

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

|                                                                                       |                                                                            |                                                                                                  |                                                                                   |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>Statement covers period</b><br><b>from</b> 10/18/2020<br><b>through</b> 12/31/2020 | <b>Date of election if applicable:</b><br>(Month, Day, Year)<br>11/03/2020 | <b>Date Stamp</b><br><div>E-Filed<br/>02/01/2021<br/>10:43:14<br/>Filing ID:<br/>196633740</div> | <b>CALIFORNIA FORM 460</b><br><b>Page</b> 1 <b>of</b> 11<br>For Official Use Only |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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>(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)                                   |                                                                               |

## 3. Committee Information

I.D. NUMBER  
1421924

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Menthe for Culver City Council 2020

STREET ADDRESS (NO P.O. BOX)

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| Culver City | CA    | 90232    | (310) 770-2830  |

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

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

OPTIONAL: FAX / E-MAIL ADDRESS  
darrel@mentheforculvercity.com

## Treasurer(s)

NAME OF TREASURER

Maren Neufeld

MAILING ADDRESS

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| Culver City | CA    | 90232    | (310) 617-8325  |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS  
maren@mentheforculvercity.com

## 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 02/01/2021  
Date

Executed on 02/01/2021  
Date

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

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

By Maren Neufeld  
Signature of Treasurer or Assistant Treasurer

By Darrel Menthe  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Darrel Menthe

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

City Council Member City Council: Culver City

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY        | STATE | ZIP   |
|-----------------------------------------------|-------------|-------|-------|
|                                               | Culver City | CA    | 90232 |

**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<br>from 10/18/2020<br>through 12/31/2020 | <b>CALIFORNIA FORM 460</b> |
| Page 3 of 11                                                     | I.D. NUMBER<br>1421924     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Menthe for Culver City Council 2020

## Contributions Received

|                                       |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--------------------|------------------------------------------------------------|--------------------------------------------|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$ 3,500.00                                                | \$ 31,682.00                               |
| 2. Loans Received .....               | Schedule B, Line 3 | 300.00                                                     | 3,500.00                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$ 3,800.00                                                | \$ 35,182.00                               |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | 0.00                                                       | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$ 3,800.00                                                | \$ 35,182.00                               |

## 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 | \$               | \$          |
| 21. Expenditures Made      | \$               | \$          |

## Expenditures Made

|                                          |                      |             |              |
|------------------------------------------|----------------------|-------------|--------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ 8,343.73 | \$ 41,294.10 |
| 7. Loans Made .....                      | Schedule H, Line 3   | 0.00        | 0.00         |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$ 8,343.73 | \$ 41,294.10 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | 0.00        | 0.00         |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | 0.00        | 0.00         |
| 11. TOTALEXPENDITURES MADE .....         | Add Lines 8 + 9 + 10 | \$ 8,343.73 | \$ 41,294.10 |

## Expenditure Limit Summary for State Candidates

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

## Current Cash Statement

|                                                           |                                               |             |
|-----------------------------------------------------------|-----------------------------------------------|-------------|
| 12. Beginning Cash Balance .....                          | Previous Summary Page, Line 16                | \$ 3,975.16 |
| 13. Cash Receipts .....                                   | Column A, Line 3 above                        | 3,800.00    |
| 14. Miscellaneous Increases to Cash .....                 | Schedule I, Line 4                            | 1,440.84    |
| 15. Cash Payments .....                                   | Column A, Line 8 above                        | 8,343.73    |
| 16. ENDING CASH BALANCE .....                             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 872.27   |
| If this is a termination statement, Line 16 must be zero. |                                               |             |
| 17. LOAN GUARANTEES RECEIVED .....                        | Schedule B, Part 2                            | \$ 0.00     |

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).

## Cash Equivalents and Outstanding Debts

|                             |                                       |             |
|-----------------------------|---------------------------------------|-------------|
| 18. Cash Equivalents .....  | See instructions on reverse           | \$ 0.00     |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$ 3,500.00 |

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

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 10/18/2020  
through 12/31/2020

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Menthe for Culver City Council 2020

I.D. NUMBER

1421924

| 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<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------|------------------------------------------|
| 10/18/2020    | Ashly Burch<br>Culver City, CA 90232                                                            | <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 | Actor<br>Self                                                                                       | 750.00                            | 750.00                                                    | G2020 \$750.00                           |
| 10/18/2020    | Carolyn DeVinny<br>Culver City, CA 90232                                                        | <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 | N/A<br>Retired                                                                                      | 50.00                             | 182.00                                                    | G2020 \$182.00                           |
| 10/20/2020    | Dale Hintz<br>Fullerton, CA 92831                                                               | <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 | Sales Executive<br>King Relocation                                                                  | 500.00                            | 500.00                                                    | G2020 \$500.00                           |
| 10/22/2020    | Sierra Club (ID# 1399719)<br>Los Angeles, CA 90010                                              | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                                     | 150.00                            | 150.00                                                    | G2020 \$150.00                           |
| 10/29/2020    | Haifaa Moammar<br>Culver City, CA 90230                                                         | <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 | Unemployed<br>N/A                                                                                   | 250.00                            | 250.00                                                    | G2020 \$250.00                           |

**SUBTOTAL \$** 1,700.00

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,900.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 1,600.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 3,500.00

### \*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

FPPC Form 460 (Jan/2016)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 10/18/2020

through 12/31/2020

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER

Menthe for Culver City Council 2020

I.D. NUMBER

1421924

| 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<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|--------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------|------------------------------------------|
| 10/30/2020         | Swaminatha Gurudevan<br>Encino, CA 91436                                                        | <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 | Cardiologist<br>Lakeside Community Medical<br>Group                                                 | 200.00                            | 200.00                                                    | G2020 \$200.00                           |
|                    |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                     |                                   |                                                           |                                          |
|                    |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                     |                                   |                                                           |                                          |
|                    |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                     |                                   |                                                           |                                          |
|                    |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                     |                                   |                                                           |                                          |
|                    |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                     |                                   |                                                           |                                          |
| <b>SUBTOTAL \$</b> |                                                                                                 |                                                                                                                                                                         |                                                                                                     | 200.00                            |                                                           |                                          |

**\*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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

|                                                                                |  |                                                                                    |
|--------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|
| Statement covers period<br>from <u>10/18/2020</u><br>through <u>12/31/2020</u> |  | <b>CALIFORNIA FORM 460</b><br>Page <u>6</u> of <u>11</u><br>I.D. NUMBER<br>1421924 |
|--------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Menthe for Culver City Council 2020

| 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                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| Darrel Menthe<br>Culver City, CA 90232<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney<br>Self                                                                              | \$ <u>200.00</u>                                 | \$ <u>0.00</u>                     | <input type="checkbox"/> PAID<br>\$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN<br>\$ <u>0.00</u> | \$ <u>200.00</u><br><br>09/21/2021<br>DATE DUE     | <u>0</u> %<br>RATE<br>\$ <u>0.00</u> | \$ <u>200.00</u><br><br>09/21/2020<br>DATE INCURRED   | CALENDAR YEAR<br>\$ <u>5,400.00</u><br>PER ELECTION**<br>\$ <u>G2020 1,900.00</u> |
| Darrel Menthe<br>Culver City, CA 90232<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney<br>Self                                                                              | \$ <u>1,000.00</u>                               | \$ <u>0.00</u>                     | <input type="checkbox"/> PAID<br>\$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN<br>\$ <u>0.00</u> | \$ <u>1,000.00</u><br><br>10/02/2021<br>DATE DUE   | <u>0</u> %<br>RATE<br>\$ <u>0.00</u> | \$ <u>1,000.00</u><br><br>10/02/2020<br>DATE INCURRED | CALENDAR YEAR<br>\$ <u>5,400.00</u><br>PER ELECTION**<br>\$ <u>G2020 1,900.00</u> |
| Darrel Menthe<br>Culver City, CA 90232<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney<br>Self                                                                              | \$ <u>2,000.00</u>                               | \$ <u>0.00</u>                     | <input type="checkbox"/> PAID<br>\$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN<br>\$ <u>0.00</u> | \$ <u>2,000.00</u><br><br>10/06/2021<br>DATE DUE   | <u>0</u> %<br>RATE<br>\$ <u>0.00</u> | \$ <u>2,000.00</u><br><br>10/06/2020<br>DATE INCURRED | CALENDAR YEAR<br>\$ <u>5,400.00</u><br>PER ELECTION**<br>\$ <u>G2020 1,900.00</u> |
| <b>SUBTOTALS \$</b>                                                                                                                                                                                         |                                                                                               | 0.00\$                                           | 0.00\$                             | 0.00\$                                                                                                 | 3,200.00\$                                         | 0.00                                 |                                                       |                                                                                   |

## Schedule B Summary

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

- Loans received this period ..... \$ 300.00  
(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 \$** 300.00  
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 B – Part 1 (Continuation Sheet)

## Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1 (CONT.)

|                                                                                |                            |
|--------------------------------------------------------------------------------|----------------------------|
| Statement covers period<br>from <u>10/18/2020</u><br>through <u>12/31/2020</u> | <b>CALIFORNIA FORM 460</b> |
|                                                                                | Page <u>7</u> of <u>11</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Menthe for Culver City Council 2020

I.D. NUMBER

1421924

| 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<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD *                                       | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN     | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------|------------------------------------------|---------------------------------------------------------------------|
| Darrel Menthe<br>Culver City, CA 90232                                                                                                                        | Attorney<br>Self                                                                              | \$ 0.00                                                   | \$ 300.00                                | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 300.00<br>11/13/2021<br>DATE DUE                         | 0%<br>RATE<br>\$ 0.00                  | \$ 300.00<br>11/13/2020<br>DATE INCURRED | CALENDAR YEAR<br>\$ 5,400.00<br>PER ELECTION**<br>\$ 62020 1,900.00 |
| † <input checked="" 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>\$           | \$<br>DATE DUE                                              | %<br>RATE<br>\$                        | \$<br>DATE INCURRED                      | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$                         |
| † <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>\$           | \$<br>DATE DUE                                              | %<br>RATE<br>\$                        | \$<br>DATE INCURRED                      | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$                         |
| † <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>\$           | \$<br>DATE DUE                                              | %<br>RATE<br>\$                        | \$<br>DATE INCURRED                      | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$                         |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |                                                                                               |                                                           |                                          |                                                                                          |                                                             |                                        |                                          |                                                                     |
| <b>SUBTOTALS \$</b>                                                                                                                                           |                                                                                               | 300.00                                                    | \$                                       | 0.00                                                                                     | \$                                                          | 300.00                                 | \$                                       | 0.00                                                                |

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

\*\* If required.

†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 E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                                     |            |                                |
|-------------------------------------|------------|--------------------------------|
| Statement covers period             |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                | 10/18/2020 |                                |
| through                             | 12/31/2020 | Page 8 of 11                   |
| NAME OF FILER                       |            | I.D. NUMBER                    |
| Menthe for Culver City Council 2020 |            | 1421924                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Menthe for Culver City Council 2020

**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 |
|---------------------------------------------------------------------|------|----|------------------------|-------------|
| Grantrum LLC<br>Culver City, CA 90230                               | LIT  |    |                        | 405.00      |
| Michelle Mayans<br>Culver City, CA 90232                            | FND  |    |                        | 2,115.01    |
| Maren Neufeld<br>Culver City, CA 90232                              | PRO  |    |                        | 600.00      |

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

**SUBTOTAL \$** 3,120.01

## Schedule E Summary

|                                                                                                                    |                          |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)                                         | \$ 8,313.73              |
| 2. Unitemized payments made this period of under \$100                                                             | \$ 30.00                 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ 0.00                  |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$</b> 8,343.73 |

# Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

|                                     |            |                                |
|-------------------------------------|------------|--------------------------------|
| Statement covers period             |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                | 10/18/2020 |                                |
| through                             | 12/31/2020 | Page 9 of 11                   |
| NAME OF FILER                       |            | I.D. NUMBER                    |
| Menthe for Culver City Council 2020 |            | 1421924                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Menthe for Culver City Council 2020

**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 |
|---------------------------------------------------------------------|------|----|------------------------|-------------|
| Hewitt Campaigns, Inc.<br>San Antonio, TX 78258                     | PRT  |    |                        | 1,500.00    |
| Grantrum LLC<br>Culver City, CA 90230                               | LIT  |    |                        | 424.67      |
| JHSM Holdings<br>Teaneck, NJ 07666                                  | PHO  |    |                        | 600.00      |
| Crystal Litz<br>West Hollywood, CA 90046                            | CMP  |    |                        | 234.60      |
| ActBlue<br>Somerville, MA 02144-0031                                | CMP  |    |                        | 135.33      |

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

**SUBTOTAL \$** 2,894.60

# Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

|                                     |            |                                |
|-------------------------------------|------------|--------------------------------|
| Statement covers period             |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                | 10/18/2020 |                                |
| through                             | 12/31/2020 | Page 10 of 11                  |
| NAME OF FILER                       |            | I.D. NUMBER                    |
| Menthe for Culver City Council 2020 |            | 1421924                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Menthe for Culver City Council 2020

**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 |
|---------------------------------------------------------------------|------|----|------------------------|-------------|
| ActBlue<br>Somerville, MA 02144-0031                                | CMP  |    |                        | 198.12      |
| LP Campaigns<br>West Hollywood, CA 90046                            | CNS  |    |                        | 1,500.00    |
| Maren Neufeld<br>Culver City, CA 90232                              | PRO  |    |                        | 600.00      |
| ActBlue<br>Somerville, MA 02144-0031                                | CMP  |    |                        | 1.00        |
|                                                                     |      |    |                        |             |

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

**SUBTOTAL \$** 2,299.12

# Schedule I

## Miscellaneous Increases to Cash

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/18/2020  
through 12/31/2020

SCHEDULE I  
**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Menthe for Culver City Council 2020

I.D. NUMBER

1421924

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---------------------------------------------------------------------------|------------------------|----------------------------|
| 11/16/2020    | California Families Vote Green (ID# 140855)<br>Long Beach, CA 91105       | Refund                 | 1,440.84                   |
|               |                                                                           |                        |                            |
|               |                                                                           |                        |                            |
|               |                                                                           |                        |                            |
|               |                                                                           |                        |                            |
|               |                                                                           |                        |                            |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 1,440.84

### Schedule I Summary

- Itemized increases to cash this period. .... \$ 1,440.84
- Unitemized increases to cash of under \$100 this period. .... \$ 0.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ 0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** 1,440.84