

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

|                                                                                       |                                                                            |                                                                                                       |                                                                            |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>Statement covers period</b><br><b>from</b> 07/01/2022<br><b>through</b> 09/24/2022 | <b>Date of election if applicable:</b><br>(Month, Day, Year)<br>11/08/2022 | <b>Date Stamp</b><br><div>E-Filed<br/>09/28/2022<br/>22:11:01<br/><br/>Filing ID:<br/>204864773</div> | <b>CALIFORNIA FORM 460</b><br><br>Page 1 of 8<br><br>For Official Use Only |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

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

## 2. Type of Statement:

- |                                                                                                                                                                                                                                                           |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination)<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 3. Committee Information

I.D. NUMBER  
Pending

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Vote16 Culver City

STREET ADDRESS (NO P.O. BOX)

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| Culver City | CA    | 90232    |                 |

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

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

OPTIONAL: FAX / E-MAIL ADDRESS  
vote16cc@gmail.com

## Treasurer(s)

NAME OF TREASURER

Michelle Zhou

MAILING ADDRESS

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| Culver City | CA    | 90230    |                 |

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 09/28/2022  
Date

Executed on 09/28/2022  
Date

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

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

By Michelle Zhou  
Signature of Treasurer or Assistant Treasurer

By Ada Meighan-Thiel  
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

CALIFORNIA  
FORM 460

Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE  
Measure VY

BALLOT NO. OR LETTER

JURISDICTION

☒ SUPPORT  
☐ OPPOSE

VY

City of Culver City

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                                                                  |                            |
|------------------------------------------------------------------|----------------------------|
| Statement covers period<br>from 07/01/2022<br>through 09/24/2022 | <b>CALIFORNIA FORM 460</b> |
| Page 3 of 8                                                      | I.D. NUMBER<br>Pending     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vote16 Culver City

## 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 | \$ 4,520.00                                                | \$ 4,520.00                                |
| 2. Loans Received .....               | Schedule B, Line 3 | 0.00                                                       | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$ 4,520.00                                                | \$ 4,520.00                                |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | 170.56                                                     | 170.56                                     |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$ 4,690.56                                                | \$ 4,690.56                                |

## 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   | \$ 88.94  | \$ 88.94  |
| 7. Loans Made .....                      | Schedule H, Line 3   | 0.00      | 0.00      |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$ 88.94  | \$ 88.94  |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | 0.00      | 0.00      |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | 170.56    | 170.56    |
| 11. TOTALEXPENDITURES MADE .....         | Add Lines 8 + 9 + 10 | \$ 259.50 | \$ 259.50 |

## 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

| Current Cash Statement                                    |                                               |             |
|-----------------------------------------------------------|-----------------------------------------------|-------------|
| 12. Beginning Cash Balance .....                          | Previous Summary Page, Line 16                | \$ 0.00     |
| 13. Cash Receipts .....                                   | Column A, Line 3 above                        | 4,520.00    |
| 14. Miscellaneous Increases to Cash .....                 | Schedule I, Line 4                            | 0.00        |
| 15. Cash Payments .....                                   | Column A, Line 8 above                        | 88.94       |
| 16. <b>ENDING CASH BALANCE</b> .....                      | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 4,431.06 |
| If this is a termination statement, Line 16 must be zero. |                                               |             |
| <hr/>                                                     |                                               |             |
| 17. <b>LOAN GUARANTEES RECEIVED</b> .....                 | 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

## 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 | \$ 0.00 |

\*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 07/01/2022  
through 09/24/2022

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

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vote16 Culver City

I.D. NUMBER

Pending

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------|---------------------------------------|
| 08/06/2022         | Patrick Meighan<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 | Writer<br>Fox Animation / 'Family Guy'                                                        | 250.00                      | 250.00                                                    | G2022 \$250.00                        |
| 09/01/2022         | Michelle Weiner<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 | Not Employed<br>Not Employed                                                                  | 100.00                      | 200.00                                                    | G2022 \$200.00                        |
| 09/03/2022         | Disa Lindgren<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 | Technical Assistance &<br>Support Coordinator<br>Insperity                                    | 1,000.00                    | 1,000.00                                                  | G2022 \$1,000.00                      |
| 09/04/2022         | Amy Thiel<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 | School Nurse<br>CCUSD                                                                         | 50.00                       | 2,050.00                                                  | G2022 \$2,050.00                      |
| 09/06/2022         | Brian Guerrero<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 | Teacher<br>Lennox School District                                                             | 100.00                      | 100.00                                                    | G2022 \$100.00                        |
| <b>SUBTOTAL \$</b> |                                                                                                 |                                                                                                                                                                         |                                                                                               | 1,500.00                    |                                                           |                                       |

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3,925.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 595.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 4,520.00

### \*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 07/01/2022

through 09/24/2022

**CALIFORNIA**  
**FORM 460**

Page 5 of 8

NAME OF FILER

Vote16 Culver City

I.D. NUMBER

Pending

| 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) |
|--------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------|------------------------------------------|
| 09/09/2022         | Sadie Gelder<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 | Consultant<br>Sadie Van Gelder                                                                      | 25.00                             | 125.00                                                    | G2022 \$125.00                           |
| 09/10/2022         | Sadie Gelder<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 | Consultant<br>Sadie Van Gelder                                                                      | 100.00                            | 125.00                                                    | G2022 \$125.00                           |
| 09/10/2022         | Cynthia Hart<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 | Accountant<br>LA Cnty NHM Fdn                                                                       | 100.00                            | 100.00                                                    | G2022 \$100.00                           |
| 09/10/2022         | Freddy Puza<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 | Community Relations<br>LMU                                                                          | 100.00                            | 100.00                                                    | G2022 \$100.00                           |
| 09/10/2022         | Michelle Weiner<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 | Not Employed<br>Not Employed                                                                        | 100.00                            | 200.00                                                    | G2022 \$200.00                           |
| <b>SUBTOTAL \$</b> |                                                                                                 |                                                                                                                                                                         |                                                                                                     | 425.00                            |                                                           |                                          |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 07/01/2022

through 09/24/2022

**CALIFORNIA**  
**FORM 460**

Page 6 of 8

NAME OF FILER

Vote16 Culver City

I.D. NUMBER

Pending

| 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) |
|--------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------|------------------------------------------|
| 09/11/2022         | Amy Thiel<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 | School Nurse<br>CCUSD                                                                               | 2,000.00                          | 2,050.00                                                  | G2022 \$2,050.00                         |
|                    |                                                                                                 | <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> |                                                                                                 |                                                                                                                                                                         |                                                                                                     | 2,000.00                          |                                                           |                                          |

**\*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 C Nonmonetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE C

|                                                                                |  |                                |
|--------------------------------------------------------------------------------|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2022</u><br>through <u>09/24/2022</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
|                                                                                |  | Page <u>7</u> of <u>8</u>      |
| NAME OF FILER<br><br>Vote16 Culver City                                        |  | I.D. NUMBER<br><br>Pending     |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

## Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 0.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 170.56
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** 170.56

\*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 FORM 460</b> |
| from                    | 07/01/2022 |                            |
| through                 | 09/24/2022 | Page 8 of 8                |
| NAME OF FILER           |            | I.D. NUMBER                |
| Vote16 Culver City      |            | Pending                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vote16 Culver City

**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 |
|---------------------------------------------------------------------|------|----|------------------------|-------------|
|                                                                     |      |    |                        |             |
|                                                                     |      |    |                        |             |
|                                                                     |      |    |                        |             |

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

**SUBTOTAL \$** 0.00

## Schedule E Summary

|                                                                                                                    |                 |       |
|--------------------------------------------------------------------------------------------------------------------|-----------------|-------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)                                         | \$              | 0.00  |
| 2. Unitemized payments made this period of under \$100                                                             | \$              | 88.94 |
| 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> | 88.94 |