

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/2022</u>	Date Stamp E-Filed 10/26/2022 10:56:31 Filing ID: 205305655	CALIFORNIA FORM 460 Page <u>1</u> of <u>8</u> For Official Use Only
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1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|--|--|
| ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
<small>(Also Complete Part 5)</small> | ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
<small>(Also Complete Part 6)</small> |
| ☒ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee | ☐ Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--|---|
| ☒ Preelection Statement | ☐ Quarterly Statement |
| ☐ Semi-annual Statement | ☐ Special Odd-Year Report |
| ☐ Termination Statement
(Also file a Form 410 Termination) | ☐ Supplemental Preelection Statement - Attach Form 495 |
| ☒ Amendment (Explain below) | |

correcting misinformation regarding candidate support

3. Committee Information

I.D. NUMBER
1439599

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

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Culver City</u>	<u>CA</u>	<u>90230</u>	<u>(310)936-2831</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
culvercityneighborsunited@gmail.com

Treasurer(s)

NAME OF TREASURER

Anthony Rizzo

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Culver City</u>	<u>CA</u>	<u>90230</u>	<u>(310)237-2277</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
emailRizzo@yahoo.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 10/25/2022
Date

Executed on 10/25/2022
Date

Executed on _____
Date

Executed on _____
Date

By Anthony Rizzo
Signature of Treasurer or Assistant Treasurer

By Jamie Wallace
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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FORM 460

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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

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ 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

☐ 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 from 09/25/2022 through 10/22/2022	CALIFORNIA FORM 460
Page 3 of 8	I.D. NUMBER 1439599

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Culver City Neighbors United

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 10,000.00	\$ 12,125.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 10,000.00	\$ 12,125.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 10,000.00	\$ 12,125.00

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	\$ 11,671.28	\$ 12,914.48
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 11,671.28	\$ 12,914.48
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	\$ 11,671.28	\$ 12,914.48

Expenditure Limit Summary for State Candidates

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 8,487.78
13. Cash Receipts	Column A, Line 3 above	10,000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	11,671.28
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6,816.50
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	\$ 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 09/25/2022
through 10/22/2022

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NAME OF FILER

Culver City Neighbors United

I.D. NUMBER

1439599

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/04/2022	Alliance for culver city to support Renteria and O'Brien for city council 2022 (ID# 1453012) Sacramento, CA 95841	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		5,000.00	10,000.00	G2022 \$10,000.00
10/22/2022	Alliance for culver city to support Renteria and O'Brien for city council 2022 (ID# 1453012) Sacramento, CA 95841	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		5,000.00	10,000.00	G2022 \$10,000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$				10,000.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 10,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 10,000.00

*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

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>		SCHEDULE D CALIFORNIA FORM 460 Page <u>5</u> of <u>8</u>	
NAME OF FILER Culver City Neighbors United		I.D. NUMBER 1439599	

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2022	Denice Renteria Culver City	☐ Monetary Contribution ☒ Nonmonetary Contribution ☐ Independent Expenditure	distribute handbills	1,150.00	5,363.66	G2022 \$5,363.66
	☒ Support ☐ Oppose					
10/05/2022	Denice Renteria Culver City	☐ Monetary Contribution ☒ Nonmonetary Contribution ☐ Independent Expenditure	handbill printing	558.49	5,363.66	G2022 \$5,363.66
	☒ Support ☐ Oppose					
10/10/2022	Dan O'Brien city	☐ Monetary Contribution ☒ Nonmonetary Contribution ☐ Independent Expenditure	distribute handbills	1,150.00	5,363.66	G2022 \$5,363.66
	☒ Support ☐ Oppose					
SUBTOTAL \$				2,858.49		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 10,727.32
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 10,727.32

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460
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NAME OF FILER

Culver City Neighbors United

I.D. NUMBER

1439599

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/05/2022	Dan O'Brien city	☐ Monetary Contribution ☒ Nonmonetary Contribution ☐ Independent Expenditure	handbill printing	558.48	5,363.66	G2022 \$5,363.66
	☒ Support ☐ Oppose					
10/21/2022	Denice Renteria Culver City	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	print and mailing of flyer	3,655.17	5,363.66	G2022 \$5,363.66
	☒ Support ☐ Oppose					
10/21/2022	Dan O'Brien city	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	print and mailing of flyer	3,655.18	5,363.66	G2022 \$5,363.66
	☒ Support ☐ Oppose					
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose					
SUBTOTAL \$				7,868.83		

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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through	10/22/2022	Page 7 of 8
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Culver City Neighbors United		1439599

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Culver City Neighbors United

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Intelligence Norwalk, CA 90652	WEB		Online campaign software subscription	500.00
Press Print Banning, CA 92220	IND		printing handbills	1,116.99
The Walking Man Los Angeles, CA 90021	IND		distributing handbills	2,300.00

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

SUBTOTAL \$ 3,916.99

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	11,669.53
2. Unitemized payments made this period of under \$100	\$	1.75
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.)	TOTAL \$	11,671.28

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

www.fppc.ca.gov

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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Culver City Neighbors United		1439599

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Culver City Neighbors United

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Intelligence Norwalk, CA 90652	WEB		voter mailing list for mailer	442.19
Press Print Banning, CA 92220	IND		Print and mailing of a flyer	7,310.35

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

SUBTOTAL \$ 7,752.54