

**SEEC FORM 40**

**Itemized Campaign Finance Disclosure Statement  
For Independent Expenditure Political Committees**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised 2024



Electronic Filing

Do Not Mark in This Space For Official Use Only

**COVER PAGE**

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
<b>The Property Owner Defense League</b>			
3. TREASURER NAME			
First	MI	Last	Suffix
<b>Robert</b>	<b>J</b>	<b>De Cosmo</b>	<b>Sr</b>
4. TREASURER ADDRESS			
Street Address	City	State	Zip Code
<b>141 Greenmount Ter</b>	<b>Waterbury</b>	<b>CT</b>	<b>06708</b>
5. TYPE OF REPORT			
<b>July 10 Filing - Original</b>			
6. PERIOD COVERED			
Beginning Date		Ending Date	
<b>04/01/2025</b>		<b>06/30/2025</b>	
thru			
7. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof. Furthermore, no contribution or covered transfer disclosed herein was solicited, accepted, or received from a foreign national.			
<b>Electronic Filing</b>	<b>Robert De Cosmo</b>	<b>07/10/2025 10:08:14AM</b>	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE CERTIFIED (mm/dd/yyyy)	
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</b></p>			

**SEEC FORM 40**

Itemized Campaign Finance Disclosure Statement  
 For Independent Expenditure Political Committees  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Revised May 2016

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
<b>The Property Owner Defense League</b>	July 10 Filing - Original	
	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		<b>\$7,889.32</b>
9. Balance on hand at the beginning of Reporting Period	<b>\$8,678.62</b>	
10. Monetary Receipts (Section A and B)	<b>\$795.00</b>	<b>\$1,610.00</b>
11. Loans (Section C)	<b>\$0.00</b>	<b>\$0.00</b>
12. Total Monetary Receipts (add totals for lines 10 through 11)	<b>\$795.00</b>	<b>\$1,610.00</b>
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	<b>\$9,473.62</b>	<b>\$9,499.32</b>
14. Expenses Paid by Committee (Section G)	<b>\$30.69</b>	<b>\$56.39</b>
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	<b>\$9,442.93</b>	<b>\$9,442.93</b>
16. In-Kind Contributions Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
17. Refundable Deposit to Telephone Company (Section E)	<b>\$0.00</b>	<b>\$0.00</b>
18. Beginning Loan Balance	<b>\$0.00</b>	
18a. + Loans Received (Section C)	<b>\$0.00</b>	<b>\$0.00</b>
18b. + Interest and Penalties on Loan	<b>\$0.00</b>	<b>\$0.00</b>
18c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
18d. Total Outstanding Loan Amount	<b>\$0.00</b>	
19. Expenses Incurred on Committee Credit Card (Section H)	<b>\$0.00</b>	<b>\$0.00</b>
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	<b>\$0.00</b>	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	<b>\$0.00</b>	

**I. RECEIPTS (Section A-E)**

<b>NAME OF COMMITTEE (As reported on Page 1, Line 1)</b>	<b>TYPE OF REPORT</b>
The Property Owner Defense League	July 10 Filing - Original

<b>A. Total Contributions from Small Individual Contributors-Received this Period ONLY</b>	<b>\$0.00</b>
<i>(See instructions for definition of Small Individual Contributor)</i>	<b>Subtotal Section A</b>

**B. Itemized Monetary Receipts**

Name Menahem Lebenhartz			
Street Address 151 E 31st St Apt 30B		City New York	State NY
Principal Occupation (if applicable) manager		Name of Employer (if applicable) Lionhart holdings llc	
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Committee	<input type="checkbox"/> Other	Type of Receipt : <input checked="" type="checkbox"/> Contribution
<input type="checkbox"/> Bank	<input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Affiliated Organization	<input type="checkbox"/> Reimbursement for Shared Expense
			<input type="checkbox"/> Bank Interest
			<input type="checkbox"/> Surplus Distribution
			<input type="checkbox"/> Contribution from Affiliated Treasury
			<input type="checkbox"/> Miscellaneous
Is this receipt associated with an event reported in Section F?	<input type="checkbox"/> Yes	Method of Receipt	<input type="checkbox"/> Cash
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Check
			<input checked="" type="checkbox"/> EFT
If yes, list Event #		<input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Payroll Deduction
			<input type="checkbox"/> Money Order
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes	Is contributor a state contractor, prospective state contractor or principal thereof?	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> No
		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive	<input type="checkbox"/> Legislative
Description (if applicable)		Date Received	Aggregate Receipts
		06/30/2025	\$2,275.00
			\$115.00

Name Abraham Meer			
Street Address 419 Whalley Ave Ste 200		City New Haven	State CT
Principal Occupation (if applicable) Real Estate Manager		Name of Employer (if applicable) self	
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Committee	<input type="checkbox"/> Other	Type of Receipt : <input checked="" type="checkbox"/> Contribution
<input type="checkbox"/> Bank	<input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Affiliated Organization	<input type="checkbox"/> Reimbursement for Shared Expense
			<input type="checkbox"/> Bank Interest
			<input type="checkbox"/> Surplus Distribution
			<input type="checkbox"/> Contribution from Affiliated Treasury
			<input type="checkbox"/> Miscellaneous
Is this receipt associated with an event reported in Section F?	<input type="checkbox"/> Yes	Method of Receipt	<input type="checkbox"/> Cash
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Check
			<input checked="" type="checkbox"/> EFT
If yes, list Event #		<input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Payroll Deduction
			<input type="checkbox"/> Money Order
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes	Is contributor a state contractor, prospective state contractor or principal thereof?	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> No
		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive	<input type="checkbox"/> Legislative
Description (if applicable)		Date Received	Aggregate Receipts
		06/07/2025	\$750.00
			\$150.00

Name <b>Menahem Lebenhartz</b>			
Street Address <b>151 E 31st St Apt 30B</b>		City <b>New York</b>	State <b>NY</b>
Principal Occupation (if applicable) <b>manager</b>		Name of Employer (if applicable) <b>Lionhart holdings llc</b>	
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT	Aggregate Receipts <b>\$2,160.00</b>	
If yes, list Event #	<input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Amount Received	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount Received	
Description (if applicable)		Date Received <b>05/30/2025</b>	<b>\$115.00</b>

Name <b>Abraham Meer</b>			
Street Address <b>419 Whalley Ave Ste 200</b>		City <b>New Haven</b>	State <b>CT</b>
Principal Occupation (if applicable) <b>Developer</b>		Name of Employer (if applicable) <b>Urban Haven Group</b>	
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT	Aggregate Receipts <b>\$725.00</b>	
If yes, list Event #	<input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Amount Received	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount Received	
Description (if applicable)		Date Received <b>05/07/2025</b>	<b>\$150.00</b>

Name <b>Menahem Lebenhartz</b>			
Street Address <b>151 E 31st St Apt 30B</b>		City <b>New York</b>	State <b>NY</b>
Principal Occupation (if applicable) <b>manager</b>		Name of Employer (if applicable) <b>Lionhart holdings llc</b>	
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Receipts <b>\$2,045.00</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount Received	
Description (if applicable)		Date Received <b>04/30/2025</b>	<b>\$115.00</b>

  

Name <b>Abraham Meer</b>			
Street Address <b>419 Whalley Ave Ste 200</b>		City <b>New Haven</b>	State <b>CT</b>
Principal Occupation (if applicable) <b>Real Estate Manager</b>		Name of Employer (if applicable) <b>self</b>	
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Receipts <b>\$600.00</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount Received	
Description (if applicable)		Date Received <b>04/07/2025</b>	<b>\$150.00</b>

  

<b>Total of Section B</b>		<b>\$795.00</b>
<b>TOTAL OF ALL RECEIPTS</b> (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>		<b>\$795.00</b>

I. RECEIPTS (Section A-E)					
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT		
The Property Owner Defense League			July 10 Filing - Original		
C. Loans Received this Period					
Name of Lender		Source of Loan:		Date of Receipt	
		Bank	Individual	Committee	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes      No
Name of Cosigner/Guarantor (if applicable)					
Street Address		City	State	Zip Code	<b>Amount Received</b>
<b>Total of Section C</b>					

I. RECEIPTS (Sections A-E)				
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
The Property Owner Defense League			July 10 Filing - Original	
D. In-Kind Contributions				
Name				
Street Address		City	State	Zip Code
Type of Contributor:	Individual / Sole Proprietorship	Committee	Date Received	Aggregate Receipts
	Other	Affiliated Business Entity	Affiliated Organization	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a state contractor, prospective state contractor or principal thereof? If yes, indicate which branch or branches of government the contract is with: Executive      Legislative		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F?	Yes No	Description of In-Kind Contribution		
If yes, list Event#				
<b>Total of Section D</b>				

<b>I. Receipts (Sections A - E)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
The Property Owner Defense League			July 10 Filing - Original	
<b>E. Refundable Deposit to Telephone Company</b>				
Last Name of Individual		First Name	MI	Date Deposit Made
Residential Street Address		City	State	Zip Code
Name of Telephone company				Amount of Deposit
Street Address		City	State	
<b>Total of Section E</b>				

<b>II. EVENT ACTIVITY (Sections F)</b>				
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
The Property Owner Defense League			July 10 Filing - Original	
<b>F. Event Information</b>				
Event # Date of Event	Letter	Description		Was this a fundraising event? Yes                  No
Location: Street Address		City	State	Zip Code

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
The Property Owner Defense League	July 10 Filing - Original

**G. Expenses Paid By Committee**

Name of Payee Paypal		Date of Payment 04/09/2025		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2211 N 1st St		City San Jose		State CA	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Payment Processing Fee			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) Misc *		Expenditure Number Section G   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$5.73	Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I   Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

Name of Payee Paypal		Date of Payment 04/30/2025		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2211 N 1st St		City San Jose		State CA	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Payment Processing Fee			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) Misc *		Expenditure Number Section G   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$4.50	Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I   Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
The Property Owner Defense League	July 10 Filing - Original

**G. Expenses Paid By Committee**

Name of Payee Paypal		Date of Payment 05/07/2025		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2211 N 1st St		City San Jose		State CA	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Payment Processing Fee			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) Misc *		Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$5.73
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number Section   Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

Name of Payee Paypal		Date of Payment 05/30/2025		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2211 N 1st St		City San Jose		State CA	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Payment Processing Fee			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) Misc *		Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$4.50
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number Section   Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
The Property Owner Defense League	July 10 Filing - Original

**G. Expenses Paid By Committee**

Name of Payee Paypal		Date of Payment 06/07/2025		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2211 N 1st St		City San Jose		State CA	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Payment Processing Fee			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) Misc *		Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$5.73	Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number Section   Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

Name of Payee Paypal		Date of Payment 06/30/2025		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2211 N 1st St		City San Jose		State CA	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Payment Processing Fee			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) Misc *		Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$4.50	Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number Section   Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

<b>Total of Section G</b>	<b>\$30.69</b>
---------------------------	----------------

**III. EXPENDITURES (Sections G - J)**

<b>NAME OF COMMITTEE (As reported on Page 1, Line 1)</b>	<b>TYPE OF REPORT</b>
The Property Owner Defense League	July 10 Filing - Original

**H. Expenses Incurred on Committee Credit Card**

<b>Name of Issuing Institution</b>	<b>Type of Credit Card:</b> Visa      Master Card      Discover      American Express Other
------------------------------------	---

<b>Name of Vendor, Person or Entity</b>	<b>Date of Transaction</b>
---	----------------------------

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
-----------------------	-------------	--------------	-----------------

<b>If an Independent Expenditure, is it on behalf of more than one candidate?</b> Yes      No      If yes, complete Section H. Addendum	<b>Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)</b>	<b>Event #</b>
--	---	----------------

<b>Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)</b>	<b>Office Sought</b>	<b>Supported</b>  <b>Opposed</b>
--	----------------------	--

<b>Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum</b> Yes      No	<b>Purpose of Expenditure (by code)</b>	<b>Expenditure Number</b> Section      Number H	<b>Associated with Referendum?</b> Yes      No	<b>Amount</b>
--	---	---	---	---------------

**Total of Section H**

**III. EXPENDITURES (Sections G - J)**

<b>NAME OF COMMITTEE (As reported on Page 1, Line 1)</b>	<b>TYPE OF REPORT</b>
The Property Owner Defense League	July 10 Filing - Original

**I. Expenses Incurred By Committee but Not Paid During this Period**

Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate?  Yes                      No                      If yes, complete Section I. Addendum		Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)			Office Sought	Supported  Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum  Yes                      No	Purpose of Expenditure (by code)	Expenditure Number Section      Number  I		Associated with Referendum?  Yes                      No

<b>Total of Section I</b>				
---------------------------	--	--	--	--

### III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
The Property Owner Defense League	July 10 Filing - Original

#### J. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
		Check #	Debit Card	EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one Candidate?  Yes                      No                      If yes, complete Section J. Addendum		Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)		Office Sought		Supported  Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum  Yes                      No	Purpose of Expenditure (by code)	Expenditure Number  Section                      Number  J		Associated with Referendum?  Yes                      No
				Amount

**Total of Section J**

### IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
The Property Owner Defense League	July 10 Filing - Original

#### K. Five Largest Contributions Disclosed in Communication

Source of Contribution - Name of Person Making Contribution	Expenditure Number Section                      Number	
Address of Person Making Contribution - City	State	Zip Code
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution	Amount	

**IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
The Property Owner Defense League	July 10 Filing - Original
<b>L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication</b>	

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number Section   Number	
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known)	State	Zip Code

**Section G. ADDENDUM**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

**G. Expenses Paid By Committee - Addendum**

<b>Expenditure Number as reported in Section G</b> <b>G</b>	<b>Total Amount of the Expenditure</b>
--	--

Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported  Opposed	Amount Allocated

**Section H. ADDENDUM**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

**H. Expenses Incurred on Committee Credit Card - Addendum**

<b>Expenditure Number as reported in Section H</b>	<b>Total Amount of Expenditure</b>
<b>H</b>	

Description	Expenditure Code

Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

**Section I. ADDENDUM**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

**I. Expenses Incurred by Committee but Not Paid During this Period - Addendum**

<b>Expenditure Number as reported in Section I</b>	<b>Total Amount of the Expenditure</b>
<b>I</b>	

Description	Expenditure Code

Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

**Section J. ADDENDUM**

NAME OF COMMITTEE (As reported on Page 1, Line 1)

TYPE OF REPORT

**J. Itemization of Reimbursements and Secondary Payees - Addendum**

Expenditure Number as reported in Section J

Total Amount of the Expenditure

**J**

Description

Expenditure Code

Name of Candidate

Office Sought (if applicable)

Supported

Amount Allocated

Opposed