

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

|                                                                                       |                                                                            |                                                                                                  |                                                                     |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Statement covers period</b><br><b>from</b> 09/22/2024<br><b>through</b> 10/19/2024 | <b>Date of election if applicable:</b><br>(Month, Day, Year)<br>11/05/2024 | <b>Date Stamp</b><br><div>E-Filed<br/>10/23/2024<br/>19:42:38<br/>Filing ID:<br/>212385628</div> | <b>CALIFORNIA FORM 460</b><br>Page 1 of 10<br>For Official Use Only |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

SEE INSTRUCTIONS ON REVERSE

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

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

## 2. Type of Statement:

- |                                                                                                                                                                                                                                                           |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input 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  
1462448

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Renteria for City Council 2024

STREET ADDRESS (NO P.O. BOX)

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

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

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

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

## Treasurer(s)

NAME OF TREASURER

Richard Martin

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 10/22/2024  
Date

Executed on 10/22/2024  
Date

Executed on  
Date

Executed on  
Date

By Richard Martin  
Signature of Treasurer or Assistant Treasurer

By Denice Renteria  
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 10

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Denice Renteria

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   |
|-----------------------------------------------|-------------|-------|-------|
|                                               | Culver City | CA    | 90230 |

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

| COMMITTEE NAME    | I.D. NUMBER                                                                       |
|-------------------|-----------------------------------------------------------------------------------|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)   |
|-------------------|--------------------------------|
| CITY              | STATE ZIP CODE AREA CODE/PHONE |

| COMMITTEE NAME    | I.D. NUMBER                                                                       |
|-------------------|-----------------------------------------------------------------------------------|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)   |
|-------------------|--------------------------------|
| CITY              | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---------------------------------------------------------------------|
|                      |              |                                                                     |

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|
|                       |                     |

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

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                                                                  |                                                                          |
|------------------------------------------------------------------|--------------------------------------------------------------------------|
| Statement covers period<br>from 09/22/2024<br>through 10/19/2024 | <b>CALIFORNIA<br/>FORM 460</b><br>Page 3 of 10<br>I.D. NUMBER<br>1462448 |
|------------------------------------------------------------------|--------------------------------------------------------------------------|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Renteria for City Council 2024

## 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    | \$ 2,170.00                                                | \$ 37,764.00                               |
| 2. Loans Received ..... Schedule B, Line 3            | 0.00                                                       | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 2,170.00                                                | \$ 37,764.00                               |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 0.00                                                       | 742.56                                     |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 2,170.00                                                | \$ 38,506.56                               |

## 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                   | \$ 1,285.71 | \$ 8,689.60 |
| 7. Loans Made ..... Schedule H, Line 3                      | 0.00        | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 1,285.71 | \$ 8,689.60 |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 0.00        | 0.00        |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 0.00        | 742.56      |
| 11. TOTALEXPENDITURES MADE ..... Add Lines 8 + 9 + 10       | \$ 1,285.71 | \$ 9,432.16 |

## Expenditure Limit Summary for State Candidates

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

## Current Cash Statement

|                                                                             |              |
|-----------------------------------------------------------------------------|--------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ 32,521.98 |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 2,170.00     |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | 0.00         |
| 15. Cash Payments ..... Column A, Line 8 above                              | 1,285.71     |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 33,406.27 |
| If this is a termination statement, Line 16 must be zero.                   |              |
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2                       | \$ 0.00      |

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

\*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  
from 09/22/2024  
through 10/19/2024

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

Page 4 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Renteria for City Council 2024

I.D. NUMBER

1462448

| 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 CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------|---------------------------------------|
| 10/01/2024         | Margaret Sullivan<br>Los Angeles, CA 90064                                                      | <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 | Self Mom and Pop Housing Provider                                                             | 100.00                      | 350.00                                                 |                                       |
| 10/02/2024         | Theresa Russell<br>Los Angeles, CA 90066                                                        | <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 | Information Technology<br>Westwood Presbyterian Church                                        | 200.00                      | 390.00                                                 |                                       |
| 10/02/2024         | Melissa Sanders<br>Culver City, CA 90230-4127                                                   | <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 | Assistant to CFO<br>Venice Family Clinic                                                      | 10.00                       | 340.00                                                 |                                       |
| 10/07/2024         | David Bergman<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 | City Planner<br>LWC                                                                           | 50.00                       | 535.00                                                 |                                       |
| 10/09/2024         | Peter Akemann<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 | Game Developer<br>Skydance                                                                    | 100.00                      | 200.00                                                 |                                       |
| <b>SUBTOTAL \$</b> |                                                                                                 |                                                                                                                                                                         |                                                                                               | 460.00                      |                                                        |                                       |

### Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,785.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 385.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 2,170.00

#### \*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<br>from 09/22/2024<br>through 10/19/2024 |  | <b>CALIFORNIA FORM 460</b><br>Page 5 of 10 |
| NAME OF FILER<br>Renteria for City Council 2024                  |  |                                            |
|                                                                  |  | I.D. NUMBER<br>1462448                     |

| 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) |
|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------|---------------------------------------|
| 10/09/2024    | David Bergman<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 | City Planner<br>LWC                                                                           | 25.00                       | 535.00                                                    |                                       |
| 10/09/2024    | Steven Gourley<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 | Retired<br>Retired                                                                            | 100.00                      | 100.00                                                    |                                       |
| 10/09/2024    | Marta Valdez<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 | Occupational Therapy<br>Self                                                                  | 100.00                      | 200.00                                                    |                                       |
| 10/10/2024    | Ryan Gallagher<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 | Attorney<br>Snap Inc.                                                                         | 500.00                      | 500.00                                                    |                                       |
| 10/11/2024    | David Bergman<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 | City Planner<br>LWC                                                                           | 50.00                       | 535.00                                                    |                                       |
| SUBTOTAL \$   |                                                                                                 |                                                                                                                                                                         |                                                                                               | 775.00                      |                                                           |                                       |

\*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        |  | <b>CALIFORNIA FORM 460</b> |
| from 09/22/2024                |  |                            |
| through 10/19/2024             |  | Page 6 of 10               |
| NAME OF FILER                  |  | I.D. NUMBER                |
| Renteria for City Council 2024 |  | 1462448                    |

| 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) |
|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------|---------------------------------------|
| 10/16/2024    | Giovanna Gray<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 | Retired<br>Retired                                                                            | 100.00                      | 100.00                                                    |                                       |
| 10/17/2024    | Mark Galanty<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 | Retired<br>Retired                                                                            | 100.00                      | 100.00                                                    |                                       |
| 10/17/2024    | Lori Garcia<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 | Public Relations<br>Self                                                                      | 100.00                      | 100.00                                                    |                                       |
| 10/17/2024    | Ronald Ostrin<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 | Attorney<br>Self                                                                              | 50.00                       | 300.00                                                    |                                       |
| 10/18/2024    | Peter Akemann<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 | Game Developer<br>Skydance                                                                    | 100.00                      | 200.00                                                    |                                       |
| SUBTOTAL \$   |                                                                                                 |                                                                                                                                                                         |                                                                                               | 450.00                      |                                                           |                                       |

\*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

from 09/22/2024

through 10/19/2024

**CALIFORNIA**  
**FORM 460**

Page 7 of 10

NAME OF FILER

Renteria for City Council 2024

I.D. NUMBER

1462448

| DATE<br>RECEIVED   | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *                                                                                                                                                   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|--------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------|------------------------------------------|
| 10/18/2024         | Russell Crotwell<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 | Retired<br>Retired                                                                                  | 100.00                            | 300.00                                                    |                                          |
|                    |                                                                                                 | <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> |                                                                                                 |                                                                                                                                                                         |                                                                                                     | 100.00                            |                                                           |                                          |

**\*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 E  
Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                                |            |                               |
|--------------------------------|------------|-------------------------------|
| Statement covers period        |            | CALIFORNIA<br>FORM <b>460</b> |
| from                           | 09/22/2024 |                               |
| through                        | 10/19/2024 | Page 8 of 10                  |
| Renteria for City Council 2024 |            | I.D. NUMBER<br>1462448        |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT                | AMOUNT PAID |
|---------------------------------------------------------------------|------|----|---------------------------------------|-------------|
| ActBlue<br>Somerville, MA 02144                                     | OFC  |    |                                       | 1.16        |
| Capital One Visa<br>Salt Lake City, UT 84130                        |      |    | Credit card payment; sub-vendor added | 813.51      |
| Capital One Visa<br>Salt Lake City, UT 84130                        |      |    | Credit card payment; sub-vendor added | 358.31      |

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

|                    |          |
|--------------------|----------|
| <b>SUBTOTAL \$</b> | 1,172.98 |
|--------------------|----------|

Schedule E Summary

|                                                                                                                          |                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....                                         | \$ 1,285.71              |
| 2. Unitemized payments made this period of under \$100 .....                                                             | \$ 0.00                  |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$ 0.00                  |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$ 1,285.71</b> |

# Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

|                                |            |                                |
|--------------------------------|------------|--------------------------------|
| Statement covers period        |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                           | 09/22/2024 |                                |
| through                        | 10/19/2024 | Page 9 of 10                   |
| NAME OF FILER                  |            | I.D. NUMBER                    |
| Renteria for City Council 2024 |            | 1462448                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Renteria 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT        | AMOUNT PAID |
|---------------------------------------------------------------------|------|----|-------------------------------|-------------|
| Intuit Inc.<br>Mountain View, CA 94043                              | OFC  |    |                               | 30.00       |
| Capital One Visa<br>Salt Lake City, UT 84130                        |      |    | Credit card; sub-vendor added | 10.54       |
| ActBlue<br>Somerville, MA 02144                                     | OFC  |    |                               | 1.16        |
| ActBlue<br>Somerville, MA 02144                                     | OFC  |    |                               | 71.03       |
|                                                                     |      |    |                               |             |

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

**SUBTOTAL \$ 112.73**

**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  
from 09/22/2024  
through 10/19/2024

SCHEDULE G  
**CALIFORNIA FORM 460**  
Page 10 of 10  
I.D. NUMBER  
1462448

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Renteria for City Council 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Capital One Visa

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---------------------------------------------------------------------------------|------|----|------------------------|-------------|
| Press Print, Inc.<br>Yucaipa, CA 92399                                          | CMP  |    |                        | 813.51      |
| Press Print, Inc.<br>Yucaipa, CA 92399                                          | LIT  |    |                        | 358.31      |
|                                                                                 |      |    |                        |             |
|                                                                                 |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 1,171.82

\* 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.