

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

|                                                                                       |                                                                            |                                                                                                  |                                                                                  |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Statement covers period</b><br><b>from</b> 07/01/2025<br><b>through</b> 12/31/2025 | <b>Date of election if applicable:</b><br>(Month, Day, Year)<br>11/05/2024 | <b>Date Stamp</b><br><div>E-Filed<br/>02/16/2026<br/>13:48:16<br/>Filing ID:<br/>215707678</div> | <b>CALIFORNIA FORM 460</b><br><b>Page</b> 1 <b>of</b> 5<br>For Official Use Only |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

SEE INSTRUCTIONS ON REVERSE

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

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

## 3. Committee Information

I.D. NUMBER  
1470455

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Dr. Franklin Carvajal for Culver City Council 2024

STREET ADDRESS (NO P.O. BOX)

| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------|-------|----------|-----------------|
| Culver City | CA    | 90232    | (310) 621-4755  |

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

| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------|-------|----------|-----------------|
| Culver City | CA    | 90064    |                 |

OPTIONAL: FAX / E-MAIL ADDRESS  
carvajal@vt.edu

## Treasurer(s)

NAME OF TREASURER  
Franklin Carvajal

MAILING ADDRESS

| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------|-------|----------|-----------------|
| Culver City | CA    | 90232    |                 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS  
carvajal@vt.edu

## 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 02/16/2026  
Date

Executed on 02/16/2026  
Date

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

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

By Franklin Carvajal  
Signature of Treasurer or Assistant Treasurer

By Franklin Carvajal  
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

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

See continuation for Part 5a

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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

Recipient Committee  
Campaign Statement  
Part 5a. Officeholder or Candidate Controlled Committee (continued)

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NAME OF OFFICEHOLDER OR CANDIDATE

Franklin Carvajal

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

City Council Member

RESIDENTAL/BUSINESS ADDRESS (NO. AND STREET)

CITY

Culver City

STATE

CA

ZIP

90232

NAME OF OFFICEHOLDER OR CANDIDATE

Franklin Carvajal

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

City Council Member: Culver City

RESIDENTAL/BUSINESS ADDRESS (NO. AND STREET)

CITY

Culver City

STATE

CA

ZIP

90064

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| Statement covers period<br>from 07/01/2025<br>through 12/31/2025 | <b>CALIFORNIA FORM 460</b><br>Page 4 of 5<br>I.D. NUMBER<br>1470455 |
|------------------------------------------------------------------|---------------------------------------------------------------------|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr. Franklin Carvajal for Culver City Council 2024

## 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 | 0.00    | 0.00    |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 0.00    | 0.00    |
| 11. TOTALEXPENDITURES MADE ..... Add Lines 8 + 9 + 10       | \$ 0.00 | \$ 0.00 |

## 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             | \$ 0.00 |
| 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 | \$ 0.00 |
| 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 from Lines 2, 7, and 9 (if any).

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

## 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 |

Additional Comments  
For Form 460

|                        |     |
|------------------------|-----|
| ADDITIONAL COMMENTS    |     |
| CALIFORNIA<br>FORM     | 460 |
| Page 5 of 5            |     |
| I.D. NUMBER<br>1470455 |     |

NAME OF FILER

Dr. Franklin Carvajal for Culver City Council 2024

Semi-Annual filing for post-election period; no activity.