

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from 10/20/2024 through 12/31/2024	Date of election if applicable: (Month, Day, Year) 11/05/2024	Date Stamp E-Filed 01/17/2025 21:42:35 Filing ID: 212844319	CALIFORNIA FORM 460 Page 1 of 19 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
<i>(Also Complete Part 5)</i> | ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
<i>(Also Complete Part 6)</i> |
| ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee | ☐ Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|--|---|
| ☐ Preelection Statement | ☐ Quarterly Statement |
| ☒ Semi-annual Statement | ☐ Special Odd-Year Report |
| ☐ Termination Statement
(Also file a Form 410 Termination) | ☐ Supplemental Preelection Statement - Attach Form 495 |
| ☐ Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
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 01/17/2025
Date

Executed on 01/17/2025
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
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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 10/20/2024 through 12/31/2024	CALIFORNIA FORM 460 Page 3 of 19 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	\$ 5,711.22	\$ 58,570.22
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 5,711.22	\$ 58,570.22
4. Nonmonetary Contributions Schedule C, Line 3	0.00	1,116.81
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 5,711.22	\$ 59,687.03

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	\$ 25,567.02	\$ 53,052.97
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 25,567.02	\$ 53,052.97
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	\$ 25,567.02	\$ 54,169.78

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

Current Cash Statement		
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 25,373.05
13. Cash Receipts	Column A, Line 3 above	5,711.22
14. Miscellaneous Increases to Cash	Schedule I, Line 4	4,996.21
15. Cash Payments	Column A, Line 8 above	25,567.02
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 10,513.46
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

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

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

Schedule A

Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from <u>10/20/2024</u>		
through <u>12/31/2024</u>		Page <u>4</u> of <u>19</u>

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)
10/20/2024	Rebecca Rona Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	50.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	300.00	
10/20/2024	Rebecca Rona Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	300.00	
10/21/2024	Gregory Maron Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director Labor and Employer Relations Service Employees International Union	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	1,005.65	
10/21/2024	Kristen Pawling Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Urban Planner City of Los Angeles	40.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	240.00	
10/21/2024	Craig Perkins Los Angeles, CA 90064	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Director The Energy Coalition	250.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	250.00	
SUBTOTAL \$				540.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5,266.22
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 445.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5,711.22

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/20/2024	through 12/31/2024	
		Page 5 of 19
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)
10/22/2024	Johanna Gullick Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	200.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	915.00	
10/23/2024	Gina Polesetsky Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Marriage and Family Therapist Self-Employed	60.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	569.38	
10/23/2024	Leah Pressman Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Psychologist Self-Employed - No Separate Business Name	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	200.50	
10/23/2024	Conor Proffitt Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Software Engineer Self Employed - No Separate Business Name	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	127.00	
10/24/2024	Renee Bocarde Los Angeles, CA 90025	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Veterinary Nurse Self Employed - No Separate Business Name	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	556.06	
SUBTOTAL \$				560.00		

***Contributor Codes**

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
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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 10/20/2024 through 12/31/2024		CALIFORNIA FORM 460 Page 6 of 19
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)
10/24/2024	Matthew Carr Los Angeles, CA 90034	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Doctor of Philosophy University of Southern California	50.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	100.00	
10/24/2024	Cynthia Hart Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accountant Natural History Museums of Los Angeles County	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	100.00	
10/24/2024	Angela Mason Los Angeles, CA 90048	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Forensic Social Worker Self-Employed, No Separate Business Name	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	100.00	
10/24/2024	Nithya Raman Los Angeles, CA 90039	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Councilmember for District 4 City of Los Angeles	250.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	250.00	
10/24/2024	Ann Treleven Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	130.00	
SUBTOTAL \$				600.00		

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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 10/20/2024 through 12/31/2024		CALIFORNIA FORM 460 Page 7 of 19
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)
10/25/2024	Arpan Desai Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed None	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	150.00	
10/25/2024	Risa Flynn Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Clinical Researcher Los Angeles LGBT Center	500.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	750.00	
10/25/2024	Barbara Honig Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	250.00	
10/25/2024	Victoria Livingstone Los Angeles, CA 90016	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Artist Self Employed - No Separate Business Name	50.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	402.12	
10/25/2024	Rachel Matter Los Angeles, CA 90025	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Associate Director Cedars-Sinai Medical Center	200.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	511.19	
SUBTOTAL \$				950.00		

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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 10/20/2024 through 12/31/2024		CALIFORNIA FORM 460 Page 8 of 19
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)
10/25/2024	David Metzler Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Metzler Consulting	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	250.00	
10/25/2024	Phil Olson Los Angeles, CA 90034	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Head of TV Business Insights Creative Artists Agency	200.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	200.00	
10/25/2024	Eileen Pottinger Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher Culver City Unified School District	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	100.00	
10/25/2024	Freddy Puza Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director Community Relations Loyola Marymount University	50.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	350.00	
10/25/2024	Carolina Szpak Chamecki Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer Department of Toxic Substances Control	100.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	100.00	
SUBTOTAL \$				550.00		

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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 10/20/2024 through 12/31/2024		CALIFORNIA FORM 460 Page 9 of 19
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)
10/29/2024	Abundant Housing LA PAC (ID# 1442154) Oakland, CA 94607	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	
11/04/2024	California YIMBY Victory Fund (ID# 1401346) Sacramento, CA 95814	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	
11/11/2024	Alex Fisch Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Special Assistant Attorney General California Department of Justice	124.66 Received through intermediary: eFundraising Connections Sacramento, CA 95816	1,120.00	
11/13/2024	Gregory Maron Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director Labor and Employer Relations Service Employees International Union	26.22 Received through intermediary: eFundraising Connections Sacramento, CA 95816	1,005.65	
11/20/2024	Kristen Pawling Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Urban Planner City of Los Angeles	40.00 Received through intermediary: eFundraising Connections Sacramento, CA 95816	240.00	
SUBTOTAL \$				2,190.88		

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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 10/20/2024

through 12/31/2024

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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)
11/30/2024	Alex Fisch Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Special Assistant Attorney General California Department of Justice	-124.66	1,120.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$				-124.66		

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FPPC Form 460 (Jan/2016)

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Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/20/2024	
through	12/31/2024	Page 11 of 19
NAME OF FILER		I.D. NUMBER
BARBA FOR CITY COUNCIL 2024		1466108

SEE INSTRUCTIONS ON REVERSE

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	26.55
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	7.30
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	12.93

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

SUBTOTAL \$ 46.78

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	25,567.02
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.)	TOTAL \$	25,567.02

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
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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BARBA FOR CITY COUNCIL 2024		1466108

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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	29.35
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	58.55
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	2.05
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	1.35
Political Reporting Plus Inglewood, CA 90301	PRO		Political Accounting - October, 2024	300.00

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

SUBTOTAL \$ 391.30

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

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NAME OF FILER

BARBA FOR CITY COUNCIL 2024

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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	4.66
Dylan Gottlieb Culver City, CA 90232	CMP		Campaign Expenses Reimbursement	23,015.46
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	1.22
eFundraising Connections Sacramento, CA 95816	CMP		Credit Card Processing Fees	1.70
Karim Sahli Culver City, CA 90232	CMP		Catering Reimbursement	660.00

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

SUBTOTAL \$ 23,683.04

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

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BARBA FOR CITY COUNCIL 2024

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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 - November, 2024	300.00
Secretary of State Sacramento, CA 95814	FIL		2025 Annual Filing Fee	50.00
Dylan Gottlieb Culver City, CA 90232	WEB		Meta Social Media Ads Reimbursement	321.48
Dylan Gottlieb Culver City, CA 90232	CMP		Campaign Expenses Reimbursements	774.42

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

SUBTOTAL \$ 1,445.90

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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through 12/31/2024

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BARBA FOR CITY COUNCIL 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Dylan Gottlieb

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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
Press Print, Inc. Yucaipa, CA 92399	LIT		Mailer	2,316.50
Press Print, Inc. Yucaipa, CA 92399	LIT		Doorhangers	1,713.23
US Postal Service Los Angeles, CA 90001	POS		Postage	3,937.69
Ceci's Party Rentals Los Angeles, CA 90066	FND		Chair Rental Expense	290.18

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 8,257.60

* 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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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
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Trader Joe's Culver City, CA 90232	FND		Refreshments	160.15
Scale to Win Santa Ana, CA 92703	PHO		Phone/Text Banking	816.37
Press Print, Inc. Yucaipa, CA 92399	LIT		Mailer	2,059.81
Press Print, Inc. Yucaipa, CA 92399	LIT		Mailer	1,776.28

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 4,812.61

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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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BARBA FOR CITY COUNCIL 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Dylan Gottlieb

I.D. NUMBER

1466108

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postal Service Los Angeles, CA 90001	POS		Postage	3,430.91
US Postal Service Los Angeles, CA 90001	POS		Postage	2,082.04
Press Print, Inc. Yucaipa, CA 92399	LIT		Walk Cards	317.86
S.I. Management Sherman Oaks, CA 91423	LIT		Distribution Expense	1,900.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 7,730.81

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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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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Meta Platforms Inc Menlo Park, CA 94025	WEB		Social Media Ads 10/20 - 11/3/2024	1,660.00
Northgate Market Culver City, CA 90230	CMP		Canvassers Lunch Expense	108.12
Meta Platforms Inc Menlo Park, CA 94025			Social Media Advertising	273.00
Scale to Win Santa Ana, CA 92703			Text Messaging Expense	273.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 2,314.12

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Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

Statement covers period
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SCHEDULE I

CALIFORNIA FORM 460

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BARBA FOR CITY COUNCIL 2024

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/30/2024	Dylan Gottlieb Culver City, CA 90232	Return of Reimbursement Overpayment	4,996.21

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 4,996.21

Schedule I Summary

1. Itemized increases to cash this period. \$ 4,996.21
2. Unitemized increases to cash of under \$100 this period. \$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$ 4,996.21