

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

|                                                                                       |                                                                       |                                                                                                                                                                                    |                                                                                          |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>Statement covers period</b><br><b>from</b> 01/01/2025<br><b>through</b> 06/30/2025 | <b>Date of election if applicable:</b><br>(Month, Day, Year)<br>_____ | <b>Date Stamp</b><br><div style="border: 2px solid red; padding: 5px; color: red; text-align: center;">E-Filed<br/>07/30/2025<br/>15:47:43<br/><br/>Filing ID:<br/>214594141</div> | <b>CALIFORNIA FORM 460</b><br><br><b>Page</b> 1 <b>of</b> 4<br><br>For Official Use Only |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

SEE INSTRUCTIONS ON REVERSE

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

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

## 2. Type of Statement:

- |                                                                                      |                                                                               |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Preelection Statement                                       | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement                            | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)<br>_____<br>_____                 |                                                                               |

## 3. Committee Information

I.D. NUMBER  
1476504

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

STREET ADDRESS (NO P.O. BOX)

|        |       |          |                 |
|--------|-------|----------|-----------------|
| CITY   | STATE | ZIP CODE | AREA CODE/PHONE |
| Irvine | CA    | 92612    | (949) 441-5352  |

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

|         |       |          |                 |
|---------|-------|----------|-----------------|
| CITY    | STATE | ZIP CODE | AREA CODE/PHONE |
| Sisters | OR    | 97759    |                 |

OPTIONAL: FAX / E-MAIL ADDRESS  
reporting@beavercompliance.com

## Treasurer(s)

NAME OF TREASURER

David Dent

MAILING ADDRESS

|        |       |          |                 |
|--------|-------|----------|-----------------|
| CITY   | STATE | ZIP CODE | AREA CODE/PHONE |
| Irvine | CA    | 92612    | (949) 441-5352  |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS  
reporting@beavercompliance.com

## 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 07/30/2025  
Date

By David Dent  
Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_  
Date

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

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

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

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

**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<br>from 01/01/2025<br>through 06/30/2025 | <b>CALIFORNIA<br/>FORM 460</b><br>Page 3 of 4<br>I.D. NUMBER<br>1476504 |
|------------------------------------------------------------------|-------------------------------------------------------------------------|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Onward Culver City

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

## 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                   | \$ 0.00     | \$ 0.00     |
| 7. Loans Made ..... Schedule H, Line 3                      | 0.00        | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 0.00     | \$ 0.00     |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 2,247.75    | 2,247.75    |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 0.00        | 0.00        |
| 11. TOTALEXPENDITURES MADE ..... Add Lines 8 + 9 + 10       | \$ 2,247.75 | \$ 2,247.75 |

## 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             | \$ 16,910.72 | 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). |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 0.00         |                                                                                                                                                                                                                                                                                                                                                      |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | 0.00         |                                                                                                                                                                                                                                                                                                                                                      |
| 15. Cash Payments ..... Column A, Line 8 above                              | 0.00         |                                                                                                                                                                                                                                                                                                                                                      |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 16,910.72 |                                                                                                                                                                                                                                                                                                                                                      |
| If this is a termination statement, Line 16 must be zero.                   |              |                                                                                                                                                                                                                                                                                                                                                      |
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2                       | \$ 0.00      |                                                                                                                                                                                                                                                                                                                                                      |

## 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 | \$ 2,247.75 |

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

# Schedule F

## Accrued Expenses (Unpaid Bills)

Amounts may be rounded  
to whole dollars.

|                                                                  |  |                                           |
|------------------------------------------------------------------|--|-------------------------------------------|
| Statement covers period<br>from 01/01/2025<br>through 06/30/2025 |  | <b>CALIFORNIA FORM 460</b><br>Page 4 of 4 |
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**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 CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------|---------------------------------------|---------------------------------------------------------|----------------------------------------------------------|
| Beaver Legal Corporation<br>Sisters, OR 97759-1670                     | PRO                               | 0.00                                                      | 1,453.75                              | 0.00                                                    | 1,453.75                                                 |
| Beaver Legal Corporation<br>Sisters, OR 97759-1670                     | OFC                               | 0.00                                                      | 794.00                                | 0.00                                                    | 794.00                                                   |
|                                                                        |                                   |                                                           |                                       |                                                         |                                                          |

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

**SUBTOTALS \$** 0.00\$ 2,247.75\$ 0.00\$ 2,247.75

## 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 \$** 2,247.75
- 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 \$** 2,247.75  
May be a negative number