Recipient Committee Campaign Statement Cover Page			Date Stamp		LIFORNIA 460
(Government Code Sections 84200-84216.5)  CLAA  SEE INSTRUCTIONS ON REVERSE	Statement covers period from09/22/2024 through10/19/2024	Date of election if applicable: (Month, Day, Year)	DCT 2 4 2  HERMOSA BE- CITY CLERI	024 Pag	e1 of12 For Official Use Only
Type of Recipient Committee: All Committees –	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	MA SI II	9.6	TO CHARGE
X Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Camplete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Camplete Part 7)	Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 Termin     Amendment (Explain below)	ation)	Supplement	atement I-Year Report al Preelection Attach Form 495
3. Committee Information	I.D. NUMBER 1469361	Treasurer(s)	DATE DREA	CE SOUGHT OR	HELO II SUPPORT
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Re-Elect Detoy for Hermosa Beach City Coun STREET ADDRESS (NO P.O. BOX)		MAILING ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE
ou peualt at your ou		Long Beach	CA	90802	AREA CODE/FHORE
	CODE AREA CODE/PHONE 802 . BOX	NAME OF ASSISTANT TREASURER, Mike Detoy MAILING ADDRESS	F ANY	NI DISTRIC	T MO JE ANY
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY Long Beach	STATE CA	ZIP CODE 90802	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	ot nukaek ir Applicable)	OPTIONAL: FAX / E-MAIL ADDRESS			C oppose
4. Verification  I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of California.	ing this statement and to the best of my kn				ue and complete. I certify
Executed on	Ву	Clanch recol Priving on Adalatant Traces	et Conti	11070-6	
Executed on	BySignature of Co	ontrolling Officeriologic, Carlologic, State Measure Propprient	or Responsible Officer	of Sponsor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Me	esure Proponent	house 1000	400
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Me	asure Proponent	- 1074	FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

unini nattila aam

Officeholder or Candidate Controlled Com	mittee		6.	Primarily Formed Ballo	t Measure Co	mmiţtee	1	
NAME OF OFFICEHOLDER OR CANDIDATE	\$ -4			NAME OF BALLOT MEASURE	. "1			
Michael Detoy								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)			BALLOT NO. OR LETTER	JURISDICTION		]	SUPPORT
City Council Member Hermosa Beach								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP						
1	Long Beach CA 9	90802		Identify the controlling office	ceholder, candi	date, or st	ate measure	proponent, if any
				NAME OF OFFICEHOLDER, CANI	DIDATE, OR PROP	ONENT		
Related Committees Not Included in this S	tatement: List env commi	ittees						
not included in this statement that are controlled by you	u or are primarily formed to re			OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
contributions or make expenditures on behalf of your c	candidacy.							
COMMITTEE NAME	I.D. NUMBER				i			
			7.	Primarily Formed Cand	idate/Officeh	older Co	mmittee <i>t</i>	ist names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	?	•••	officeholder(s) or candidate(s)				
· · · · · · · · · · · · · · · · · · ·	YES NO			NAME OF OFFICEHOLDER OR C	ANDIDATE IC	SEFICE SOLI	GHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)			TOURS OF OFFICEROLDER ON O	·	71102 300	SITI GITTLED	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/P	PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE C	FFICE SOU	GHT OR HELD	C aupport
					İ			SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER							
				NAME OF OFFICEHOLDER OR C	ANDIDATE C	OFFICE SOU	GHT OR HELD	SUPPORT
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	7		NAME OF OFFICEHOLDER OR C	ANDIDATE C	FFICE SOU	GHT OR HELD	☐ SUPPORT
<u> </u>	YES NO							OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)						N-	*.160
							•	
CITY STATE ZIP	CODE AREA CODE/P	HONE		Attac	h continuation :	sheets if n	ecessary	-

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

Amounts may be rounded

**SUMMARY PAGE** Statement covers period CALIFORNIA **FORM** 09/22/2024 from 10/19/2024 through I.D. NUMBER

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1469361 Re-Elect Detoy for Hermosa Beach City Council 2024

Re-Elect Detoy for Hermosa Beach City Council 2024				1409301
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	-	COLUMN B CALENDARYEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$ 5,450.00	\$	18,445.00	
2. Loans Received Schedule B, Line 3	0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 5,450.00	\$	18,445.00	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3	 0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 5,450.00	\$	18,445.00	Made \$ \$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4		\$	4,271.98	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	535.50	<b>,\$</b>	4,271.98	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	8,246.24		8,246.24	Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment	0.00		0.00	(minually)
11. TOTAL EXPENDITURES MADE	\$  8,781.74	\$	12,518.22	<b></b> \$
Current Cash Statement				<b>\$</b>
12. Beginning Cash Balance Previous Summary Page, Line 16			calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	5,450.00		nounts in Column A to the responding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00		m Column B of your last cort. Some amounts in	reported in Column B.
15. Cash Payments Column A, Line 8 above	535.50	Co	lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 14,173.02		ures that should be 6.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	
If this is a termination statement, Line 16 must be zero.		pe	riod amounts. If this is a first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	for	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts			m Lines 2, 7, and 9 (if y).	The second secon
18. Cash Equivalents See instructions on reverse	\$ 0.00		••	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 8,246.24		21 · · · · · · · · · · · · · · · · · · ·	
		1		FPPC Form 460 (Jan/201

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	A				•		•
	Contributions Received		ts may be rounded whole dollars.	Statement cov	•		FORNIA 460
				from09/22/2	024	FC	DRM TOO
				through	024		4 -4 13
NAME OF FILER	ONS ON REVERSE	<u>.</u>		through		Page _	4 of 12
						I.D. NU	MBER
Re-Elect De	toy for Hermosa Beach City Council 2024		ι.			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 OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/30/2024	Jaycob Bytel West Sacramento, CA 95691	IND COM	Consultant Jaycob Bytel	250.00		250.00	
10/03/2024	Lauren Carpenter	SCC	Self Employed Lauren Carpenter	250.00		250.00	
10/09/2024	Clarissa Cervantes Riverside, CA 92507	IXIND COM OTH STY	Senior Strategist Bergmann Ewerdling Direct	100.00		100.00	
10/08/2024	Chino Valley Professional Firefighters PAC (ID# 902370) Chino Hills, CA 91710	□IND □COM □OTH □PTY □SCC		250.00		250.00	
09/29/2024	Lisa Gasperoni Sacramento, CA 95822	IND COM OTH PTY SCC	Consultant Lisa Gasperoni	250.00		250.00	
t water y			SUBTOTAL\$	1,100.00			Totalisme
Amount re (include al	A Summary  ceived this period – itemized monetary contributions.  I Schedule A subtotals.)			5,450.00	*Cont IND - COM	tributor Co Individual - Recipier (other ti	odes
	ceived this period – unitemized monetary contributions	of less than \$	\$100\$	0.00	PTY-	- Political I	Party
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$	5,450.00	scc	- Small Co	ontributor Committee

Schedule A (Continuation Sheet)  Monetary Contributions Received		Amounts may to whole		Statement coverage from 09/22, through 10/19	/2024	SCHEDULE A (CONTROL OF CALIFORNIA FORM 460  Page 5 of 12		
NAME OF FILER Re-Blect Det	oy for Hermosa Beach City Council 2024					I.D. NUI 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.	AR	PER ELECTION TO DATE (IF REQUIRED)	
10/18/2024	Arlyce Guerry Hermosa Beach, CA 90254	IND COM OTH PTY	Retired N/A	250.00	2!	50.00		
10/18/2024	International Association of Firefighters (ID# 1255870) Washington, DC 20006	□IND □COM ☑OTH □PTY □SCC		250.00	2!	50.00		
09/30/2024	Shrujal Joseph Sacramento, CA 95826	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Consultant Shrujal Joseph	250.00	2!	50.00		
10/08/2024	Jeffrey Kaplan Los Angeles, CA 90024	⊠IND □COM □OTH □PTY □SCC	Real Estate Invesments Kaplan Financial Corp	250.00	2!	50.00		
10/18/2024	Hermosa Beach, Ca 90254	COM COM COTH PTY	PMP consultant	250.00	Z!	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

1,250.00

# Schedule A (Continuation Sheet) Moneton Contributions Received

Amounts may be rounded

SCHEDULE A (	CONT.)
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Monetary	Collubuuolis Receiveu	to whole	dollars.	from09/22/	•	CALIFO FOR	RNIA 46	0
				through 10/19/	2024		6 of 12	
NAME OF FILER						I.D. NUMBI	<b>ER</b>	
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 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)	
09/25/2024	Frank Lima Los Angeles, CA 90026	⊠IND □COM □OTH □PTY □SCC	Firefighter Los Angeles City Fire Department	250.00		50.00		
10/04/2024	Long Beach Firefighters Association PAC (ID# 781470) Long Beeach, CA 90755	□IND □COM □OTH □PTY □SCC		250.00	2	50.00		
10/18/2024	Los Angeles County Firefighters Local 1014 Legislative Fund Committee (ID# 742008) El Monte, CA 91731	□IND  COM □OTH □PTY □SCC		250.00	2	50.00		
10/18/2024	Los Angeles League of Conservation Voters (ID# 818317)  Los Angeles, CA 90017	□IND INCOM □OTH □PTY □SCC		250.00		50.00		
10/08/2024	Modesto City Fire Association (ID# 645550) Modesto, CA 95354	□IND ©COM □OTH □PTY □SCC		250.00		50.00		
,			SUBTOTAL	\$ 1,250.00			and the transfer	wings we

\*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 (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement covers period from 09/22/2024		FORM 460	
				through 10/19/	2024	Page _	7 of12
NAME OF FILER			· · · · · · · · · · · · · · · · · · ·			I.D. NUI	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 LD. 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	PER ELECTION TO DATE (IF REQUIRED)
10/03/2024	Dustin Moore Sacramento, CA 95834	IND COM OTH PTY	Self Employed Dustin Moore	250.00	2	50.00	
10/15/2024	One Talented Universe Redondo Beach, CA 90277	□IND □COM ᡚOTH □PTY □SCC		100.00	1	00.00	
10/08/2024	Richard Reznichek  Hermosa Beach, CA 90254	DIND COM OTH PTY	Retired N/A	200.00	2	00.00	
09/30/2024	Cindy Roth Riverside, CA 92506	☑IND □COM □OTH □PTY □SCC	Consultant Cindy Roth	250.00	2	50.00	
09/30/2024	Richard Roth Riverside, CA 92506	IND COM	State Senator State of California	250.00	2	50.00	
			SUBTOTAL	1,050.00	Bendaria a transfer de la place de la comp	e in Egiptic	na sing ing more surrection for the

\*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 dollare

SCHEDULE A (C
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CALIFORNIA ACO

Statement covers period

		to whole t	uonars.	from09/22/	2024	FC	ORM 400
				through 10/19/	2024	Page_	8 of 12
NAME OF FILER						I.D. NUM	MBER
Re-Blect Dete	by for Hermosa Beach City Council 2024					14693	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, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR . 31)	PER ELECTION TO DATE (IF REQUIRED)
09/25/2024	Peremey Shumaker Riverside, CA 92507	⊠IND □COM □OTH □PTY □SCC	EMS Executive American Medical Response	100.00		00.00	
10/18/2024	Vista Firefighters PAC (ID# 1243170) Vista, CA 92084	□IND ©COM □OTH □PTY □SCC		250.00	. :	50.00	
09/29/2024	Joshua Walters Coronado, CA 92118	⊠IND □COM □OTH □PTY □SCC	Chief Executive Officer Walters Strategies And Media Inc	250.00	2	50.00	
10/15/2024	Seth Weiss Hermosa Beach, CA 90254	☑IND □COM □OTH □PTY □SCC	Self Employed Seth Weiss	200.00	2	00.00	
		□IND □COM □OTH □PTY □SCC					
	en e		SUBTOTAL	\$ 800.00	Kristina de designa	er grand to de point.	teritoria de la compania de la comp La compania de la co

\*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 E	
Payments Made	

### Amounts may be rounded to whole dollars.

		SCHEDULE E
Statem	ent covers period	CALIFORNIA 160
from	09/22/2024	FORM TOO
through .	10/19/2024	Page9 of12
		I.D. NUMBER
		1460261

SEE INSTRUCTIONS ON REVERSE	through	Page9 of12
NAME OF FILER		I.D. NUMBER
Re-Elect Detoy for Hermosa Beach City Council 2024	<u> </u>	1469361

CO OMPCNS CTB CV FL FN D LEG	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundralsing events independent expenditure supporting/opposing others (explain)*	MBR MTG OFC PET PHO POL PRO PRO PRT	member com meetings and office expen petition circuit phone banks polling and se postage, deli	munications if appearant ses lating survey resea	ces	RAD RFD SAL TEL TRC TRS SS TSF	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production co-candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the svoter registration	s ame candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNTPAID
	mmitt & Association Inc. g Beach, CA 90802			PRO				370.00

E-Fundraising Connections	Credit Card Processing Fees	5.00
Sacramento, CA 95816		
* Payments that are contributions or independent expenditures must also be summi	rized on Schedule D. Supr	TOTAL \$ 398.50

Credit Card Processing Fees

#### Schedule E Summary

E-Fundraising Connections

Sacramento, CA 95816

1. Itemized payments made this period. (Include all Schedule E subtotals.)	535	.50
2. Uniternized 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.)	535	.50

Schedule	E
(Continua	tion Sheet)
Payments	Made

campaign literature and mailings

ШΤ

#### Amounts may be rounded to whole dollars.

A'	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from09/22/2024	FORM 400
through10/19/2024	Page 10 of 12
	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 CNS contribution (explain nonmonetary)\* OFC office expenses campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks

FND fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

VOT voter registration LEG legal defense PRO professional services (legal, accounting) PRT

WEB information technology costs (internet, e-mail) print ads

and the state of t	7747			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DESCRIPTION OF PAYMENT	AMOUNT PAID
E-Fundraising Connections			Credit Card Processing Fees	11.7
Sacramento, CA 95816				
E-Fundraising Connections			Credit Card Processing Fees	70.5
Sacramento, CA 95816				
i vita i				
E-Fundraising Connections	-:		Credit Card Processing Fees	23.5
Sacramento, CA 95816	141			1
E-Fundraising Connections Sacramento, CA 95816			Credit Card Processing Fees	5.0
E-Fundraising Connections Sacramento, CA 95816			Credit Card Processing Fees	11.7
* Daymonte that are contributions or independent expenditures must also	- h	Cabadula D	SURTOTA	I \$ 122.50

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

SUBTOTAL S

122.50

•								
Schedule E							SCHEDULE E (CONT.	
(Continuation Sheet)	Amounts may b			Stateme	ent covers period	CALIFO		
Payments Made	to whole dollars.			from09/22/2024		FOR	FORM TOU	
SEE INSTRUCTIONS ON REVERSE		• • •		through	10/19/2024	Page	11 of 12	
NAME OF FILER						I.D. NUME	ER	
Re-Elect Detoy for Hermosa Beach City Council 2024						146936	1 .	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, dei	munications d appearance ises lating survey researe ivery and me	s	RAD radio RFD return SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	airtime and produ ned contributions paign workers' sale r cable airtime and idate travel, lodgin spouse travel, lod	ction costs aries I production costs g, and meals ging, and meals nittees of the sar	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	OR DES	CRIPTION OF P	AYMENT		AMOUNT PAID	
S-Fundraising Connections			Credit Card Proce	ssing Fees			14.5	
Sacramento, CA 95816								
			-					
	* .							
							• • •	
				•				

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

SUBTOTAL \$

14.50

			SCHEDU
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 09/22/2024	california 460
SEE INSTRUCTIONS ON REVERSE		through 10/19/2024	Page 12 of 12
NAME OF FILER			I.D. NUMBER
Re-Elect Detoy for Hermosa Beach City Council 2024			1469361
CODES: If one of the following codes accurately des	cribes the payment, you may enter the coo	le. Otherwise, describe the payment	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	
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 prod	
FiL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and	l meals

POL polling and survey research

print ads

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
Anthony Hale Redondo Beach, CA 90277	Mailer/Facebook/ Digital Ads	0.00	8,246.24	0.00	8,246.24
	,				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00	8,246.24	0.00	8,246.24

postage, delivery and messenger services

professional services (legal, accounting)

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

staff/spouse travel, lodging, and meals

WEB information technology costs (internet, e-mail)

voter registration

VOT

transfer between committees of the same candidate/sponsor

Schedule F Summary

fundraising events

campaign literature and mailings

legal defense

LEG

independent expenditure supporting/opposing others (explain)\*

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for