100.00  | 100.00 G-24                        |
| 6/24/2024          | Bob Rowden<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/10/2024          | Heidi Sanborn<br>[REDACTED]<br>Carmichael CA 95608  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | NGO Director<br>National Stewardship Action Council   | 150.00                      | 150.00  | 150.00 G-24                        |
| 5/24/2024          | Amreet Sandhu<br>[REDACTED]<br>Sacramento CA 95817  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Librarian<br>Sacramento County Public Law Library   | 150.00                      | 150.00  | 150.00 G-24                        |
| <b>SUBTOTAL \$</b> |   |   |   | 650.00                      |   |                                    |

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       (other than PTY or SCC)  
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 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2024 |                                |
| through                 | 06/30/2024 | Page 16 of 28                  |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 5/17/2024          | Julian Sarafian<br>[REDACTED]<br>Folsom CA 95630  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>For Creators by Creators PC   | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/13/2024          | Lisa Sawyer<br>[REDACTED]<br>Davis CA 95616   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/25/2024          | Julane Slossberg<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Homemaker<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/26/2024          | Kavita Sood<br>[REDACTED]<br>Folsom CA 95630  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Franchise Owner<br>Cold Stone Creamery  | 100.00                      | 100.00  | 100.00 G-24                        |
| 6/21/2024          | Peter C. Spaulding<br>[REDACTED]<br>Sacramento CA 95826   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| <b>SUBTOTAL \$</b> |   |   |   | 700.00                      |   |                                    |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from _____              | 01/01/2024 |                                |
| through _____           | 06/30/2024 | Page <u>17</u> of <u>28</u>    |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 6/12/2024          | Anne Stausboll<br>[REDACTED]<br>Sacramento CA 95831   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 100.00                      | 100.00  | 100.00 G-24                        |
| 5/18/2024          | Andrea Targos<br>[REDACTED]<br>Folsom CA 95630  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 25.00                       | 125.00  | 125.00 G-24                        |
| 6/20/2024          | Andrea Targos<br>[REDACTED]<br>Folsom CA 95630  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 100.00                      | 125.00  | 125.00 G-24                        |
| 6/30/2024          | Francisco Torres<br>[REDACTED]<br>Sacramento CA 95833   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Legislative Director<br>California State Assembly   | 100.00                      | 100.00  | 100.00 G-24                        |
| 6/20/2024          | Betsy Weiland<br>[REDACTED]<br>Carmichael CA 95608  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| <b>SUBTOTAL \$</b> |   |   |   | <b>475.00</b>               |   |                                    |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from _____              | 01/01/2024 |                                |
| through _____           | 06/30/2024 | Page <u>18</u> of <u>28</u>    |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 6/29/2024          | Dawn Whitney<br>[REDACTED]<br>Sacramento CA 95820   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 25.00                       | 100.00  | 100.00 G-24                        |
| 6/30/2024          | Dawn Whitney<br>[REDACTED]<br>Sacramento CA 95820   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 75.00                       | 100.00  | 100.00 G-24                        |
| 6/4/2024           | Daniel Winkelman<br>[REDACTED]<br>Folsom CA 95630   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/21/2024          | Sean Wirth<br>[REDACTED]<br>Sacramento CA 95818   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 150.00                      | 150.00  | 150.00 G-24                        |
| 6/9/2024           | Jack Zwald<br>[REDACTED]<br>Sacramento CA 95822   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director of Finance and Administration<br>ACLU California Action                              | 150.00                      | 150.00  | 150.00 G-24                        |
| <b>SUBTOTAL \$</b> |   |   |   | 550.00                      |   |                                    |

\*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

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

|                         |                            |
|-------------------------|----------------------------|
| Statement covers period | <b>CALIFORNIA FORM 460</b> |
| from 01/01/2024         |                            |
| through 06/30/2024      | Page 19 of 28              |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Barbara Leary for Folsom City Council 2024

I.D. NUMBER  
1469241

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN             | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                         |
|---|---|--|------------------------------------|--|--|----------------------------------|--|---|
| Barbara Leary<br>[REDACTED]<br>Folsom CA 95630<br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired<br>n/a  | \$ 0.00  | \$ 1,000.00                        | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 1,000.00<br>12/31/2026<br>DATE DUE              | 0.00 %<br>RATE<br>\$ 0.00        | \$ 1,000.00<br>05/13/2024<br>DATE INCURRED | CALENDAR YEAR<br>\$ 2,000.00<br>PER ELECTION**<br>2,000.00 G-24 |
| Barbara Leary<br>[REDACTED]<br>Folsom CA 95630<br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired<br>n/a  | \$ 0.00  | \$ 1,000.00                        | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 1,000.00<br>12/31/2026<br>DATE DUE              | 0.00 %<br>RATE<br>\$ 0.00        | \$ 1,000.00<br>06/10/2024<br>DATE INCURRED | CALENDAR YEAR<br>\$ 2,000.00<br>PER ELECTION**<br>2,000.00 G-24 |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$           | DATE DUE   | 0.00 %<br>RATE<br>\$             | DATE INCURRED                              | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$                     |
| <b>SUBTOTALS</b>  |   | \$ 2,000.00                                      | \$ 0.00                            | \$ 2,000.00  | \$ 0.00  |                                  |  |   |

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

## Schedule B Summary

- Loans received this period ..... \$ 2,000.00  
(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 \$ 2,000.00**  
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

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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period                    |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                       | 01/01/2024 |                                |
| through                                    | 06/30/2024 | Page <u>20</u> of <u>28</u>    |
| NAME OF FILER                              |            | I.D. NUMBER                    |
| Barbara Leary for Folsom City Council 2024 |            | 1469241                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Barbara Leary for Folsom City Council 2024

I.D. NUMBER  
1469241

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)         | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC     |                        | 7.25        |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC     |                        | 48.88       |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC     |                        | 7.25        |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC     |                        | 7.25        |

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

**SUBTOTAL \$ 70.63**

**Schedule E Summary**

|   |                 |                 |
|---|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....  | \$              | 1,669.18        |
| 2. Unitemized payments made this period of under \$100.....   | \$              | 87.17           |
| 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.)..... | <b>TOTAL \$</b> | <b>1,756.35</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period                    |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                       | 01/01/2024 |                                |
| through                                    | 06/30/2024 | Page <u>21</u> of <u>28</u>    |
| NAME OF FILER                              |            | I.D. NUMBER                    |
| Barbara Leary for Folsom City Council 2024 |            | 1469241                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Barbara Leary for Folsom City Council 2024

I.D. NUMBER

1469241

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)         | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC  |    |                        | 5.00        |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC  |    |                        | 14.50       |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC  |    |                        | 7.25        |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC  |    |                        | 7.25        |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC  |    |                        | 16.62       |

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

**SUBTOTAL \$ 50.62**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period                    |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                       | 01/01/2024 |                                |
| through                                    | 06/30/2024 | Page <u>22</u> of <u>28</u>    |
| NAME OF FILER                              |            | I.D. NUMBER                    |
| Barbara Leary for Folsom City Council 2024 |            | 1469241                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Barbara Leary for Folsom City Council 2024

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I.D. NUMBER  
1469241

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)         | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC  |    |                        | 12.14       |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC  |    |                        | 14.50       |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC  |    |                        | 10.00       |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC  |    |                        | 6.63        |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC  |    |                        | 41.25       |

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

**SUBTOTAL \$ 84.52**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period                    |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                       | 01/01/2024 |                                |
| through                                    | 06/30/2024 | Page <u>23</u> of <u>28</u>    |
| NAME OF FILER                              |            | I.D. NUMBER                    |
| Barbara Leary for Folsom City Council 2024 |            | 1469241                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Barbara Leary for Folsom City Council 2024

I.D. NUMBER

1469241

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)         | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC  |    |                        | 14.50       |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC  |    |                        | 24.33       |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC  |    |                        | 31.75       |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC  |    |                        | 7.25        |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC  |    |                        | 12.25       |

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

**SUBTOTAL \$ 90.08**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period                    |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                       | 01/01/2024 |                                |
| through                                    | 06/30/2024 | Page <u>24</u> of <u>28</u>    |
| NAME OF FILER                              |            | I.D. NUMBER                    |
| Barbara Leary for Folsom City Council 2024 |            | 1469241                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Barbara Leary for Folsom City Council 2024

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I.D. NUMBER  
1469241

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)         | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC     |                        | 7.25        |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC     |                        | 2.75        |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC     |                        | 20.00       |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC     |                        | 17.25       |
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816 | OFC     |                        | 8.65        |

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

**SUBTOTAL \$ 55.90**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period                    |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                       | 01/01/2024 |                                |
| through                                    | 06/30/2024 | Page <u>25</u> of <u>28</u>    |
| NAME OF FILER                              |            | I.D. NUMBER                    |
| Barbara Leary for Folsom City Council 2024 |            | 1469241                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Barbara Leary for Folsom City Council 2024

Page 25 of 28

I.D. NUMBER  
1469241

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                    | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| eFundraising Connections<br>2831 G Street, Suite 200<br>Sacramento CA 95816            | OFC     |                        | 14.50       |
| Political Data Intelligence<br>3780 Kilroy Airport Way, Ste 200<br>Long Beach CA 90806 | LIT     |                        | 300.00      |
| Political Data Intelligence<br>3780 Kilroy Airport Way, Ste 200<br>Long Beach CA 90806 | WEB     |                        | 500.00      |
| River City Business Services<br>5445 Madison Avenue<br>Sacramento CA 95841             | PRO     |                        | 502.93      |
|  |         |                        |             |

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

**SUBTOTAL \$ 1,317.43**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

|  |            |                            |
|--|------------|----------------------------|
| Statement covers period                    |            | <b>CALIFORNIA FORM 460</b> |
| from                                       | 01/01/2024 |                            |
| through                                    | 06/30/2024 | Page 26 of 28              |
| NAME OF FILER                              |            | I.D. NUMBER                |
| Barbara Leary for Folsom City Council 2024 |            | 1469241                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Barbara Leary for Folsom City Council 2024

I.D. NUMBER

1469241

**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                   |
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| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT        | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|---------------------------------------|---|------------------------------------|--|--|
| Golden 1 Credit Union<br>1117 E Bidwell St<br>Folsom CA 95630          | LIT                                   | 0.00  | 204.70                             | 0.00   | 204.70   |
| Golden 1 Credit Union<br>1117 E Bidwell St<br>Folsom CA 95630          | WEB                                   | 0.00  | 25.00                              | 0.00   | 25.00  |
| Golden 1 Credit Union<br>1117 E Bidwell St<br>Folsom CA 95630          | FND<br>Appetizers & Beverages<br>Only | 0.00  | 148.41                             | 0.00   | 148.41   |
| <b>SUBTOTALS \$</b>  |                                       | <b>0.00 \$</b>                                      | <b>378.11 \$</b>                   | <b>0.00 \$</b>                                       | <b>378.11</b>                                      |

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

**Schedule F Summary**

- 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 \$** 745.38
- 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 \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 745.38

May be a negative number

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2024 |                                |
| through                 | 06/30/2024 | Page <u>27</u> of <u>28</u>    |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024 | I.D. NUMBER<br>1469241 |
|---|------------------------|

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)     | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| River City Business Services<br>5445 Madison Avenue<br>Sacramento CA 95841 | PRO                               | 0.00  | 367.27                                | 0.00  | 367.27   |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
| <b>SUBTOTALS \$</b>  |                                   | <b>0.00 \$</b>  | <b>367.27 \$</b>                      | <b>0.00 \$</b>  | <b>367.27</b>  |

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

**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 |            | <b>CALIFORNIA FORM 460</b>  |
| from                    | 01/01/2024 |                             |
| through                 | 06/30/2024 | Page <u>28</u> of <u>28</u> |

SEE INSTRUCTIONS ON REVERSE

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Barbara Leary for Folsom City Council 2024      | I.D. NUMBER<br>1469241 |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR<br>Golden 1 Credit Union |                        |

**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)           |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT      | AMOUNT PAID |
|---|------|----|-----------------------------|-------------|
| Back Bistro<br>230 Palladio Parkway<br>Folsom CA 95630                          | FND  |    | Appetizers & Beverages Only | 148.41      |
| Lake Natoma Printing<br>703-C Natoma Street<br>Folsom CA 95630                  | LIT  |    |                             | 151.39      |
|   |      |    |                             |             |
|   |      |    |                             |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 299.80**

\* 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.