

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from 07/01/2023 through 12/31/2023	Date of election if applicable: (Month, Day, Year) _____	Date Stamp E-Filed 01/17/2024 14:44:07 Filing ID: 209433686	CALIFORNIA FORM 460 Page <u>1</u> of <u>7</u> For Official Use Only
---	---	---	--

SEE INSTRUCTIONS ON REVERSE

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

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

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)

_____ | |

3. Committee Information

I.D. NUMBER
1429713

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Culver City Police Officers' Association PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 706-2677

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

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

OPTIONAL: FAX / E-MAIL ADDRESS
Laura@StephenCompany.com

Treasurer(s)

NAME OF TREASURER
Laura Ann Stephen

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 706-2677

NAME OF ASSISTANT TREASURER, IF ANY

Kimberly Urbano

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 706-2677

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 01/09/2024
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By Laura Ann Stephen
Signature of Treasurer or Assistant Treasurer

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

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 7

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 07/01/2023 through 12/31/2023	CALIFORNIA FORM 460 Page 3 of 7 I.D. NUMBER 1429713
--	---

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Culver City Police Officers' Association PAC

Contributions Received

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

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	\$ 0.00	\$ 50.00
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 0.00	\$ 50.00
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	\$ 0.00	\$ 50.00

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	\$ 9,242.03
13. Cash Receipts Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	0.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 9,242.03

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
---	---------

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

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

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

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2023 through 12/31/2023		CALIFORNIA FORM 460
Page 4 of 7		
NAME OF FILER Culver City Police Officers' Association PAC		I.D. NUMBER 1429713

SEE INSTRUCTIONS ON REVERSE

Culver City Police Officers' Association PAC

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/01/2023	Culver City Police Officers Assn Culver City, CA 90323	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Administrative Services	77.00 Memo	1,620.32	
	Reported pursuant to 2 Cal. Code of Regulations Sections 18215(c)(16) and 18419(c)						
07/01/2023	Culver City Police Officers Assn Culver City, CA 90323	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Administrative Services	77.00 Memo	1,620.32	
	Reported pursuant to 2 Cal. Code of Regulations Sections 18215(c)(16) and 18419(c)						
08/18/2023	Culver City Police Officers Assn Culver City, CA 90323	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Administrative Services	77.00 Memo	1,620.32	
	Reported pursuant to 2 Cal. Code of Regulations Sections 18215(c)(16) and 18419(c)						
09/06/2023	Culver City Police Officers Assn Culver City, CA 90323	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Administrative Services	293.75 Memo	1,620.32	
	Reported pursuant to 2 Cal. Code of Regulations Sections 18215(c)(16) and 18419(c)						
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL \$	0.00	

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 \$ 0.00
- 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 \$** 0.00

*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

Additional Comments
For Schedule C

ADDITIONAL COMMENTS (SCH. C)

CALIFORNIA
FORM 460

Page 5 of 7

NAME OF FILER
Culver City Police Officers' Association PAC

I.D. NUMBER
1429713

Reported pursuant to 2 Cal. Code of Regulations Sections 18215(c)(16) and 18419(c)
Reported pursuant to 2 Cal. Code of Regulations Sections 18215(c)(16) and 18419(c)
Reported pursuant to 2 Cal. Code of Regulations Sections 18215(c)(16) and 18419(c)

Additional Comments
For Schedule C

ADDITIONAL COMMENTS (SCH. C)

CALIFORNIA
FORM 460

Page 6 of 7

NAME OF FILER
Culver City Police Officers' Association PAC

I.D. NUMBER
1429713

Reported pursuant to 2 Cal. Code of Regulations Sections 18215(c)(16) and 18419(c)

Schedule C (Continuation Sheet) Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C (CONT.)

Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u>		CALIFORNIA FORM 460
Page <u>7</u> of <u>7</u>		
NAME OF FILER Culver City Police Officers' Association PAC		I.D. NUMBER 1429713

SEE INSTRUCTIONS ON REVERSE

Culver City Police Officers' Association PAC

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2023	Culver City Police Officers Assn Culver City, CA 90323	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Administrative Services	77.00 Memo	1,620.32	
	Reported pursuant to 2 Cal. Code of Regulations Sections 18215(c)(16) and 18419(c)						
11/15/2023	Culver City Police Officers Assn Culver City, CA 90323	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Administrative Services	77.00 Memo	1,620.32	
	Reported pursuant to 2 Cal. Code of Regulations Sections 18215(c)(16) and 18419(c)						
12/08/2023	Culver City Police Officers Assn Culver City, CA 90323	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Administrative Services	77.00 Memo	1,620.32	
	Reported pursuant to 2 Cal. Code of Regulations Sections 18215(c)(16) and 18419(c)						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Additional Comments
For Schedule C

ADDITIONAL COMMENTS (SCH. C)

CALIFORNIA
FORM 460

Page 8 of 7

NAME OF FILER
Culver City Police Officers' Association PAC

I.D. NUMBER
1429713

Reported pursuant to 2 Cal. Code of Regulations Sections 18215(c)(16) and 18419(c)
Reported pursuant to 2 Cal. Code of Regulations Sections 18215(c)(16) and 18419(c)
Reported pursuant to 2 Cal. Code of Regulations Sections 18215(c)(16) and 18419(c)

Additional Comments
For Form 460

ADDITIONAL COMMENTS	
CALIFORNIA FORM	460
Page 9 of 7	
I.D. NUMBER 1429713	

NAME OF FILER Culver City Police Officers' Association PAC	I.D. NUMBER 1429713
---	------------------------

All contributions were received through an Intermediary: Culver City Police Officers' Association PAC, 4040 Duquesne Avenue, Culver City, CA 90232

Additional Comments
For Form 460

ADDITIONAL COMMENTS	
CALIFORNIA FORM	460
Page 10 of 7	
I.D. NUMBER 1429713	

NAME OF FILER

Culver City Police Officers' Association PAC

All contributions were received through an Intermediary: Culver City Police Officers' Association PAC, 4040 Duquesne Avenue, Culver City, CA 90232