

**Recipient Committee  
Campaign Statement  
Cover Page**

400-1 GE24

COVER PAGE

Date Stamp <b>RECEIVED</b> LOS ANGELES COUNTY ① 9/25/24 2024 SEP 30 PM 2:05 <b>CAMPAIGN FINANCE</b>	<b>CALIFORNIA FORM 460</b>
Page 11 of 7	For Official Use Only

Statement covers period  
from 7-1-24  
through 9-21-24

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

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
1465609

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

Leadership for a new generation

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Whittier CA 90605 562-652-3515

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

leadershipnewgeneration@gmail.com

**Treasurer(s)**

NAME OF TREASURER

Robert Bojorquez

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Whittier CA 90603 562-652-3515

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/25/24  
Date

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

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

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

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

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

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

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

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	Page <u>2</u> of <u>7</u>
	I.D. NUMBER 1465609

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ 7000	\$ 7000
2. Loans Received..... <i>Schedule B, Line 3</i>	0	0
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ 7000	\$ 7000
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ 7000	\$ 7000

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 0	\$ 7000
21. Expenditures Made	\$ 0	\$ 4566.62

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ 4566.62	\$ 4566.62
7. Loans Made..... <i>Schedule H, Line 3</i>	0	0
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ 4566.62	\$ 4566.62
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	0	0
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	0	0
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ 4566.62	\$ 4566.22

## Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ 0
____/____/____	\$ 0

## Current Cash Statement

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ 52.00
13. Cash Receipts..... <i>Column A, Line 3 above</i>	7000
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	0
15. Cash Payments..... <i>Column A, Line 8 above</i>	4566.62
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 2485.38

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

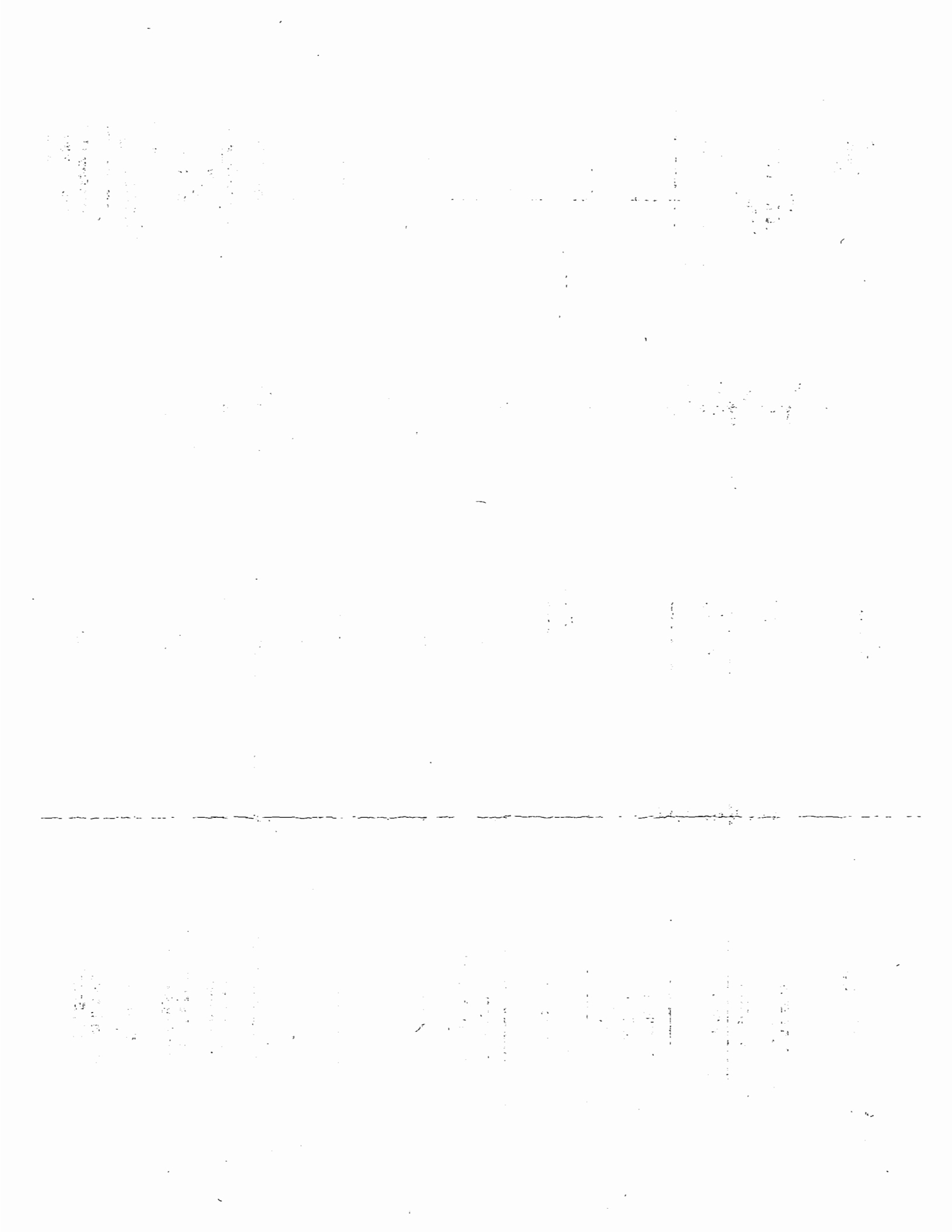
\*Amounts in this section may be different from amounts reported in Column B.

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

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ 0
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ 0
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ 0



**Schedule A  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b> Page <u>3</u> of <u>7</u>
I.D. NUMBER 1465609	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Leadership for a new generation

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-19-24	Rick Oliveras Atty Los Angeles, CA 90071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Olivarez Madruga Law LLP Attorney	2000	2000	
8-20-24	Bing Yang Pasadena, CA 91107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WG LLC Executive	4000	4000	
9-16-24	Kudos LLC Long Beach, CA 90805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>7000</b>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 7000
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 7000

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

Amounts may be rounded to whole dollars.

SCHEDULE D

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Leadership for a new Generation

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-10-24	Larry Rodriquez Rodriquez for City Council ID #1470202 City of South El Monte CA 91773	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer Postcard - Postage and Printing- Mailing	1052.47	1052.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9-10-24	Hector Delgado Delgado for City Council ID 1233434 City of South El Monte CA 91733	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer Postcard - Postage and Printing- Mailing	1052.47	1052.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9-10-24	Gracie Retamoza ID #1459154 Retamoza for Mayor City of South El Monte, CA 91773	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer Postcard - Postage and Printing- Mailing	1052.46	1052.46	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				<b>3157.40</b>		

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 4082.40
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... TOTAL.. \$ 4082.40

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Leadership for a new generation

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-17-24	Larry Rodriquez Rodriquez for City Council ID #1470202 City of South El Monte CA 91773  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Flier Delivery -	925.00	925.00	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
<b>SUBTOTAL \$ 925.00</b>						

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
		Page <u>6</u> of <u>7</u>
NAME OF FILER		I.D. NUMBER
Leadership for a new generation		1465609

SEE INSTRUCTIONS ON REVERSE

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Robert Bojorquez Whittier CA 90603	OFC	IPostal Location - Notary Services - Acct Opening balance refund -Postage fees - Gen Reimbursement for expenses	300.00
Printing SAN - Downey CA 90241	CTP	Printing - Candidate Postcards and Postage and delivery for mailing	3157.40
The Walking Man Los Angeles, CA 90021	CTP	Delivery services -	925.00

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

**SUBTOTAL \$ 4382.40**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 4486.64
2. Unitemized payments made this period of under \$100.....	\$ 79.98
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0
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 \$ 4566.62</b>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Leadership for a new generation

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Raise the Money Little Rock, AR 72221	WEB	Fees to process on-line contribution received via website	106.24

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

**SUBTOTAL \$ 106.24**