

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

|                                         |  |                                        |                                |                                                                  |                                                                                                |                     |  |
|-----------------------------------------|--|----------------------------------------|--------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------|--|
| NAME OF FILER<br>Protect Culver City    |  |                                        | Date of This Filing 10/24/2024 |                                                                  | Date Stamp<br><div>E-Filed<br/>10/24/2024<br/>14:30:42<br/><br/>Filing ID:<br/>212400950</div> | CALIFORNIA FORM 496 |  |
| AREA CODE/PHONE NUMBER<br>(310)879-1579 |  | I.D. NUMBER (if applicable)<br>1419783 |                                | For Official Use Only                                            |                                                                                                |                     |  |
| STREET ADDRESS                          |  |                                        |                                |                                                                  |                                                                                                |                     |  |
| CITY<br>Los Angeles                     |  | STATE<br>CA                            | ZIP CODE<br>90066              |                                                                  |                                                                                                |                     |  |
|                                         |  |                                        |                                | <input type="checkbox"/> Amendment to Report No. (explain below) |                                                                                                |                     |  |
|                                         |  |                                        |                                | Report No. 24-18                                                 |                                                                                                |                     |  |
|                                         |  |                                        |                                | No. of Pages 2                                                   |                                                                                                |                     |  |

1. List Only One Candidate or Ballot Measure

|                                                       |              |         |             |                                             |              |         |        |
|-------------------------------------------------------|--------------|---------|-------------|---------------------------------------------|--------------|---------|--------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED<br>Nancy Barba |              |         |             | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED |              |         |        |
| OFFICE SOUGHT OR HELD<br>City Council Member          | DISTRICT NO. | SUPPORT | OPPOSE<br>X | BALLOT NO./LETTER                           | JURISDICTION | SUPPORT | OPPOSE |

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

| DATE       | DESCRIPTION OF EXPENDITURE | AMOUNT |
|------------|----------------------------|--------|
| 10/23/2024 |                            | 988.70 |
|            |                            |        |
|            |                            |        |
|            |                            |        |
|            |                            |        |

Reason for Amendment:

# 496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA**  
**FORM** **496**

NAME OF FILER

Protect Culver City

I.D. NUMBER (If applicable)

1419783

## 3. Contributions of \$100 or More Received\*

| 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 | INTEREST RATES                                    |
|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|
| 10/22/2024    | Ron Bassilian - Donor<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 | Systems Engineer<br>Tata Consultancy                                                          | 1,000.00        | If loan,<br>enter interest rate, if any<br>_____% |
| 10/22/2024    | Dennis Page<br>Beverly Hills, MI 48025                                                          | <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                                                                            | 1,000.00        | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

### \*\*Contributor Codes

IND – Individual  
COM – Recipient Committee (other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

FPPC Form 496 (Feb/2019)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)