

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) _____	Date Stamp E-Filed 01/31/2025 14:27:52 Filing ID: 213042153	CALIFORNIA FORM 460 Page 1 of 16 For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|--|
| ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
<small>(Also Complete Part 5)</small> | ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
<small>(Also Complete Part 6)</small> |
| ☒ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee | ☐ Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--|---|
| ☐ Preelection Statement | ☐ 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
1458772

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Culver City Democrats United

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95841	(916)348-9100

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
(916)348-9111 / campaigns@rcbs.us

Treasurer(s)

NAME OF TREASURER

Denise Lewis

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95841	(916)348-9100

NAME OF ASSISTANT TREASURER, IF ANY

Marissa Russell

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95841	(916)348-9100

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 01/20/2025
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By Denise Lewis
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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
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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
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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 16	I.D. NUMBER 1458772

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Culver City Democrats United

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 1,050.00	\$ 38,931.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 1,050.00	\$ 38,931.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 1,050.00	\$ 38,931.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 14,299.36	\$ 43,730.47
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 14,299.36	\$ 43,730.47
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	112.80	112.80
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTALEXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 14,412.16	\$ 43,843.27

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	\$ 16,470.46
13. Cash Receipts	Column A, Line 3 above	1,050.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	14,299.36
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3,221.10
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	\$ 112.80

*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 from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>16</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Culver City Democrats United

I.D. NUMBER

1458772

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)
10/28/2024	Wesley Flowers Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Logistics Engineer Reyes Coca-Cola	30.00 Received through intermediary: ActBlue Somerville, MA 02144	150.00	
11/28/2024	Wesley Flowers Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Logistics Engineer Reyes Coca-Cola	30.00 Received through intermediary: ActBlue Somerville, MA 02144	150.00	
12/28/2024	Wesley Flowers Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Logistics Engineer Reyes Coca-Cola	30.00 Received through intermediary: ActBlue Somerville, MA 02144	150.00	
11/15/2024	Jared Jurentkuff Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Creative Director Media Arts Lab	100.00 Received through intermediary: ActBlue Somerville, MA 02144	1,200.00	
12/15/2024	Jared Jurentkuff Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Creative Director Media Arts Lab	100.00 Received through intermediary: ActBlue Somerville, MA 02144	1,200.00	
SUBTOTAL \$				290.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 820.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 230.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,050.00

*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 10/20/2024 through 12/31/2024		CALIFORNIA FORM 460 Page 5 of 16
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NAME OF FILER

Culver City Democrats United

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)
11/12/2024	Darrel Menhe Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Sage Law Partners	20.00 Received through intermediary: ActBlue Somerville, MA 02144	200.00	
12/12/2024	Darrel Menhe Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Sage Law Partners	20.00 Received through intermediary: ActBlue Somerville, MA 02144	200.00	
12/11/2024	Ross Piro Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Actor Ross Piro	100.00 Received through intermediary: ActBlue Somerville, MA 02144	600.00	
11/01/2024	Melissa Sanders Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Assistant Venice Family Clinic	25.00 Received through intermediary: ActBlue Somerville, MA 02144	300.00	
12/01/2024	Melissa Sanders Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Assistant Venice Family Clinic	25.00 Received through intermediary: ActBlue Somerville, MA 02144	300.00	
SUBTOTAL \$				190.00		

***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 10/20/2024 through 12/31/2024		CALIFORNIA FORM 460 Page 6 of 16
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NAME OF FILER

Culver City Democrats United

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)
11/02/2024	Judith Scott Los Angeles, CA 90066	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Honest Entertainment	100.00 Received through intermediary: ActBlue Somerville, MA 02144	1,200.00	
12/02/2024	Judith Scott Los Angeles, CA 90066	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Honest Entertainment	100.00 Received through intermediary: ActBlue Somerville, MA 02144	1,200.00	
11/13/2024	Jamie Wallace Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Independent College Counselor Get Smart for College	20.00 Received through intermediary: ActBlue Somerville, MA 02144	200.00	
12/13/2024	Jamie Wallace Culver City, CA 90232	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Independent College Counselor Get Smart for College	20.00 Received through intermediary: ActBlue Somerville, MA 02144	200.00	
11/14/2024	Edward Wolkowitz Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Levene, Neale, Bender, Yoo & Golubchik LLP	100.00 Received through intermediary: ActBlue Somerville, MA 02144	200.00	
SUBTOTAL \$				340.00		

***Contributor Codes**

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

Schedule D

Summary of Expenditures

Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>		SCHEDULE D CALIFORNIA FORM 460 Page <u>7</u> of <u>16</u>	
NAME OF FILER Culver City Democrats United		I.D. NUMBER 1458772	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Culver City Democrats United

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2024	Andrew Lachman School Board Culver City USD	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Slate Mailer	462.02	1,985.17	
	☒ Support ☐ Oppose					
10/30/2024	Isaac Bryan State Assembly Person District: 55	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Slate Mailer	462.02	1,503.67	G2024 \$541.65
	☒ Support ☐ Oppose					
10/30/2024	Lindsay Carlson School Board Culver City USD	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Slate Mailer	462.02	1,985.17	
	☒ Support ☐ Oppose					
SUBTOTAL \$				1,386.06		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 5,620.20
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 5,620.20

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
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NAME OF FILER

Culver City Democrats United

I.D. NUMBER

1458772

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2024	Jeannine Wisnosky Stehlin City Council Member City of Culver City	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Slate Mailer	462.02	2,318.50	G2024 \$1,023.15
	☒ Support ☐ Oppose					
11/04/2024	Jeannine Wisnosky Stehlin City Council Member City of Culver City	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Phone Banking	333.33	2,318.50	G2024 \$1,023.15
	☒ Support ☐ Oppose					
10/30/2024	School Improvements Parcel Tax Measure: Measure: 0 Culver City USD	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Slate Mailer	462.02	1,443.51	
	☒ Support ☐ Oppose					
10/30/2024	Borrow \$10 Billion to Build Schools, Colleges Measure: 2 Statewide	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Slate Mailer	462.02	1,443.50	
	☒ Support ☐ Oppose					
SUBTOTAL \$				1,719.39		

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

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through <u>12/31/2024</u>		Page <u>9</u> of <u>16</u>

NAME OF FILER

Culver City Democrats United

I.D. NUMBER

1458772

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2024	Reaffirm the right of same-sex couples to marry Measure: 3 Statewide	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Slate Mailer	462.02	1,443.50	
	☒ Support ☐ Oppose					
10/30/2024	Limit forced labor in state prisons Measure: 6 Statewide	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Slate Mailer	462.02	1,443.50	
	☒ Support ☐ Oppose					
10/30/2024	Albert Vera City Council Member City of Culver City	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Slate Mailer	462.02	2,318.51	G2024 \$1,023.15
	☒ Support ☐ Oppose					
11/04/2024	Albert Vera City Council Member City of Culver City	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Phone Banking	333.34	2,318.51	G2024 \$1,023.15
	☒ Support ☐ Oppose					
SUBTOTAL \$				1,719.40		

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460 Page <u>10</u> of <u>16</u>
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NAME OF FILER

Culver City Democrats United

I.D. NUMBER

1458772

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2024	Denice Renteria City Council Member City of Culver City	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Slate Mailer	462.02	2,318.50	G2024 \$1,023.15
	☒ Support ☐ Oppose					
11/04/2024	Denice Renteria City Council Member City of Culver City	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Phone Banking	333.33	2,318.50	G2024 \$1,023.15
	☒ Support ☐ Oppose					
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose					
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose					
SUBTOTAL \$				795.35		

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

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Culver City Democrats United		1458772

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Culver City Democrats United

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
10th Street Communications LLC Granada Hills, CA 91344	LIT			5,392.33
10th Street Communications LLC Granada Hills, CA 91344	POS			2,000.00
10th Street Communications LLC Granada Hills, CA 91344	IND		Slate Mailer, See Schedule D for Candidate Information	4,620.20

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

SUBTOTAL \$ 12,012.53

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	14,299.36
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 \$	14,299.36

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.

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Culver City Democrats United		1458772

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Culver City Democrats United

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
ActBlue Technical Services Somerville, MA 02144	OFC			6.13
ActBlue Technical Services Somerville, MA 02144	OFC			13.05
ActBlue Technical Services Somerville, MA 02144	OFC			2.18
ActBlue Technical Services Somerville, MA 02144	OFC			3.95
ActBlue Technical Services Somerville, MA 02144	OFC			15.03

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

SUBTOTAL \$ 40.34

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/20/2024	
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Culver City Democrats United		1458772

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Culver City Democrats United

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
ActBlue Technical Services Somerville, MA 02144	OFC			1.19
Chism Strategies LLC Madison, MS 39110	IND		Phone Banking Supporting Vera, Renteria, and Stehlin	1,000.00
River City Business Services Sacramento, CA 95841	PRO			1,020.66
River City Business Services Sacramento, CA 95841	PRO			224.64

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

SUBTOTAL \$ 2,246.49

Schedule F

Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period from 10/20/2024 through 12/31/2024	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Culver City Democrats United

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

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
River City Business Services Sacramento, CA 95841	PRO	0.00	112.80	0.00	112.80

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

SUBTOTALS \$	0.00\$	112.80\$	0.00\$	112.80
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Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 112.80
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 112.80
May be a negative number

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 10/20/2024
through 12/31/2024

SCHEDULE G
CALIFORNIA FORM 460
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I.D. NUMBER
1458772

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Culver City Democrats United

NAME OF AGENT OR INDEPENDENT CONTRACTOR

10th Street Communications LLC

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sylmar, CA 91342			IND, CTB, POS Mailer Costs	9,458.47

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 9,458.47

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

Amounts may be rounded
to whole dollars.

Statement covers period
from 10/20/2024
through 12/31/2024

SCHEDULE G
CALIFORNIA FORM 460
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Image Cube

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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
United States Postal Services Sylmar, CA 91342			IND, CTB, POS Mailer Costs	4,289.41

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 4,289.41

* 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.