Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		AS TO Date Sta	FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from09/22/2024	Date of election if applicable: (Month, Day, Year) 11/05/2024 RECENT OCT 28 HERMOSA CITY CL	Page 1 of 16 For Official Use Only
State Candidate Election Committee Com	imarily Formed Ballot Measure immittee Controlled Sponsored so Complete Part 6) imarily Formed Candidate/ ficeholder Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
	NUMBER 171092	Treasurer(s) NAME OF TREASURER Elka Worner MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COD Norwalk CA 90650 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	THE TOTAL THORE	CITY STAT Hermosa Beach CA NAME OF ASSISTANT TREASURER, IF ANY David Gould MAILING ADDRESS	THE TOOLE THORE
Dreynoso CITY STATE ZIP CODI OPTIONAL: FAX / E-MAIL ADDRESS	E AREA CODE/PHONE	CITY STAT Norwalk CA OPTIONAL: FAX / E-MAIL ADDRESS	THE TOOLE TOOL
4. Verification I have used all reasonable diligence in preparing and reviewing the under penalty of perjury under the laws of the State of California to Executed on	By Signature of Control		
Executed onDate	Ву s	signature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC Form 460 (Jan/2016)



5. Officeholder or Candidate Controlled Committee	iittee	6. Primarily Formed Ballot Measure Committee	Measure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Elka Worner					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member Hermosa Beach	CT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	200	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	CITY STATE ZIP Hermosa Beach CA 90254	Identify the controlling officeholder, candidate, or state measure proponent, if any.	holder, candidate, or sta	ite measure pro	ponent, if any.
Related Committees Not Included in this Statement:	List any comm	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	DATE, OR PROPONENT		
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.	or are primarily formed to receive ndidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	\ A
COMMITTEENAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE?	 Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. 	late/Officeholder Color which this committee is	mmittee List n primarily formed.	ames of
MITTEE ADDRESS STREET ADDRESS (NO		NAME OF OFFICEHOLDER OR CANDIDATE	DIDATE OFFICE SOUGHT OR HELD	SHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	DIDATE OFFICE SOUGHT OR HELD	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	DIDATE OFFICE SOUGHT OR HELD	SHT OR HELD	SUPPORT OPPOSE
	CONTROLLED COMMITTEE? TYES NO	NAME OF OFFICEHOLDER OR CANDIDATE	DIDATE OFFICE SOUGHT OR HELD	SHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	OX)				
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	Attach	Attach continuation sheets if necessary	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA 1 CO
from	09/22/2024	FORM 400
through _	10/19/2024	Page3 of16
		I.D. NUMBER

Elka Worner for HB City Council 2024 1471092 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections Monetary Contributions Schedule A, Line 3 S ______ 3,950.00 12,500.00 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B, Line 3 5,000.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 S _____ 3,950.00 20. Contributions 17,500.00 Received Nonmonetary Contributions Schedule C. Line 3 105.58 253.38 21. Expenditures S______ S____ 17,753.38 Made Expenditures Made **Expenditure Limit Summary for State** S 15,317.42 Candidates 7. Loans Made Schedule H, Line 3 0.00 0.00 22. Cumulative Expenditures Made* 15,317.42 (If Subject to Voluntary Expenditure Limit) 0.00 Date of Flection Total to Date 105.58 (mm/dd/vv) 10. Nonmonetary Adjustment Schedule C, Line 3 253.38 15,570,80 Current Cash Statement To calculate Column B, add 13. Cash Receipts Column A, Line 3 above 3,950.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 6,325.87 Column A may be negative 2,182.58 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 S figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ 0.00 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (Jan/2016)

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

Schedule /	A							SCHEDULE A
Monetary	Contributions Received		ts may be rounded whole dollars.		Statement covers period om09/22/2024			460
	NS ON REVERSE			through _10/19/2	024	Page	4o	f16
NAME OF FILER						I.D. NU	JMBER	
Elka Worner	for HB City Council 2024					14710	92	
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 T CALENDAR (JAN. 1 - DE	YEAR	TOT	ECTION DATE QUIRED)
09/24/2024	Judith Astone Aptos, CA 95003	⊠IND □COM □OTH □PTY □SCC	Retired None	Received through inter eFundraising Connectio 2831 G St. Ste. 120 Sacramento, CA 95816	mediary: ns	100.00	G2024	\$100.00
09/24/2024	Patrick Bobko Newport Beach, CA 92660	⊠IND □COM □OTH □PTY □SCC	Attorney Bobko Law APC	Received through inter eFundraising Connectio 2831 G St. Ste. 120 Sacramento, CA 95816	mediary: ns	250.00	G2024	\$250.00
09/26/2024	Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Sales Dave Caskey	250.00 Received through inter ePundralsing Connectio 2831 G St. Ste. 120 Sacramento, CA 95816	mediary: ns	250.00	G2024	\$250.00
09/28/2024	Kent Allen Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Retired None	Received through inter ePundraising Connectio 2831 G St. Ste. 120 Sacramento, CA 95816	mediary: ns	100.00	G2024	\$100.00
09/28/2024	Cara Knight Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Brand Management CKBrands	200.00 Received through inter eFundraising Connectio 2831 G St. Ste. 120 Sacramento, CA 95816	mediary:	200.00	G2024	\$200.00
			SUBTOTAL	\$ 900.00		May 1		
1. Amount red (Include all 2. Amount red 3. Total mone	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.) ceived this period – unitemized monetary contributions etary contributions received this period. 1 and 2. Enter here and on the Summary Page, Columb	s of less than S	\$100\$		OTH PT	other) H – Other M – Politica	al ent Committe than PTY o (e.g., busine	r SCC) ess entity)
VIGO EILOS	of the Little field and off the Suffinary Page, Colu	min A, Line 1.	IOIAL \$_	3,950.00				

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

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole o	A STATE OF THE STA	from09/22/			CALIFORNIA 460		
WALE OF FILED				through10/19/	/2024	Page_	5	of16	
NAME OF FILER						I.D. NU	MBER		
Elka Worner	for HB City Council 2024					14710	92		
DATE REGEIVED	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		ER ELECTION TO DATE F REQUIRED)	
09/28/2024	Matt McCool Thousand Oaks, CA 91362	⊠IND □COM □OTH □PTY □SCC	Business Operations Consultant Independent Consultant	Received through interefundraising Connectic 2831 G St. Ste. 120 Sacramento, CA 95816		.00.00	G2024	\$100.00	
09/30/2024	Tom Jennings Malibu, CA 90265	☑IND □COM □OTH □PTY □SCC	Documentary Filmmaker Tom Jennings	Received through inte eFundraising Connecti 2831 G St. Ste. 120 Sacramento, CA 95816		250.00	G2024	\$250.00	
09/30/2024	Terrence Nolan Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Retired None	Received through inte eFundraising Connection 2831 G St. Ste. 120 Sacramento, CA 95816		.50.00	G2024	\$150.00	
10/02/2024	Anne Garvey-Zaworski Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Retired None	Received through inte eFundraising Connecti 2831 G St. Ste. 120 Sacramento, CA 95816		.00.00	G2024	\$100.00	
10/06/2024	Jim Prassas Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Self Employed Steel Mill Sales	Received through inte eFundraising Connecti 2831 G St. Ste. 120 Sacramento, CA 95816		.00.00	G2024	\$100.00	
			SUBTOTALS	\$ 700.00			I Say		

*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 (CONT.)

o.iotai y	Continuations Received	to whole		from09/22/ through10/19/	F	IFORN ORM 6	IIA 4	160					
NAME OF FILER						ID NI	JMBER						
Elka Worner	for HB City Council 2024					14710							
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 (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		CALENDAR YEAR		CALENDAR YEAR			ER ELEC' TO DAT F REQUIR	E
10/07/2024	Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Business Executive RE50	Received through intererundraising Connection 2831 G St. Ste. 120 Sacramento, CA 95816		100.00	G2024		\$100.00				
10/09/2024	Mannattan Beach, CA 90266	□IND □COM □OTH □PTY □SCC	Retired None	Received through inte eFundraising Connecti 2831 G St. Ste. 120 Sacramento, CA 95816		250.00	G2024		\$250.00				
10/12/2024	Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	CFO Abramson Architects	250.00 Received through inte- eFundraising Connection 2831 G St. Ste. 120 Sacramento, CA 95816		250.00	G2024		\$250.00				
10/13/2024	El Segundo, CA 90245	⊠IND □COM □OTH □PTY □SCC	President Urban Pointe Development	250.00 Received through intererundraising Connection 2831 G St. Ste. 120 Sacramento, CA 95816		250.00	G2024		\$250.00				
10/14/2024	Ivars Janieks Hermosa Beach, CA 90254	☑IND □COM □OTH □PTY □SCC	Retired None	250.00 Received through intererundraising Connective 2831 G St. Ste. 120 Sacramento, CA 95816		250.00	G2024		\$250.00				
			SUBTOTAL	\$ 1,100.00		1		77.7					

*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 (CONT.)

Monetary Contributions Received		Amounts may to whole o		Statement cove from09/22/ through10/19/	2024	F	FORNIA ORM	4100	
NAME OF FILER				tillough		I.D. NU	and the second	of16	
Elka Worner	for HB City Council 2024	Ţ-800-00-00-00-00-00-00-00-00-00-00-00-00				14710			
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)		CALENDAR YEAR T		ELECTION O DATE REQUIRED)
10/14/2024	Stephanie Janieks Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Retired None	250.00 Received through intererundraising Connectic 2831 G St. Ste. 120 Sacramento, CA 95816	mediaru.	50.00	G2024	\$250.00	
10/14/2024	Diana Leslie Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Real Estate Diana Leslie	Received through inte eFundraising Connectic 2831 G St. Ste. 120 Sacramento, CA 95816		00.00	G2024	\$100.00	
10/16/2024	Sandy Saemann Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Owner Sandy Saemann	250.00	2	50.00	G2024	\$250.00	
10/16/2024	Clayton W. Shepherd Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Retired None	250.00	2	50.00	G2024	\$250.00	
10/17/2024	Art Rico Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Retired None	Received through interefundraising Connecti 2831 G St. Ste. 120 Sacramento, CA 95816		.00.00	G2024	\$100.00	
			SUBTOTAL	\$ 950.00				2.5	

*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

Amounts may be rounded

SCHEDULE A (CC

-		to whole o	dollars.	from09/22/ through10/19/	2024	accide.	FORNIA 460 8 of 16
NAME OF FILER						I.D. NU	MBER
Elka Worner f	for HB City Council 2024					14710	192
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
10/18/2024	Corri Scott Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Owner Blue7 Consultive	250.00 Received through intererundraising Connecti 2831 G St. Ste. 120 Sacramento, CA 95816		250.00	G2024 \$250.00
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	\$				
			SUBTOTAL	\$ 250.00			

*Contributor Codes

IND-Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

							SCHE	DULE B - PART	
Schedule B – Part 1	Amo	Statement cov	ers period	CALIFORN	A 460				
Loans Received		to whole dollar	rs.		from09/2	2/2024 FORM 400			
SEE INSTRUCTIONS ON REVERSE					through10/1	9/2024	Page9	of16	
NAME OF FILER							I.D. NUMBER		
Elka Worner for HB City Council 2024							1471092		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIV THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
Elka Worner	Journalist Easy Reader Newspaper			PAID	7 211100			CALENDAR YEAR	
Hermosa Beach, CA 90254 Loan				s0.0	00 s 5,000.00	0.00%	\$ 5,000.00	\$ 5,000.0	
				FORGIVEN		RATE		PERELECTION	
TELLIS COM CON CON		s_5,000.00	s0.00	s0.0	and the latest terminal termin	so.o	The second secon	5	
TO IND COM OTH PTY SCC					DATE DUE	-	DATE INCURRED	CHENDARYEN	
				PAID				CALENDAR YEA	
	-			SFORGIVEN	s	RATE %	s	PER ELECTION	
† IND COM OTH PTY SCC		s	s	s	DATE DUE	s	DATE INCURRED	s	
				PAID				CALENDAR YEA	
				s	\$	%	s	s	
*				FORGIVEN		RATE		PER ELECTION	
† IND COM OTH PTY SCC		\$	s	s	DATE DUE	s	DATE INCURRED	S	
		SUBTOTALS S	\$ 0.00	\$ 0	.00\$ 5,000.00	0.0	0		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				S	0.00	0			
(Total Column (b) plus unitemized loan	s of less than \$100.)	••••••		Ψ _		-	Contributor Codes		
Loans paid or forgiven this period (Total Column (c) plus loans under \$10	0 paid or forgiven.)			\$_	0.00	0		PTY or SCC)	
(Include loans paid by a third party tha	t are also itemized on Sched	dule A.)					OTH - Other (e.g.,	Dualitess elitity	

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ _

Enter the net here and on the Summary Page, Column A, Line 2. *Amounts forgiven or paid by another party also must be reported on Schedule A.

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

SCC - Small Contributor Committee

PTY - Political Party

** If required.

Schedul Nonmor	e C netary Contributions Received		Amounts may be rounded to whole dollars.		S	statement covers p	eriod	CALIF	CHECK THE PARTY OF	460 460
					from	09/22/202	4	FO		230
								teak aleaning the	A. Commission	ed min son en
	TIONS ON REVERSE				thro	ugh 10/19/202	24	_ Page	10 of_	16
NAME OF FILE	ĸ							I.D. NUMB	ER	
Elka Worne	er for HB City Council 2024							1471092	:	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALE	DATE ENDAR YEAR	TO	LECTION DATE QUIRED)
10/04/2024	Susan Saemann Hermosa Beach, CA 9054	∑IND □COM □OTH □PTY □SCC	Independent Real Estate Agent Susan Saemann	Banner		105.58		105.58	G2024	\$105.
		□IND □COM □OTH □PTY □SCC		2						
		□IND □COM □OTH □PTY □SCC				ı.				
		□IND □COM □OTH □PTY □SCC	*							5
Attach ad	ditional information on appropriately labe	eled continuat	ion sheets.	SUBTO	OTAL \$	105.58	10			
1. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)	y contributions	5.		\$_	105.5	1	*Contributor Co IND – Individual COM – Recipier		ee

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

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

PTY - Political Party

(other than PTY or SCC)

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

SCC - Small Contributor Committee

0.00

105.58

3. Total nonmonetary contributions received this period.

Schedule E Payments Made

Amounts may be rounded to whole dollars.

Stateme	CALIF	ORN	A STREET, STRE	HEDULE E	
from	09/22/2024		RM		100
through _	10/19/2024	Page _	11	_ of _	16
		I.D. NU	MBER		

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elka Worner for HB City Council 2024 1471092

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 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 independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID eFundraising Connections CMP Credit Card Processing Fee 1.43 Sacramento, CA 95816 eFundraising Connections CMP Credit Card Processing Fee 11.55 Sacramento, CA 95816 eFundraising Connections Credit Card Processing Fee 4.80 Sacramento, CA 95816 Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 17.78 Schedule E Summary 6,292.92 2. Unitemized payments made this period of under \$100 32.95 0.00 6,325.87

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

		SCHEDULE E (CONT.)
Staten	nent covers period	CALIFORNIA AGO
rom	09/22/2024	FORM TOO
through_	10/19/2024	Page 12 of 16

I.D. NUMBER

1471092

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elka Worner for HB 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 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 independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

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

LIT campaign literature and mailings	PRT print ads		WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION OF PAYMENT	АМС	DUNT PAID		
eFundraising Connections Sacramento, CA 95816		СМР	Credit Card Processing Fee		11.55		
Gould & Orellana, LLC Norwalk, CA 90650		PRO			350.00		
eFundraising Connections Sacramento, CA 95816		СМР	Credit Card Processing Fee		18.90		
eFundraising Connections Sacramento, CA 95816		СМР	Credit Card Processing Fee		18.6		
eFundraising Connections Sacramento, CA 95816		CMP	Credit Card Processing Fee	-	4.80		
* Payments that are contributions or independent expenditures m	nust also be summarized on	Schedule D).	SUBTOTAL \$	403.8		

Schedule E

candidate filing/ballot fees

fundraising events

FIL

FND

		(COI	

t.v. or cable airtime and production costs

candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	from09/22/2024	FORM 460
SEE INSTRUCTIONS ON REVERSE		through10/19/2024	Page 13 of 16
NAME OF FILER			I.D. NUMBER
Elka Worner for HB City Council 2024			1471092
CODES: If one of the following codes accura	itely describes the payment, you may enter the code	e. Otherwise, describe the payment	i.
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie	n costs s

PET

petition circulating

polling and survey research

PHO phone banks

IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID eFundraising Connections Credit Card Processing Fee CMP 6.23 Sacramento, CA 95816 Easy Reader LIT 878.00 Hermosa Beach, CA 90254 eFundraising Connections CMP Credit Card Processing Fee 4.80 Sacramento, CA 95816 Local Campaign Pros CNS 1,000.00 Buena Park, CA 90620 eFundraising Connections CMP Credit Card Processing Fee 11.55 Sacramento, CA 95816 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

1,900.58

www.fppc.ca.gov

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

CCH	EDI	II C	_	CONT	
SUL		JLE	=	(CONT.)	

Statement covers period **CALIFORNIA** FORM 09/22/2024 from through__ 10/19/2024 Page 14 of 16 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elka Worner for HB City Council 2024 1471092 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 radio airtime and production costs CNS campaign consultants returned contributions meetings and appearances CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Josh Krasnegor OFC 612.66 Hermosa Beach, CA 90254 eFundraising Connections CMP Credit Card Processing Fee 46.20 Sacramento, CA 95816 eFundraising Connections CMP Credit Card Processing Fee 4.80 Sacramento, CA 95816 Universal Mailworks, Inc. LIT 3,290.70 Buena Park, CA 90620 eFundraising Connections CMP Credit Card Processing Fee 16.35

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 3,970.71

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Sacramento, CA 95816

Schedule G	
Payments Made by an Agent or Independent	Amounts
Contractor (on Behalf of This Committee)	to wh

may be rounded hole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA AGO
from09/22/2024	FORM 46U
through	Page 15 of 16
=	I.D. NUMBER
	1471092

Elka Worner for HB City Council 2024 NAME OF AGENT OR INDEPENDENT CONTRACTOR

Josh Krasnegor

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

CIVIP	campaign paraphernalia/misc.	MBK	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

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Build a Sign Austin, TX 78758	LIT			612.66
*				
			~ .	
Attach additional information on appropriately labeled continuation sheets.			TOTAL*	\$ 612.60

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (Jan/2016)

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE NAME OF FILER		ents may be rou o whole dollars.	nded	Statement covers period from09/22/2024 through10/19/2024	CALIFORNIA 460 FORM Page 16 of 16
Elka Worner for HB City Council 2024					I.D. NUMBER
NAME OF AGENT OR INDEPENDENT CONTRACTOR					1471092
Universal Mailworks, Inc.					
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also	MBR member or meetings of office exp petition cir phone bar POL polling and postage, of profession print ads	ommunications and appearance penses reulating nks d survey researe delivery and me- nal services (leg	s ch ssenger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production candidate travel, lodging, and staff/spouse travel, lodging,	duction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF		DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service Hermosa Beach, CA 90254		POS			1,370.7

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUN	IT PAID
United States Postal Service Hermosa Beach, CA 90254	POS				1,370.70
Attach additional information on appropriately labeled continuation sheets.	-	1	TOTAL	* \$	1,370.70

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC460

Final Audit Report

2024-10-22

Created:

2024-10-22

By:

Diana Reynoso (dreynoso@gouldorellana.com)

Status:

Signed

Transaction ID:

CBJCHBCAABAAF6HnMm1ykcKuJVYJWTf8FKll77tRjwni

"FPPC460" History

- Document created by Diana Reynoso (dreynoso@gouldorellana.com) 2024-10-22 - 6:39:27 PM GMT
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- Email viewed by Ingrid Orellana (iorellana@gouldorellana.com) 2024-10-22 - 6:41:06 PM GMT
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- 2024-10-22 - 7:08:50 PM GMT
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- Agreement completed. 2024-10-22 - 7:08:52 PM GMT

