

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from 09/22/2024 through 10/19/2024	Date of election if applicable: (Month, Day, Year) 11/05/2024	Date Stamp E-Filed 10/23/2024 19:23:23 Filing ID: 212385406	CALIFORNIA FORM 460 Page <u>1</u> of <u>20</u> For Official Use Only
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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
<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
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below) | ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495 |
|---|---|

3. Committee Information

I.D. NUMBER
1466108

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
BARBA FOR CITY COUNCIL 2024

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Inglewood	CA	90301	(310)817-6679

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

(310)672-6679 / cine@politicalreportingplus.com

Treasurer(s)

NAME OF TREASURER

Cine D. Ivery

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Inglewood	CA	90301	(310)878-4131

NAME OF ASSISTANT TREASURER, IF ANY

Samahndi Cunningham

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Inglewood	CA	90301	(310)817-6679

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 10/23/2024
Date

Executed on 10/23/2024
Date

Executed on _____
Date

Executed on _____
Date

By Cine D. Ivery
Signature of Treasurer or Assistant Treasurer

By Nancy Barba
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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Nancy Barba

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

City Council Member: Culver City

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	Inglewood	CA	90301

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 09/22/2024 through 10/19/2024	CALIFORNIA FORM 460 Page 3 of 20 I.D. NUMBER 1466108
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBA FOR CITY COUNCIL 2024

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 7,364.13	\$ 52,859.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 7,364.13	\$ 52,859.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	1,116.81
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 7,364.13	\$ 53,975.81

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	\$ 14,695.13	\$ 27,485.95
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 14,695.13	\$ 27,485.95
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	1,116.81
11. TOTALEXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 14,695.13	\$ 28,602.76

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	\$ 32,704.05
13. Cash Receipts Column A, Line 3 above	7,364.13
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	14,695.13
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 25,373.05
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).

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

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

Schedule A

Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	09/22/2024	
through	10/19/2024	Page 4 of 20

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBA FOR CITY COUNCIL 2024

I.D. NUMBER

1466108

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)
09/22/2024	Michael Sohigian Pacific Palisades, CA 90272	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Law Office of Michael R Sohigian	250.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	250.00	
09/23/2024	SEIU United Healthcare Workers West PAC (ID# 747285) Los Angeles, CA 90017	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	
09/25/2024	Los Angeles League of Conservation Voters (ID# 810317) Los Angeles, CA 90017	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		750.00	750.00	
10/03/2024	James Lamm Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	411.40	
10/07/2024	Building A Stronger California Sponsored by Southwest Mountain States Regional Council of Carpenters (ID# 870169) Los Angeles, CA 90071	☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC		500.00	500.00	
SUBTOTAL \$				2,100.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 6,699.13
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 665.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 7,364.13

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 09/22/2024		
through 10/19/2024		Page 5 of 20
NAME OF FILER		I.D. NUMBER
BARBA FOR CITY COUNCIL 2024		1466108

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)
10/07/2024	David Coles Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Self-Employed, No Separate Business Name	200.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	300.00	
10/07/2024	Ted Flanigan Glendale, CA 91202	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Energy and Environment EcoMotion	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	100.00	
10/07/2024	Jeremy Springer West Sacramento, CA 95691	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accountant Frontier Energy	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	100.00	
10/07/2024	Christopher Tokita Los Angeles, CA 90049	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Data Science Stripe, Inc.	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	100.00	
10/08/2024	Johanna Gullick Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	50.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	215.00	
SUBTOTAL \$				550.00		

***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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 09/22/2024	through 10/19/2024	
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NAME OF FILER		I.D. NUMBER
BARBA FOR CITY COUNCIL 2024		1466108

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)
10/08/2024	Stephen Jones Los Angeles, CA 90066	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Praedicat, Inc	250.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	352.12	
10/08/2024	Imran Kakar West Sacramento, CA 95691	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accountant Frontier Energy	120.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	120.00	
10/10/2024	Mike Angelo Los Angeles, CA 90034	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Fulfillment Technician Digital Cinema United	150.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	230.00	
10/10/2024	Bradley Ewing Santa Monica, CA 90403	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Software Engineer TextNow	250.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	302.12	
10/11/2024	Jennifer Carter Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Self Employed - No Separate Business Name	50.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	744.07	
SUBTOTAL \$				820.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 09/22/2024 through 10/19/2024		CALIFORNIA FORM 460 Page 7 of 20
NAME OF FILER BARBA FOR CITY COUNCIL 2024		
		I.D. NUMBER 1466108

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)
10/11/2024	Alex Fisch Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer California Department of Justice	124.66 Received through intermediary: eFundraising Connections Sacramento, CA 95816	1,120.00	
10/12/2024	Jeanne Black Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	820.44	
10/12/2024	Stephen Jones Los Angeles, CA 90066	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Praedicat, Inc	50.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	352.12	
10/12/2024	Mila Moraga-Holz Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner Self-Employed, No Separate Business Name	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	100.00	
10/12/2024	Rene Phillips Venice, CA 90291	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	250.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	350.00	
SUBTOTAL \$				624.66		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
BARBA FOR CITY COUNCIL 2024		1466108

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)
10/12/2024	Meta Valentic Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unit Production Manager 20th Century Foix Studios	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	131.40	
10/13/2024	Bronwyn Jamrok Los Angeles, CA 90025	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed None	250.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	400.00	
10/14/2024	Caryn Mandelbaum Los Angeles, CA 90008	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer Self-Employed - No Separate Business Name	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	486.71	
10/14/2024	Gregory Maron Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director Labor and Employer Relations Service Employees International Union-United Healthcare Workers West Joint Employer Education	26.22 Received through intermediary: eFundraising Connections Sacramento, CA 95816	879.43	
10/14/2024	Christopher Rhie Los Angeles, CA 90041	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Urban Planner Self-Employed - No Separate Business Name	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	359.38	
SUBTOTAL \$				576.22		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 09/22/2024 through 10/19/2024		CALIFORNIA FORM 460 Page 9 of 20
I.D. NUMBER 1466108		

NAME OF FILER

BARBA FOR CITY COUNCIL 2024

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)
10/15/2024	Anastasia Foster for SMC Trustee 2024 (ID# 1467527) Santa Monica, CA 90403	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		100.00	100.00	
10/15/2024	Gina Polesetsky Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Marriage and Family Therapist Self-Employed	250.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	509.38	
10/15/2024	Samuel Shapiro-Kline Los Angeles, CA 90025	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Avascent Consultant	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	150.00	
10/16/2024	California Sierra Club PAC (ID# 1399719) Los Angeles, CA 90010	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		200.00	200.00	
10/16/2024	Jennifer Carter Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Self Employed - No Separate Business Name	50.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	744.07	
SUBTOTAL \$				700.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 09/22/2024 through 10/19/2024		CALIFORNIA FORM 460 Page 10 of 20
I.D. NUMBER 1466108		

NAME OF FILER

BARBA FOR CITY COUNCIL 2024

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)
10/16/2024	Arthur I Nomura Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	250.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	976.01	
10/16/2024	Stonewall Democratic Club State (ID# 971482) Norwalk, CA 90650	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		250.00	250.00	
10/17/2024	Arial Chen La Habra, CA 90631	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sustainability Consultant KB Home	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	100.00	
10/19/2024	Mike Angelo Los Angeles, CA 90034	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Fulfillment Technician Digital Cinema United	50.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	230.00	
10/19/2024	Barnali Ghosh for BART Board District 3, 2024 (ID# 1463332) Berkeley, CA 94709	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		100.00	100.00	
SUBTOTAL \$				750.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 09/22/2024		
through 10/19/2024		Page 11 of 20
NAME OF FILER		I.D. NUMBER
BARBA FOR CITY COUNCIL 2024		1466108

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)
10/19/2024	Terry James Biel Los Angeles, CA 90025	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Obstetric Anesthesiologist Beverly Anesthesiology	250.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	250.00	
10/19/2024	Alex Fisch Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer California Department of Justice	-21.75	1,120.00	
10/19/2024	Tyler Laferriere Los Angeles, CA 90094	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President of Reasearch and Communications Monograph Wealth Advidsors	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	100.00	
10/19/2024	Sara Neff Santa Monica, CA 90404	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Head of Sustainability Lendlease Americas	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	500.00	
10/19/2024	Chris Paine Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director/Executive Producer Papercut Films Graphic	25.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	255.16	
SUBTOTAL \$				453.25		

***Contributor Codes**

IND – Individual
COM – Recipient Committee
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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 09/22/2024 through 10/19/2024		CALIFORNIA FORM 460 Page 12 of 20
NAME OF FILER BARBA FOR CITY COUNCIL 2024		
		I.D. NUMBER 1466108

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)
10/19/2024	Judith Sherman Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	50.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	100.00	
10/19/2024	Claudia Vizcarra Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Communications Director Los Angeles Unified School District	75.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	105.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$				125.00		

*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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBA FOR CITY COUNCIL 2024

Amounts may be rounded
to whole dollars.

Statement covers period
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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)
	☐ Support☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
SUBTOTAL \$				0.00		

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 0.00
2. Unitemized contributions and independent expenditures made this period of under \$100 \$ 50.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 50.00

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

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NAME OF FILER

BARBA FOR CITY COUNCIL 2024

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
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	9.05
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	1.35
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	0.83

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

SUBTOTAL \$ 11.23

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	14,645.13
2. Unitemized payments made this period of under \$100	\$	50.00
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.)	TOTAL \$	14,695.13

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
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BARBA FOR CITY COUNCIL 2024

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
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dylan Gottlieb Culver City, CA 90232	CMP		Reimbursement for Campaign Expenses	5,680.54
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	3.80
Michelle Weiner Culver City, CA 90230	CMP		Door Hanger Distribution Expense Reimbursement	1,900.00
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	16.68
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	19.70

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

SUBTOTAL \$ 7,620.72

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
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BARBA FOR CITY COUNCIL 2024

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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
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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
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	9.94
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	7.30
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	1.35
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	14.60
Dylan Gottlieb Culver City, CA 90232	CMP		Reimbursement for Campaign Expenses	6,574.76

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

SUBTOTAL \$ 6,607.95

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
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NAME OF FILER

BARBA FOR CITY COUNCIL 2024

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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
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Reporting Plus Inglewood, CA 90301	PRO		Political Accounting - September, 2024	300.00
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	42.42
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	15.90
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fee	46.91

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

SUBTOTAL \$ 405.23

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded
to whole dollars.

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NAME OF FILER

BARBA FOR CITY COUNCIL 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Dylan Gottlieb

I.D. NUMBER

1466108

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FedEx Culver City, CA 90230	LIT		Flyer Printing	451.58
Press Print, Inc. Yucaipa, CA 92399	LIT		Mailer Printing	4,996.21
Press Print, Inc. Yucaipa, CA 92399	LIT		Mailer	2,396.48
US Postal Service Los Angeles, CA 90001	POS		Postage	2,599.73

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 10,444.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded
to whole dollars.

SCHEDULE G (CONT.)

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NAME OF FILER

BARBA FOR CITY COUNCIL 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Dylan Gottlieb

I.D. NUMBER

1466108

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Culver City Crossroads Culver City, CA 90230	PRT		Advertising Expense	250.00
Press Print, Inc. Yucaipa, CA 92399	LIT		Doorhangers	964.36
Meta Platforms Inc Menlo Park, CA 94025	WEB		Digital Advertising Expenses	353.67

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,568.03

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded
to whole dollars.

Statement covers period
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BARBA FOR CITY COUNCIL 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Michelle Weiner

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

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
S.I. Management Sherman Oaks, CA 91423	CMP		Doorhanger Distribution Expense	1,900.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,900.00

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