

**Recipient Committee  
Campaign Statement  
Cover Page**

For Official Use Only

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2024 SEP 26 PM 3:36  
CAMPAIGN FINANCE

Statement covers period  
from 01/01/224  
through 09/21/2024

Date of election if applicable:  
(Month, Day, Year)  
11/5/2024

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
*(Also Complete Part 5)*
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- 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 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1470180

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

Supporters of the Beach Cities Health District

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Manhattan Beach</u>	<u>CA</u>	<u>90266</u>	<u>310 938-2959</u>

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

fimanna@gmail.com

**Treasurer(s)**

NAME OF TREASURER

Marie Puterbaugh

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Redondo Beach</u>	<u>CA</u>	<u>90278</u>	<u>310 704-9030</u>

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

Executed on September 24, 2024  
Date

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

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

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Clear Cover Pg1

Print Form

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/224</u> through <u>09/21/2024</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>2</u> of <u>5</u>
I.D. NUMBER 1470180	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Supporters of the Beach Cities Health District

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 16600.00	\$ 16600.00
2. Loans Received..... Schedule B, Line 3	.00	.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 16600.00	\$ 16600.00
4. Nonmonetary Contributions..... Schedule C, Line 3	.00	.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 16600.00	\$ 16600.00

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

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

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 3000.00	\$ 3000.00
7. Loans Made..... Schedule H, Line 3	.00	.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 3000.00	\$ 3000.00
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	.00	.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	.00	.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 3000.00	\$ 3000.00

## 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	\$ .00
13. Cash Receipts..... Column A, Line 3 above	16600.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	.00
15. Cash Payments..... Column A, Line 8 above	3000.00
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 13600.00

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ .00
--	--------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ .00
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ .00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

Clear Summ Pg

Print Form

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/224</u> through <u>09/21/2024</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Supporters of the Beach Cities Health District

I.D. NUMBER

1470180

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)
8/2/2024	Dency Nelson Hermosa Beach, CA 900254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000.00	1000.00	
8/30/2024	Lawrence Fox Redondo Beach, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Consultant	1000.00	1000.00	
8/30/2024	Jane Diehl Redondo Beach, CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Physical Therapist	4000.00	4000.00	
9/6/2024	Blue Mountain Redondo Beach, CA 90278	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
9/9/2024	Noel Chun Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	500.00	500.00	

**SUBTOTAL \$ 7500.00**

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ 16500.00
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ 100.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$ 16600.00</b>

\*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

Clear Sch. A

Print Form

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/224</u> through <u>09/21/2024</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>5</u>

NAME OF FILER <b>Supporters of the Beach Cities Health District</b>	I.D. NUMBER <b>1470180</b>
--	-------------------------------

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)
9/10/2024	David Poster Redondo Beach, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	2000.00	2000.00	
9/10/2024	John Rubiner Redondo beach, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Freeman, Mathuis & Hary, LLP	500.00	500.00	
9/13/2024	Dency Nelson Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1500.00	2500.00	
9/19/2024	Martha Koo Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Neuro Wellness Spa	5000.00	5000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>9000.00</b>		

\*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

Clear Sch. A Con.

Print Form

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/224</u> through <u>09/21/2024</u>	<b>CALIFORNIA FORM</b> <b>460</b>
	Page <u>5</u> of <u>5</u>
	I.D. NUMBER 1470180

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Supporters of the Beach Cities Health District

**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                   |
| 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  |
| 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	AMOUNT PAID
Lawrence Fox Consulting Redondo Beach, CA 90277	CNS		3000.00

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

**SUBTOTAL \$ 3000.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3000.00
2. Unitemized payments made this period of under \$100	\$ .00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ .00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 3000.00</b>

Clear Sch. E

Print Form