

# 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<br><br>Report No. 24-14<br><br><input type="checkbox"/> Amendment to Report No. (explain below)<br><br>No. of Pages 2 | Date Stamp<br><div>E-Filed<br/>10/24/2024<br/>14:31:35<br/><br/>Filing ID:<br/>212401054</div> | CALIFORNIA FORM 496<br><br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>(310)879-1579 | I.D. NUMBER (if applicable)<br>1419783 |                   |                                                                                                                                                      |                                                                                                |                                                  |
| STREET ADDRESS                          |                                        |                   |                                                                                                                                                      |                                                                                                |                                                  |
| CITY<br>Los Angeles                     | STATE<br>CA                            | ZIP CODE<br>90066 |                                                                                                                                                      |                                                                                                |                                                  |

## 1. List Only One Candidate or Ballot Measure

|                                                           |              |              |        |                                             |              |         |        |
|-----------------------------------------------------------|--------------|--------------|--------|---------------------------------------------|--------------|---------|--------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED<br>Denice Renteria |              |              |        | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED |              |         |        |
| OFFICE SOUGHT OR HELD<br>City Council Member              | DISTRICT NO. | SUPPORT<br>X | OPPOSE | 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 |                            | 988.71 |
|            |                            |        |
|            |                            |        |
|            |                            |        |
|            |                            |        |

Reason for Amendment: \_\_\_\_\_

\_\_\_\_\_

# 496 Independent Expenditure Report

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**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 (866/275-3772)

www.fppc.ca.gov