					COVER PAGE
Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	*	89 16	Date Stamp	N. C. Williams	ORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period	(Month, Day, Year)	PECFIVED P 2 5 2024 ERMOSA BEACH CITY CLERK	Page   F	1 of 21 For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	omplete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminat Amendment (Explain below)	Wa ZI II ON	Special Odd-\ Supplemental	Year Report
3 Committee Information	D. NUMBER 1469361 .1 2024	Treasurer(s)  NAME OF TREASURER  Gary Crummitt  MAILING ADDRESS		er Committe ntes te primerliy E Scoulet OR H	S Listnames c.  Soured.  Figured.  Figured.  Figured.
STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP Co  Long Beach CA 908	Editoria 121 No. Berrandones	CITY Long Beach NAME OF ASSISTANT TREASURER, IF	STATE CA ANY	ZIP CODE 90802	AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	BOX	CITY Long Beach OPTIONAL: FAX / E-MAIL ADDRESS	STATE CA	ZIP CODE 90802	AREA CODE/PHONE
mike4hermosa@gmail.com  4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ  09/25/2024  Executed on	ig this statement and to the best of my k la that the foregoing is true and correct.		d in the attached		e and complete. I certify
Executed on	ByBy	Controlling Officeholder, Candidate, State Measure Proponent of Signature of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, State Me	sure Proponent	- 2,12	FPPC Form 460 (Jan/2016

			Primarily Formed Ballo	ot measure	Committee		
AME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		, as a second		
ichael Detoy							
FFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER IF APPLICABLE)	••	BALLOT NO. OR LETTER	JURISDICTI	ON	In	SUPPORT
ity Council Member Hermosa Beach			· .				SUPPORT OPPOSE
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	REET) CITY STATE ZIP		identify the controlling off	iceholder ca	ndidata or eta	to measure r	roponont 16
	Long Beach CA 90802		NAME OF OFFICEHOLDER, CAN			ra maasure t	roponent, it i
			TANNE OF OFFICEROLDER, CAR	IDIDATE, OR PR	COPONENT	<u>.</u>	
elated Committees Not Included in ht included in this statement that are controlle intributions or make expenditures on behalf o	d by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	F ANY
MMITTEE NAME	I.D. NUMBER		<del></del>				<del></del>
		7	Primarily Formed Cand	lidato/Offic	oboldor Cor	nmillion	.4
ME OF TREASURER	CONTROLLED COMMITTEE?	••	officeholder(s) or candidate(s	for which this	s committee is p	primarily forme	it names of ed.
MMITTEE ADDRESS STREET ADDRESS	YES NO		NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOUG	UT 05 UT 5	
and the second s			NAME OF OFFICEROLDER OR C	ANDIDATE	OFFICE SOUG	HI OK HELD	SUPPOR
TY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	HT OR HELD	<del> </del>
	Baran Walana Baran B						SUPPOR
MMITTEE NAME	I.D. NUMBER						
			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGI	HT OR HELD	SUPPOR
ME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	HT OR HEI D	<del></del>
				MUDIOMIL	10,110,000	II OKTILLD	
MMITTEE ADDRESS CTREET ADDRESS	YES NO	,			1		
MMITTEE ADDRESS STREET ADDRESS		•			<u> </u>		SUPPOR

### **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)

11,995.00

11,995.00

11,995.00

0.00

990 00

0.00

0.00

Stateme	ent covers period	CALIFORNIA	460
from	07/01/2024	FORM	TOU
through	09/21/2024	Page3 o	21
through			

SEE INSTRUCTIONS ON REVERSE

**Contributions Received** 

NAME OF FILER

Re-Elect Detoy for Hermosa Beach City Council 2024

1. Monetary Contributions ...... Schedule A, Line 3 \$

SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1+2 \$

Loans Received ...... Schedule B. Line 3

Nonmonetary Contributions ...... Schedule C, Line 3

5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$

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

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

I.D. NUMBER

1469361

#### **Expenditures Made** 6. Payments Made ...... Schedule E, Line 4 \$ 3,726.48 7. Loans Made ...... Schedule H, Line 3

- 3,736.48 3,726.48 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 3,736.48 3,726.48

### **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** 

SUMMARY PAGE

### **Current Cash Statement**

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$	990.00
13. Cash Receipts			11,995.00
14. Miscellaneous Increases to Cash		٠.	0.00
			3,726.48
15. Cash Payments			9,258.52
16. ENDING CASH BALANCE Add Lines	12 + 13 + 14, then subtract Line 15	\$	7,25002
If this is a termination statement, Line 16 mu	st be zero.		

0.00 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_

Cash Equivalents and Outstanding Debts 18. Cash Equivalents ...... See instructions on reverse \$

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$

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).

Column B

CALENDAR YEAR

TOTALTODATE

12,995.00

12,995.00

12,995.00

3,736.48

0.00

0.00

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

> FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule		•					SCHEDULE
Monetary	Contributions Received		its may be rounded whole dollars.	Statement cov			FORNIA 460
				through09/21/2	024		4
NAME OF FILER	ONS ON REVERSE			through		Page	4 of21
NAME OF SILEN			·	***		I.D. NU	MBER
Re-Elect De	toy for Hermosa Beach City Council 2024	T	t			14693	61
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/29/2024	Alameda Firefighters Local 689 (ID# 890076) 635 Pacific Ave. Alameda, CA 84501	□IND ☑COM □OTH □PTY □SCC		250.00		250.00	
08/24/2024	Kelley Blake	⊠IND □COM □OTH □PTY □SCC	Real Estate Blake Kelley	100.00		100.00	
07/30/2024	California Professional Firefighters PAC (ID# 744058) 1780 Creekside Oaks Drive Sacramento, CA 95833	□IND □COM □OTH □PTY ▼SCC		250.00	<b>2</b>	250.00	
08/12/2024	Garrett Childers	⊠IND □COM □OTH □PTY □SCC	Vice President 1109	250.00	2	50.00	· · · · · · · · · · · · · · · · · · ·
08/19/2024	Kevin Davis	IND COM OTH SCC	Firefighters Association Encinitas Local 3787	250.00	1 44 .	50.00	
			SUBTOTAL\$	1,100.00	By Year Same	्रहरू अक्षाः ्	
Amount re- (include all     Amount re-	A Summary  ceived this period – itemized monetary contributions.  I Schedule A subtotals.)  ceived this period – unitemized monetary contributions etary contributions received this period.			11,710.00 285.00	*Contr IND – COM- OTH - PTY –	ributor Co Individual - Recipier (other the - Other (e Political i	nt Committee nan PTY or SCC) e.g., business entity) Party
(Add Lines	and 2. Enter here and on the Summary Page, Colum	nn A, Line 1.)	TOTAL \$	11,995.00	SUC		intributor Committee

## Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

by be rounded Statement covers period CALLEO DAIA CONT.

Monetary Contributions Received		to whole (		from07/01/	•	CALIF FO	ORNIA 460
				through 09/21/	2024	Page	
AME OF FILER						I.D. NUM	BER
Re-Elect Deto	by for Hermosa Beach City Council 2024				A. 1	146936	1
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 CALENDAR Y (JAN. 1 - DEC	EAR . 31)	PER ELECTION TO DATE (IF REQUIRED)
09/16/2024	Merrie L. Detoy	⊠IND □COM □OTH □PTY □SCC	Retired N/A	100.00		00.00	
07/15/2024	Michael Detoy	Z IND	Firefighter City of Riverside	10.00	1	10.00	

	Lawa	<u> </u>	OUDTOTAL &	560.00		
		□OTH □PTY □SCC				
08/24/2024	Ruben Esparza	□ COM	Fire Captain City of Modesto	250.00	250.00	
		⊠IND □COM □OTH □PTY □SCC	Retired	: -		
09/03/2024	Barbara Ellman	□COM □OTH □PTY □SCC	Retired	100.00	100.00	
08/28/2024	Michael Detoy	SCC SIND	Firefighter City of Riverside	100.00	110.00	
07/15/2024	Michael Detoy	□OTH □PTY	Firefighter City of Riverside	10.00	110.00	
		□PTY □SCC				

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

## **Schedule A (Continuation Sheet) Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

**FORM** 

Statement covers period

from

07/01/2024

				through 09/21/	2024	Page		21
NAME OF FILER						I.D. NUMB	ER	
Re-Elect Deto	y for Hermosa Beach City Council 2024					1469361		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELE TO D (IF REQ	ATE
08/06/2024	Philip Falcone	☑IND □COM □OTH □PTY □SCC	City Councilmember City of Riverside	250.00	2	50.00		
07/15/2024	Adam Fell	⊠IND □COM □OTH □PTY □SCC	Poser Early Hour Entertainment	250.00	2!	50.00		
09/10/2024	Firefighters for Better Government, Sponsored by Ventura County Professional Firefighters Association (ID# 811189) 555 Capitol Mall, Ste. 400 Sacramento, CA 95814	☐IND IND IND IND IND IND IND IND		250.00	2!	50.00		-
07/03/2024	Firefighters for REsponsible Government- Ontario Professional Firefighters Association Local 1430 (ID# 930060) 555 East Ocean Blvd. Ste. 420 Long Beach, CA 90802	□IND  ICOM □OTH □PTY □SCC		250.00	2!	50.00		
08/27/2024	Fullerton Firefighters 3421 (ID# 921657) 312 E Commomwealth Fullerton, CA 92832	□IND  ICOM □OTH □PTY □SCC		250.00	Z!	50.00		
			SUBTOTAL \$	1,250.00	Mary page 18 and		t de la tra	danis gregiena

\*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	(Continuatio	n	Sheet)
<b>Monetary</b>	Co	ntributions	R	eceived

SCHEDULE A (CONT.)	

CALIFORNIA

**FORM** 

Statement covers period

from

07/01/2024

• •				through 09/21/	2024	Page _	7 of <u>21</u>
VAME OF FILER						I.D. NUN	IBER
Re-Elect Deto	y for Hermosa Beach City Council 2024	·		,,		146936	51
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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR . 31)	PER ELECTION TO DATE (IF REQUIRED)
09/05/2024	Ann Gotthoffer	MIND COM OTH PTY SCC	Retired Retired	100.00		00.00	
07/16/2024	Christine Harms	<u>                                    </u>	Political Coordinator California Nurses Association	250.00	2	50.00	
09/04/2024	Hayward Firefighters PAC (ID# 880080) 371 Lakeport Blvd., #391 Lakeport, CA 95453	□IND IND IND IND IND IND IND IND		250.00	2	50.00	
08/14/2024	Hemet Firefighters Association PAC (ID# 1331855) P.O. Box 1407 Hemet, CA 92546	□IND ☑COM □OTH □PTY □SCC		250.00		50.00	
09/17/2024	Hermosa Cyclery Inc 20 13th St Hermosa Cyclery Hermosa Beach, CA 90254	□IND □COM ☑OTH □PTY □SCC		250.00		250.00	44.
			SUBTOTAL	\$ 1,100.00	and the same of th	obaliezier (V	

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

					4		
	A (Continuation Sheet)						SCHEDULE A (CON
Monetary	Contributions Received	Amounts may to whole		Statement coverage from 07/01/	•		FORNIA 460
				through09/21/	/2024	Page_	
NAME OF FILER						I.D. NU	MBER
Re-Elect Det	oy for Hermosa Beach City Council 2024					14693	61
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/22/2024	Eric Horne	⊠IND □COM □OTH □PTY □SCC	Policy Advocacy Megafire Action	250.00	2	50.00	
07/15/2024	Shelley Hudson	IND COM OTH PTY	Interior Designer Shelley Hudson	100.00	1	00.00	
09/03/2024	Stephen Izant	⊠IND □COM □OTH □PTY □SCC	Retired Retired	250.00	2	50.00	
08/05/2024	Raymond Jackson	☑IND □COM □OTH □PTY □SCC	Retired Retired	250.00		50.00	
09/17/2024	Kern County Firefighters Union Local 1301 PAC (ID# 744675) 555 Capitol Mall, Ste. 400 Sacramento, CA 95814	□IND ICOM □OTH		250.00	2	50.00	

SUBTOTAL\$

OTH PTY

\*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

1,100.00

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDUL	EA (CONT.)
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CALIFORNIA

**FORM** 

Statement covers period

from

07/01/2024

			through09/21/	2024	Page	9 of 21	1
NAME OF FILER					I.D. NUM	BER	
Re-Elect Detoy for Hermosa Beach City Council 2024					146936	1	
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 CALENDAR YE (JAN. 1 - DEC.	31)	PER ELECTION TO DATE (IF REQUIRE	
08/22/2024 Frank Khulusi	⊠IND □COM □OTH □PTY □SCC	Investor Frank Khulusi	250.00	·	50.00		
09/17/2024 Mona Khulusi	IND COM	Retired Retired	250.00	2:	50.00		
08/25/2024 Nadeem Khulusi	⊠IND □COM □OTH □PTY □SCC	Manager Pacific Shore Construction	250.00	2	50.00		
08/31/2024 Yasmina Khulusi	IND COM	Real Estate Yasmina Khulusi	250.00		50.00		·
08/27/2024 Byung Kim	IND COM OTH SCC	Firefighter City of Alhambra	250.00	2	50.00		
		SUBTOTAL	\$ 1,250.00	Service of the operation	rong sagarahan Kanadarah	egy and the second of the seco	

\*Contributor Codes

IND - individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received			sints may be rounded  Statement covers period  whole dollars.  from07/01/2024  through09/21/2024			CALIFORNIA FORM  Page 10 of 21	
					1	D. NUMBER	
Re-Elect Det	oy for Hermosa Beach City Council 2024		·		1	469361	
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 DA CALENDAR YEA (JAN. 1 - DEC. 3°	R TODATE	
08/28/2024	Amory Langmo	⊠IND □COM □OTH □PTY □SCC	Fireman Berkeley Firefighters Local 1227	250.00	250	.00	
09/05/2024	Manhattan Beach Firefighters Association 400 15th Street Manhattan Beach, CA 90266	□IND □COM ☑OTH □PTY □SCC		250.00	250	.00	
08/22/2024	Marin Professional Firefighters PAC (ID# 930791) 428 J Street, Ste. 412 Sacramento, CA 95814	□IND ©COM □OTH □PTY □SCC		250.00	250	.00	
08/27/2024	Justin Massey	☑IND □COM □OTH □PTY □SCC	Attorney Miller Axline	250.00	250	.00	
08/20/2024	Emmett Moroney	⊠IND □COM □OTH □PTY □SCC	Retired Retired	100.00	100	.00	

SUBTOTAL\$

\*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

1,100.00

Schedule	A	(Continuation	n	Sheet)
<b>Monetary</b>	C	ontributions	R	eceived

	SCHEDULE A (CONT.)	
Statement covers period	CALIFORNIA 460	l
07/01/2024	FORM 400	l
		ı

through_	09/21/2024	Page11 of21	
	<del></del>	I.D. NUMBER	

NAME OF FILER

Re-Elect Detoy for Hermosa Beach City Council 2024

	14693	361	
R Y	DATE EAR 3. 31)	PER ELECTION TO DATE (IF REQUIRED)	

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)	TO DATE (IF REQUIRED)
09/04/2024	Andrew Morris	IND COM OTH PTY	Laborer Andrew Morris	150.00	150.00	
08/25/2024	Trisha Murakawa	IND COM OTH PTY	Business owner Self	100.00	100.00	
08/25/2024	Dency Nelson	☑IND □COM □OTH □PTY □SCC	Retired Retired	250.00		
08/27/2024	Moira Nelson	⊠IND □COM □OTH □PTY □SCC	Retired Retired	250.00		
09/18/2024	Roberta Newman	IND COM OTH PTY	Retired Retired	250.00	250.00	
	Asset 1		SUBTOTAL	\$ 1,000.00	CONTRACTOR OF THE STATE OF THE	A STATE OF THE STA

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

	A (Continuation Sheet) Contributions Received	Amounts may to whole		Statement coverage of through 09/21/	/2024	SCHEDULE A (CON CALIFORNIA FORM 460
NAME OF FILER		<del>.</del>		unoagn		Page 12 of 21
Re-Elect Det	oy for Hermosa Beach City Council 2024					I.D. NUMBER 1469361
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 D CALENDAR YEA (JAN. 1 - DEC. 3	R TODATE
09/18/2024	Ronald Newman	IND COM OTH PTY	Co owner Newman hospitality	250.00	250	0.00
08/14/2024	Overland Development Company 3870 Main Street, Ste. 201 Riverside, CA 92501	□IND □COM ☑OTH □PTY □SCC		250.00	250	0.00
09/06/2024	David Pedersen	☑IND □COM □OTH □PTY □SCC	Financial Planner Hermosa Advisors	150.00	150	.00
09/03/2024	Rick Poplin		Pilot United Airlines	100.00	100	.00
08/12/2024	Caleb Ragan	☑IND □COM □OTH □PTY □SCC	Consultant Caleb Ragan	100.00	100	.00

SUBTOTAL \$

850.00

\*Contributor Codes

IND - Individual

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

Schedule	A	(Continu	ation	Sheet)
<b>Monetary</b>	Cc	ontribution	ons R	eceived

Statement covers period		CALIFORNIA	460
from	07/01/2024	FORM	400
through	09/21/2024	Page 13 o	21

N/	۱٨	Æ	OF	FIL	ER	

Re-Elect Detoy for Hermosa Beach City Council 2024

1469361

I.D. NUMBER

SCHEDULE A (CONT.)

Re-Elect Detc	y for Hermosa Beach 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)
09/16/2024	Riverside Firefighters Legislative Action Group (ID# 744617) 8752 Maroon Peak Way Riverside, CA 92508	□IND ☑COM □OTH □PTY □SCC		250.00	250.00	
09/17/2024	Darrell Roberts	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Chula Vista	100.00	100.00	
09/17/2024	Shannon Ross	☑IND □COM □OTH □PTY □SCC	None None	100.00	100.00	
08/14/2024	Sacramento Area Firefighters Local 522 PAC (ID# 746138) 1121 L Street, Ste. 200 Sacramento, CA 95814	☐IND ICOM ☐OTH ☐PTY ☐SCC		250.00	250.00	
07/15/2024	Wendy Strack	⊠IND □COM □OTH □PTY □SCC	Chief Executive Officer Wendy J Strack Consulting LLC	250.00	250.00	
		·	SUBTOTAL	950.00	and the second s	and the second s

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole		Statement covers from 07/01, through 09/21,	/2024	FC	SCHEDULE A (CONTINUE OR NIA 460
NAME OF FILER		<del></del>		till Ough		I.D. NUI	14 of 21
Re-Elect Det	oy for Hermosa Beach City Council 2024	·•				14693	,
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 CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/16/2024	Doug Subers	IND COM OTH PTY	Governmental Advocate CapConn LLC dba Capitol Connection	250.00	2!	50.00	
08/16/2024	Meagan Subers	MIND COM	Governmental Advocate Capitol Connection	250.00	2!	50.00	
	Miles Sweenev	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Vista	100.00	10	0.00	
08/22/2024	Torrance Firefighters Association Local 1138 (ID# 890376) 1701 Crenshaw Blvd. Torrance, CA 89037	□IND ☑COM □OTH □PTY □SCC		250.00	25	50.00	
08/27/2024	Zachary Unger	⊠IND □COM □OTH □PTY □SCC	Firefighter City of Oakland	250.00	25	0.00	

SUBTOTAL\$

\*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

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1,100.00

				1.0	•	1837	S. 10 10 10 10 10 10 10 10 10 10 10 10 10
<b>Monetary</b>	A (Continuation Sheet) Contributions Received	Amounts may		Statement cove	•		SCHEDULE A (CON ORNIA 460
1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1				from 07/01/			ORM 400
NAME OF FILER						1.D. NUN 14693	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/14/2024	Christopher Andrew Walcker	©IND □COM □OTH □PTY □SCC	President Overland Development Company	250.00	2	50.00	
08/28/2024	Frank Wirtz	IND COM OTH PTY	Firefighter Vista	100.00	1	00.00	
-		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					

\*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

350.00

SUBTOTAL\$

Amounts may to whole		1	Statem: from through _	07/01/2024 09/21/2024	CALIFORI FORM	
					I.D. NUMBEI 1469361	R
MBR member con MTG meetings ar OFC office expe PET petition circu PHO phone bank POL polling and POS postage, de	nmunications nd appearance nses ulating s survey resear	es rch ossenger services	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transf VOT voter	airtime and production aid contributions aign workers' salaries cable airtime and prod date travel, lodging, and pouse travel, lodging, er between committees registration	uction costs I meals and meals s of the same o	
	CODE (	OR DE	SCRIPTION OF PA	YMENT		AMOUNTPAID
	PRO					620.0
£.,	PRO					370.0
	PRO		·			370.0
	MBR member cor MTG meetings ar OFC office expe PET petition circs PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	MBR member communications MTG meetings and appearance OFC office expenses PET petition circulating PHO phone banks POL polling and survey resear POS postage, delivery and me PRO professional services (leg PRT print ads  CODE  PRO	Des the payment, you may enter the code. Othe  MBR member communications  MTG meetings and appearances  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey research  POS postage, delivery and messenger services  PRO professional services (legal, accounting)  PRT print ads  CODE OR DE  PRO	through	through	through

Schedule E
(Continuation Sheet)
Payments Made

•	SCHEDU	LE E (CONT.	)
CALIF	ORNIA	400	

State	ement covers period	CALIFORNIA	460
from	07/01/2024	FORM	400

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

09/21/2024 through\_

Page \_\_\_\_\_\_\_ of \_\_\_

I.D. NUMBER 1469361

Re-Elect Detoy for Hermosa Beach 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 campaign consultants CNS MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* office expenses SAL campaign workers' salaries OFC CVC civic donations PET petition circulating t.v. or cable airtime and production costs TEL

FIL candidate filing/ballot fees phone banks PHO TRC FND fundraising events POL. polling and survey research TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services ND independent expenditure supporting/opposing others (explain)\* POS TSF

LEG legal defense PRO professional services (legal, accounting) VOT ш campaign literature and mailings

print ads PRT

candidate travel, lodging, and meals

transfer between committees of the same candidate/sponsor

voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
E-Fundraising Connections 2830 G St., #120 Sacramento, CA 95816		Credit Card Processing Fees	11.75
		. <del></del>	
E-Fundraising Connections 2830 G St., #120 Sacramento, CA 95816		Credit Card Processing Fees	32.20
			,
E-Fundraising Connections 2830 G St., #120 Sacramento, CA 95816		Credit Card Processing Fees	0.95
			Market State
E-Fundraising Connections 2830 G St., #120 Sacramento, CA 95816	. 10.0	Credit Card Processing Fees	11.75
Single of the second of the se		·	
Company to the transfer of the control of the contr	12 (1)	Market Control of the	
E-Fundraising Connections 2830 G St., #120 Sacramento, CA 95816		Credit Card Processing Fees	11.75

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

SUBTOTAL \$

68.40

1 1 32 1 1 1 1 1

SCHEDULE E (CONT.)

Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period  from 07/01/2024	CALIFORNIA FORM	460
SEE INSTRUCTIONS ON REVERSE		through09/21/2024	Page 18 of	21
IAME OF FILER			I.D. NUMBER	
Re-Elect Detoy for Hermosa Beach City Council 2024			1469361	
CODES: If one of the following codes accurately descri	ihes the navment you may enter the code. Other	rwise describe the navment		

COL	DES: If one of the following codes accurately describes	the	payment, y	ou may e	enter the code.	Otherwise,	describe the payment.	
CMP	campaign paraphernalia/misc.	MBR	member com	munications	; <b>3</b>	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings and	d appearant	ces	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expen	ses		SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circui	lating		TEL	t.v. or cable airtime and production cos	ts
FIL	candidate filing/ballot fees	PHO	phone banks	•		TRC	candidate travel, lodging, and meals	
FND	fundraising events	POL	polling and s	survey resea	arch	TRS	staff/spouse travel, lodging, and meals	
<b>IND</b>	Independent expenditure supporting/opposing others (explain)*	POS	postage, deli	ivery and m	nessenger services	TSF	transfer between committees of the sa	me candidate/sponsor
LEG	legal defense	PRO	professional	services (le	egal, accounting)	VOT	voter registration	
LIT	campaign literature and mailings	PRT	print ads			WEB	information technology costs (internet,	e-mail)
			<del></del>	-				1
	NAME AND ADDRESS OF PAYEE			CODE	OP	DESCRIPTIO	N OF DAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
E-Fundraising Connections 2830 G St., #120 Sacramento, CA 95816		Credit Card Processing Fees	11.75
E-Fundraising Connections 2830 G St., #120 Sacramento, CA 95816		Credit Card Processing Fees	5.00
		er of the second	
E-Fundraising Connections 2830 G St., #120 Sacramento, CA 95816		Credit Card Processing Fees	23.50
E-Fundraising Connections 2830 G St., #120 Sacramento, CA 95816		Credit Card Processing Fees	11.75
E-Fundraising Connections 2830 G St., #120 Sacramento, CA 95816		Credit Card Processing Fees	5.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTAL \$	57.00
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Schedule E
(Continuation Sheet)
Payments Made

		SCHEDULE E (CONT.)
State	ement covers period	CALIFORNIA 460
from	07/01/2024	FORM 400
through	09/21/2024	Page 19 of 21
<b></b>		LD NUMBER

1469361

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Detoy for Hermosa Beach 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.

CNS campaign consultants

MBR member communications

MBC member communications

RAD radio airtime and production costs

RFD returned contributions

CTB contribution (explain nonmonetary)\*

OFC office expanses

SAL campaign workers' salaries

CTB contribution (explain nonmonetary)\*

OFC office expenses

SAL campaign workers' salaries

CVC civic donations

FET 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 fundralsing 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 LEG legal defense PRO professional services (legal, accounting)

TSF transfer between committees of the same candidate/sponsor 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	DESCRIPTION OF PAYMENT	AMOUNT PAID
E-Fundraising Connections 2830 G St., #120 Sacramento, CA 95816		:	Credit Card Processing Fees	23.5
E-Fundraising Connections 2830 G St., #120 Sacramento, CA 95816	M		Credit Card Processing Fees	45.2
E-Fundraising Connections			Credit Card Processing Fees	23.5
2830 G St., #120 Sacramento, CA 95816	7. <b>.</b>		,	
		HAZ K. A		
E-Fundraising Connections 2830 G St., #120 Sacramento, CA 95816		240	Credit Card Processing Fees	21.7
		ļ		
E-Fundraising Connections 2830 G St., #120 Sacramento, CA 95816			Credit Card Processing Fees	21.1
		]		

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

SUBTOTAL \$

135.13

Schedule	E	
(Continuat	tion	Sheet)
Payments	Mad	de

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

## Amounts may be rounded to whole dollars.

SCHEDULE E (	CONT.	١
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Statement covers period	CALIFORNIA 160
from07/01/2024	FORM 400
through09/21/2024	Page 20 of 21
	I.D. NUMBER
	1469361

Re-Elect Detoy for Hermosa Beach 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 paraphermalia/misc.

CNS campaign consultants

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

MBR member communications

NBR member communications

NBR radio airtime and production costs

TEL t.v. or cable airtime and production costs

FIL candidate filing/ballot fees
FND fundraising events
FND fundrais

IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) TSF transfer between committees of the same candidate/sponsor VOT voter registration

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

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
	Credit Card Processing Fees	11.7
	Credit Card Processing Fees	23.3
	Credit Card Processing Fees	12.2
- 1		
	Credit Card Processing Fees	19.0
	Credit Card Processing Fees	9.3
ı	·	1
		Credit Card Processing Fees  Credit Card Processing Fees  Credit Card Processing Fees  Credit Card Processing Fees

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

**SUBTOTAL \$** 

Schedule	E	
(Continuat	tion	Sheet)
Payments	Mac	le

SCHED	ULE E	(CONT.)

Statement covers period	CALIFORNIA 160
from07/01/2024	FORM 400
through 09/21/2024	Page21 of21
	I.D. NUMBER
	1469361

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Detoy for Hermosa Beach 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 campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs TEL FiL candidate filing/bailot 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

FND 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
UT campaign literature and mailings PRT print ads VEB 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
E-Fundraising Connections 2830 G St., #120 Sacramento, CA 95816		Credit Card Processing Fees	31.25
Firefighters Print & Design 1780 Creekside Oaks Sacramento, CA 95833	CMP		1,945.94

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

**SUBTOTAL \$** 

1,977.19