

**Recipient Committee
Campaign Statement
Cover Page**

0218-3

COVER PAGE

| | |
|---|----------------------------|
| Date Stamp RECEIVED BY LOS ANGELES COUNTY Email 1/25/23 JAN 30 PM 2:48 CAMPAIGN FINANCE | CALIFORNIA FORM 460 |
| Page <u>1</u> of <u>8</u> | |
| For Official Use Only 021311 C11836 | |

Statement covers period
from 10/23/2022
through 12/31/2022

Date of election if applicable:
(Month, Day, Year) 2023
11/8/2022

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

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 <small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1446011

Treasurer(s)

NAME OF TREASURER
Maren Neufeld
MAILING ADDRESS

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Menthe for Culver City School Board 2022

| | | | |
|--------------------|-----------|--------------|----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Culver City</u> | <u>CA</u> | <u>90232</u> | <u>(310)388-4870</u> |

STREET ADDRESS (NO P.O. BOX)

| | | | |
|--------------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Culver City</u> | <u>CA</u> | <u>90232</u> | <u>(310) 770-2830</u> |

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

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 for

| | |
|---|--|
| Executed on <u>1/25/2023</u> <small>Date</small> | By _____ <small>Title</small> |
| Executed on <u>1/25/2023</u> <small>Date</small> | By _____ <small>Title or Responsible Officer of Sponsor</small> |
| Executed on _____ <small>Date</small> | By _____ <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small> |
| Executed on _____ <small>Date</small> | By _____ <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small> |

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Darrel Menthe

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Culver City Unified - School Board Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Culver City CA 90232

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|----------------------------|
| Statement covers period from <u>10/23/2022</u> through <u>12/31/2022</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>8</u> |
| | I.D. NUMBER 1446011 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Menthe for Culver City School Board 2022

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 1,627.00 | \$ 18,463.13 |
| 2. Loans Received..... Schedule B, Line 3 | 0 | 4308.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ 1,627.00 | \$ 22,771.13 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 525.00 | 825.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 2,152.00 | \$ 23,596.13 |

**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

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ 5,036.89 | \$ 22,601.80 |
| 7. Loans Made..... Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 5,036.89 | \$ 22,601.80 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0 | 0 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | 525.00 | 825 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ 5,561.89 | \$ 23,426.80 |

**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 |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|--|-------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ 3,579.22 |
| 13. Cash Receipts..... Column A, Line 3 above | 1,627.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | 0 |
| 15. Cash Payments..... Column A, Line 8 above | 5,036.89 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 169.33 |

If this is a termination statement, Line 16 must be zero.

| | |
|--|------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0 |
|--|------|

Cash Equivalents and Outstanding Debts

| | |
|--|------|
| 18. Cash Equivalents..... See instructions on reverse | \$ 0 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 0 |

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.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>10/23/2022</u> through <u>12/31/2022</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>8</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|------------------------|
| NAME OF FILER Menthe for Culver City School Board 2022 | I.D. NUMBER 1446011 |
|---|------------------------|

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/23/22 | Darrel Menthe Culver City, CA 90232 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney, Self | 100 | 125 | |
| 10/25/2022 | Behram Parekh Culver City, CA 90232 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney, Dalimonte Rueb Stoller | 150 | 150 | |
| 10/25/22 | Laura Dickenson Fullerton, CA 92831 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Not Employed | 100 | 100 | |
| 10/25/22 | Daniel Dickenson Seattle, WA 98199 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Manger, Reboot Corporation | 500 | 1,500 | |
| 10/26/22 | Charles Perelman Culver City, CA 90230 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Not Employed | 100 | 200 | |

SUBTOTAL \$ 950.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 975.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 652.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,627.00

*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

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>10/23/22</u> through <u>12/31/22</u> | | CALIFORNIA FORM 460 |
| Page <u>5</u> of <u>8</u> | | |
| NAME OF FILER <u>Menthe for Culver City School Board 2022</u> | | I.D. NUMBER <u>1446011</u> |

| 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) |
|--------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/26/22 | Carolyn DeVinny Culver City, CA 90232 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Not Employed | 25 | 125 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ 25.00 | | | | | | |

*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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 10/23/22
through 12/31/22

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Menthe for Culver City School Board 2022

I.D. NUMBER

144601

| 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 PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|--|------------------------------------|---|--|----------------------------------|--|---|
| Darrel Menthe Culver City, CA 90232 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Self | \$ 4,308 | \$ 0 | <input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 4,308 | \$ 0 DATE DUE _____ | 0 % RATE \$ _____ | \$ 4,808 2/24/22 DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS | | \$ 0 | \$ 4,308.00 | \$ 0 | \$ 0 | \$ 0 | | |

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period\$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period\$ 4,308.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.)NET \$ -4,308.00
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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 forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>10/23/22</u> through <u>12/31/22</u> | CALIFORNIA FORM 460 |
| Page <u>7</u> of <u>8</u> | I.D. NUMBER 1446011 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Menthe for Culver City School Board 2022

| 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 OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|----------------------------------|---------------------------|---|---------------------------------------|
| 10/28/22 | California Federation of Teachers COPE Burbank, CA 91505 I.D. #741857 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Digital Ads and Design | 525.00 | 525.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 525.00

Schedule C Summary

| | |
|---|------------------------|
| 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)..... | \$ 525.00 |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 | \$ 0 |
| 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... | TOTAL \$ 525.00 |

*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

