Recipient Committee Campaign Statement Cover Page						Date Stamp		CALIFO FORM		460
(Government Code Sections 842) SEE INSTRUCTIONS ON REVERSE	00-84216.5)	from	tatement covers period 01/01/2023 ah 12/31/2023	Date of election if applicable: (Month, Day, Year) - 4 03/05/2024	9 <b>9</b>	24 JA	N 17	Page [] 1 :: For Of		1 <b>7</b> Only
		throu	y.,	-						
<ul> <li>Type of Recipient Con         <ul> <li>Officeholder, Candidate Ci</li> <li>State Candidate Election</li> <li>Recall</li> <li>(Also Complete Part 5)</li> <li>General Purpose Committe</li> <li>Sponsored</li> <li>Small Contributor Commit</li> <li>Political Party/Central Committee</li> </ul> </li> </ul>	ontrolled Committee on Committee ee mittee	Primarily Committe O Contr O Spon (Also Compl	Formed Ballot Measure ee olled sored ete Part 6) Formed Candidate/ der Committee	<ul> <li>2. Type of Statement:</li> <li>Preelection Statement</li> <li>Semi-annual Statement</li> <li>Termination Statement</li> <li>(Also file a Form 410 1)</li> <li>Amendment (Explain b)</li> </ul>	it Terminatio	    n)	Specia	rly Statemer I Odd-Year I emental Pree eent - Attach	Report lection	;
3. Committee Information	n	I.D. NUMB 146248		Treasurer(s)						
Stuckey for City Coun STREET ADDRESS (NO P.O. BO) 12501 Imperial Hwy. S	X)			Vicki Stuckey MAILING ADDRESS CITY Lakewood		STATE	ZIP COE 90713		AREA CO	DE/PHON
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF A					
Norwalk MAILING ADDRESS (IF DIFFERE	CA NT) NO. AND STREET O	90650 R P.O. BOX	(213)489-4792	David Gould MAILING ADDRESS						
СІТҮ	STATE	ZIP CODE	AREA CODE/PHONE	12501 Imperial Hwy. : CITY Norwalk	ste, 200	STATE CA	ZIP COD 90650	•	AREA CO (213)	DE/PHON 489-47
OPTIONAL: FAX / E-MAIL ADDR (213)489-4818 / dlgou		com		OPTIONAL: FAX / E-MAIL ADD	RESS					
Executed on01/	ence in preparing and re the laws of the State of C /03/2024 Date /03/2024 Date Date	eviewing this sta California that the	e toregoing is true and dovrect.	Signature of Controlling Officeholder, Candidate, S	oponent or Re	esponsible Officer of		s is true and t	complete.	I certify
Executed on	Date		Ву				¥			
	Dato		• •	Signature of Controlling Officeholder, Candidate, S	state Measure	Proponent				

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

### 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			· · · · ·
Vicki Stuckey			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER I	F APPLICABL	E)
City Council Member City of Lakewood Cit	y of Lakewood	l District	4
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	Lakewood	CA	90713

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. NUN	/BER
NAME OF TREASURER	a and a dimension	CONTRO	DLLED COMMITTEE?
			ES 🗌 NO
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME		I.D. NUM	/BER
NAME OF TREASURER		CONTRO	DLLED COMMITTEE?
		🗌 YI	ES 🗌 NO
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE

CITY

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ZIP CODE AREA CODE/PHONE

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# COVER PAGE - PART 2 CALIFORNIA FORM

Page \_\_\_\_ 2\_\_\_\_ of \_\_\_\_17\_

#### 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	

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	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

SEE INSTRUCTIONS ON REVERSE         NAME OF FILER         Stuckey for City Council 2024         Contributions Received         1. Monetary Contributions	, Line 3 es 1 + 2 , Line 3	\$ \$.	Column A Total this period ROMATTACHED SCHEDULES) 7, 260.00 2, 500.00 9, 760.00	\$	Column B CALENDAR YEAR TOTAL TO DATE 7, 260.00	Calendar Year Sun	Page <u>3</u> of <u>17</u> I.D. NUMBER 1462482 nmary for Candidates ne State Primary and
Stuckey for City Council 2024         Contributions Received         1. Monetary Contributions	, Line 3 es 1 + 2 , Line 3	\$ \$.	TOTAL THIS PERIOD ROMATTACHED SCHEDULES) 7,260.00 2,500.00	\$	CALENDAR YEAR TOTAL TO DATE	Running in Both th	1462482 nmary for Candidates
Contributions Received         1. Monetary Contributions	, Line 3 es 1 + 2 , Line 3	\$ \$.	TOTAL THIS PERIOD ROMATTACHED SCHEDULES) 7,260.00 2,500.00	\$	CALENDAR YEAR TOTAL TO DATE	Running in Both th	nmary for Candidates
1. Monetary Contributions       Schedule A,         2. Loans Received       Schedule B,         3. SUBTOTAL CASH CONTRIBUTIONS       Add Line         4. Nonmonetary Contributions       Schedule C,         5. TOTAL CONTRIBUTIONS RECEIVED       Add Line	, Line 3 es 1 + 2 , Line 3	\$ \$.	TOTAL THIS PERIOD ROMATTACHED SCHEDULES) 7,260.00 2,500.00	\$	CALENDAR YEAR TOTAL TO DATE	Running in Both th	-
2. Loans Received	, Line 3 es 1 + 2 , Line 3	\$.	2,500.00	\$	7,260.00	General Elections	
3. SUBTOTAL CASH CONTRIBUTIONS       Add Line         4. Nonmonetary Contributions       Schedule C,         5. TOTAL CONTRIBUTIONS RECEIVED       Add Line	əs 1 + 2 , Line 3					-	
4. Nonmonetary Contributions Schedule C, 5. TOTAL CONTRIBUTIONS RECEIVED Add Line	, Line 3		9.760.00		2,500.00	1/1 -	through 6/30 7/1 to Date
5. TOTAL CONTRIBUTIONS RECEIVED Add Line			5,700.00	\$	9,760.00	20. Contributions Received \$	\$
<u>-</u>	es 3 + 4		0.00		0.00	Received ⇒ 21. Expenditures	
		\$.	9,760.00	\$	9,760.00	Made \$	\$
Expenditures Made			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	Expenditure Limit	Summary for State
6. Payments Made	, Line 4	\$	8,882.11	\$	8,882.11	Candidates	
7. Loans Made Schedule H,	, Line 3		0.00		0.00		
8. SUBTOTAL CASH PAYMENTS Add Line	əs 6 + 7	\$.	8,882.11	\$	8,882.11		ve Expenditures Made* o Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F,	, Line 3		0.00		0.00	Date of Election	Total to Date
10. Nonmonetary AdjustmentSchedule C,	, Line 3		0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADEAdd Lines 8 +	+9+10	\$.	8,882.11	\$	8,882.11		\$
Current Cash Statement						<i>II</i>	\$
12. Beginning Cash Balance Previous Summary Page, I	Line 16	\$.	0.00	То	calculate Column B, add		
13. Cash Receipts Column A, Line 3	3 above	-	9,760.00	am	ounts in Column A to the		
14. Miscellaneous Increases to Cash Schedule I,	, Line 4	-	0.00		responding amounts n Column B of your last	*Amounts in this section reported in Column B.	may be different from amounts
15. Cash Payments Column A, Line 8	8 above		8,882.11	rep	ort. Some amounts in	roponeu în column B.	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract I	Line 15	\$.	877.89	figu	lumn A may be negative ires that should be	1	
If this is a termination statement, Line 16 must be zero.				per	otracted from previous iod amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B,	, Part 2	\$.	0.00	for	first report being filed this calendar year, only ry over the amounts		
Cash Equivalents and Outstanding Debts			·····	fro	n Lines 2, 7, and 9 (if		
18. Cash Equivalents See instructions on r	reverse	\$.	0.00	any	/).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B	3 above	\$	2,500.00	Í			
and a second				:	- 4	an sha an	FPPC Form 460 (Jan/

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Monetary	Contributions Received		ts may be rounded whole dollars.	Statement cove		FORM	<sup>A</sup> 460
	NS ON REVERSE			through12/31/20	023	Page4	of17
NAME OF FILER						.D. NUMBER	
Stuckey for	City Council 2024					1462482	
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. 31	२	R ELECTION TO DATE REQUIRED)
09/13/2023	Re-Elect Croft for Council 2026 (ID# 1442151)	☐IND XCOM ☐OTH ☐PTY ☐SCC		500.00	500	0.00 P2024	\$500.0
09/14/2023	Austin Horton	⊠IND □COM □OTH □PTY □SCC	Retired Retired	100.00	10(	).00 P2024	\$100.0
	Toni. R Terell-Randolph		Retired None	300.00	350	).00 P2024	\$50.0
10/10/2023	Dale Manis	⊠IND □COM □OTH □PTY □SCC	Retired None	250.00	25(	).00 P2024	\$250.0
10/10/2023	Linda Manis		Retired None	250.00	25(	0.00 P2024	\$250.0
			SUBTOTALS	1,400.00			
1. Amount red	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)			6,300.00	INDIn COM-F	utor Codes dividual Recipient Com other than PT	
	ceived this period – unitemized monetary contributions tary contributions received this period.	s of less than t	\$100 \$	960.00	OTH – ( PTY – P	Other (e.g., bu olitical Party	usiness entity) tor Committee
(Add Lines	any contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.	) <b>TOTAL \$</b>	7,260.00			
	Ţ						rm 460 (Jan/201 ov (866/275-377

	A (Continuation Sheet) Contributions Received	Amounts may to whole o		Statement cove from01/01/ through12/31/	2023 F	CALIFORNIA FORM 460		
AME OF FILER				· · · · · · · · · · · · · · · · · · ·	1.D. NU	JMBER		
Luckey for	City Council 2024				1462	482		
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)	тог	ECTION DATE QUIRED)	
10/23/2023	Sandra Tufts	© IND □ COM □ OTH □ PTY □ SCC	Retired Los Angeles County	600.00	600.00	P2024	\$600.00	
0/23/2023	Diane B. Wamba	©IND □COM □OTH □PTY □SCC	Retired None	100.00	100.00	<u> </u>	\$100.00	
10/24/2023	Virginia Kirby	©IND □COM □OTH □PTY □SCC	Retired None	100.00	100.00	P2024	\$100.00	
10/25/2023	Rev Dr Steven Kin	© IND □ COM □ OTH □ PTY □ SCC	Retired Retired		100.00	P2024	\$100.00	
170172023	Desdra Butler	IND COM OTH PTY SCC	Retired Retired	200.00	200.00	P2024	\$200.00	
			SUBTOTAL	\$ 1,100.00			i Traction from the	
OTH – Other ( PTY – Political	l nt Committee han PTY or SCC) e.g., business entity)				·		60 (Jan/2016	

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Schedule A (Continuation Sheet) Monetary Contributions Received

Monetary	Contributions Received	ons Received Amounts may be rounded to whole dollars.			2023	CALIFORNIA FORM 460		
				through12/31/	2023 P	age <u>6</u>	of	
NAME OF FILER						D. NUMBER		
Stuckey for	City Council 2024				1	462482		
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. 31	R   170	ELECTION D DATE EQUIRED)	
11/01/2023	Sandee Conn	IND     COM     OTH     PTY     SCC	Retired Retired	200.00	200	.00 2024	\$200.00	
11/01/2023	Camellia Hudley	⊠IND □COM □OTH □PTY □SCC	Educator Los Angeles Unified School District	100.00	100	.00 P2024	\$100.00	
11/01/2023	Natalie Toliver	⊠IND □COM □OTH □PTY □SCC	Ap Supervisor Saban Capital Group	100.00	100	.00 F2024	\$100.00	
11/01/2023	Rodney D Wallace	© IND □ COM □ OTH □ PTY □ SCC	Retired Retired	100.00	100	.00 P2024	\$100.00	
11/02/2023	Jeannie Clark	⊠IND □COM □OTH □PTY □SCC	Certified Public Accountant BPM LLP	250.00	250	.00 P2024	\$250.00	
			SUBTOTAL \$	750.00				
OTH – Other ( PTY – Political	I nt Committee han PTY or SCC) e.g., business entity)		#7:	<del></del>	-ё·. т		460 ( Jan/2016)	

## Schedule A (Continuation Sheet) Monetary Contributions Received

Monetary	Contributions Received	Amounts may to whole (		Statement cover from	/2023	LIFORNIA FORM	400
NAME OF FILER				through <u>12/31</u>	I'a	ge74	of <u>17</u>
						NUMBER	
Stuckey for	City Council 2024				14	62482	
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	T	ELECTION O DATE EQUIRED)
11/03/2023	William S. Baca	©IND □COM □OTH □PTY □SCC	Self Employed Self Employed	100.00	100.	DO P2024	\$100.00
11/03/2023	James Burt	©IND □COM □OTH □PTY □SCC	Retired None	100.00	100.	00 P2024	\$100.00
11/03/2023	Candace Kelly	©IND □COM □OTH □PTY □SCC	Clergy Long Beach Memorial Hospital	100.00	100.	)0 P2024	\$100.00
11/03/2023	Ernest S. McBride Jr.	© IND □ COM □ OTH □ PTY □ SCC	Retired None	200.00	200.1	00 P2024	\$200.00
11/03/2023	Oscar Stuckey	⊠IND □COM □OTH □PTY □SCC	Retired None	500.00	500.1	)0 P2024	\$500.00
			SUBTOTAL	\$ 1,000.00			

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\*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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Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole		Statement cove from01/01/ through12/31/	2023 F 2023 Page	SCHEDULE A (CONT CALIFORNIA FORM 460 Page8 of17 I.D. NUMBER		
Stuckey for (	City Council 2024				1462	482		
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)	тс	ELECTION D DATE EQUIRED)	
11/03/2023	Yvonne Walker	<ul> <li>☐ IND</li> <li>☐ COM</li> <li>☐ OTH</li> <li>☐ PTY</li> <li>☐ SCC</li> </ul>	Retired None	200.00	200.00	P2024	\$200.00	
11/05/2023	Daphine Bates	IND □COM □OTH □PTY □SCC	Retired Retired	100.00	100.00	P2024	\$100.00	
11/06/2023	Claudia Haskins	IND □COM □OTH □PTY □SCC	Retired None	100.00	100.00	P2024	\$100.00	
11/06/2023	Brenda Shields	∑IND □COM □OTH □PTY □SCC	Retired None	100.00	100.00	P2024	\$100.00	
11/08/2023	Kathleen Arreola	∏IND □COM □OTH □PTY □SCC	Nurse UCI Medical Center	100.00	100.00	P2024	\$100.00	
			SUBTOTAL	\$ 600.00				

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\*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. **1**. 1 FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received		EOFFILER			SCHEDULE A Statement covers period from01/01/2023 through2/31/2023 Page9 of I.D. NUMBER 1462482				
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)	T	ELECTION D DATE EQUIRED)		
11/28/2023	Cynthia Warner	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00	100.0	D P2024	\$100.00		
12/01/2023	Nancy Bays Antone	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00	100.0	D P2024	\$100.00		
12/05/2023	James Rexwinkel	IND     COM     OTH     PTY     Scc	Retired Retired	400.00	400.0	0 P2024	\$400.00		
12/07/2023	Cathy Greenwood	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00	100.0	D P2024	\$100.00		

Retired Retired

SUBTOTAL\$

in a sub-result

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\*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

Roberta Moon

12/17/2023

100.00 P2024

\$100.00

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Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole		Statement cove from01/01/ through12/31/	2023	CALIFOR FORM Page I.D. NUMBE	0 of	60
Stuckey for (	City Council 2024					1462482		
date Received	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OR CONTRIBUTOR	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 ELECT TO DATE (IF REQUIR	
12/27/2023	Janice Munson	©IND □COM □OTH □PTY □SCC	Retired Retired	200.00	20	0.00 P20	24	<u>\$200.0</u>
12/31/2023	Jaqueline Cochran		Retired Retired	200.00	2(	0.00 P20	24	\$200.0
12/31/2023	Ted Spaseff		Retired None	200.00	20	0.00 P20	24	\$200.0
12/31/2023	Toni. R Terell-Randolph	∑IND □COM □OTH □PTY □SCC	Retired None	50.00	35	0.00 P20	24	\$50.0
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	<b>\$</b> 650.00				93 <u>1</u>

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\*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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Schedule A (Continuation Sheet)

1 14 ÷., FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule B – Part 1 Loans Received	Amo	ounts may be ro to whole dollar			Statement cov	ers period	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE					through $\frac{12/3}{2}$	1/2023	Page11	of <u>17</u>
NAME OF FILER							I.D. NUMBER	
Stuckey for City Council 2024							1462482	
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	(¢) AMOUNT PA OR FORGIVI THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Vicki Stuckey	Retired None		-					CALENDAR YEAR
Lakewood, CA 90713				\$0_0		<u>0.00</u> % RATE	\$ 1,200.00	\$ <u>2,500.00</u> PER ELECTION**
		\$0.00	\$ <u>1,200,00</u>	\$	D. DATE DUE	\$0_00	08/15/2023 DATE INCURRED	\$ P2024 300.00
Vicki Stuckey Lakewood, CA 90713 Loan	Retired None			PAID     PAID     FORGIVEN	. ,	<u>0.00%</u> RATE	\$_1,000.00	CALENDAR YEAR \$2, 500, 00 PER ELECTION **
		\$0.00	\$_1,000.00	\$	DATE DUE	\$0.00	10/23/2023 DATE INCURRED	\$ <u>P2024 300.00</u>
Vicki Stuckey Lakewood, CA 90713	Retired None			PAID     PAID     FORGIVEN		00.0% RATE	\$0000	CALENDAR YEAR \$2, 500, 00 PER ELECTION**
		\$0.00	\$ <u>300.00</u>	\$0_0	DATE DUE	\$0_00	12/31/2023 DATE INCURRED	\$ <u>P2024_300.00</u>
		SUBTOTALS \$	2,500.00	<b>\$</b> 0.	00\$ 2,500.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period (Total Column (b) plus unitemized loan	s of less than \$100.)			\$	2,500.00	( to	contributor Codes	
<ul> <li>2. Loans paid or forgiven this period</li></ul>								
3. Net change this period. (Subtract Line Enter the net here and on the Summar				NET \$	2,500.00 (May be a negative number)		CC – Small Contrib	
*Amounts forgiven or paid by another party also *** If required.	must be reported on Schedule A.			- I - (	ه ۰.۰	to a superior the t	FPPC F	orm 460 (Jan/2010

Schedule E	Amounts may be rounded	Statement covers period	CALIFORNIA 460	
Payments Made	to whole dollars.	from01/01/2023	FORM 40U	
SEE INSTRUCTIONS ON REVERSE		through12/31/2023	Page of7	
NAME OF FILER		L	1.D. NUMBER	
Stuckey for City Council 2024			1462482	
CODES: If one of the following codes accura	ately 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	

	sampagn paraphonianon ao		member continundationa	1VAD	
ĊNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CIB	contribution (explain nonmonetary)*		office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
LEG	legal defense		professional services (legal, accounting)		voter registration
LIT	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	ON OF PAYMENT AMOUNT PAID
Gould & Orellana LLC 12501 Imperial Hwy Ste 200 Norwalk, CA 90650	PRO Set up Fee Per Contrac	2t 350.00
Gould & Orellana LLC 12501 Imperial Hwy Ste 200 Norwalk, CA 90650	PRO Deposit/Retainer per C	Contract 350.00
Gould & Orellana LLC 12501 Imperial Hwy Ste 200 Norwalk, CA 90650	PRO	150.00
* Payments that are contributions or independent expenditures must	also be summarized on Schedule D.	SUBTOTAL \$ 850.00

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Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from01/01/2023	SCHEDULE E (CONT.) CALIFORNIA FORM		
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2023</u>	Page <u>13</u> of <u>17</u>		
NAME OF FILER			I.D. NUMBER		
Stuckey for City Council 2024	·		1462482		
CODES: If one of the following codes accurately desc	ribes the payment, you may enter the code. Of	herwise, describe the paymer	nt.		
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)*	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research	RAD radio airtime and producti RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodging	<ul> <li>radio airtime and production costs</li> <li>returned contributions</li> <li>campaign workers' salaries</li> <li>t.v. or cable airtime and production costs</li> <li>candidate travel, lodging, and meals</li> <li>staff/spouse travel, lodging, and meals</li> </ul>		
LEG legal defense LIT campaign literature and mailings	PRO professional services (legal, accounting) PRT print ads	VOT voter registration WEB information technology co	·		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Secretary of State 1500 11th Street Room 495 Sacramento, CA 95814	CMP	2023 Annual Committee Fee	50.00
Gould & Orellana LLC 12501 Imperial Hwy Ste 200 Norwalk, CA 90650	PRO	Prof Servs Thru 9/30/23	300.00
Efundraising Connections 2831 G St Suite 200 Sacramento, CA 95816	FND	Credit Card Donations Processing Fee	5.00
Gould & Orellana LLC 12501 Imperial Hwy Ste 200 Norwalk, CA 90650	PRO	Prof Servs Thru 10/31/23	300.00
Efundraising Connections 2831 G St Suite 200 Sacramento, CA 95816	FND	Credit Card Donations Processing Fee	3.88

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

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**SUBTOTAL \$** 658.88

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Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from01/01/2023		CALIFO FOR		
SEE INSTRUCTIONS ON REVERSE					throug	gh12/31/2023	Page	14 of <u>17</u>
NAME OF FILER							I.D. NUMB	ER
Stuckey for City Council 2024							146248	2 .
CODES: If one of the following codes accurately describe 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 LT campaign literature and mailings	MBR memb MTG meetin OFC office PET petition PHO phone POL polling POS postag	er communicat lgs and appea expenses n circulating banks and survey r je, delivery ar sional service	tions arance: researc nd mes	5	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration information technology cost	n costs s duction costs nd meals , and meals es of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODI	E C	DR DES	CRIPTION	N OF PAYMENT		AMOUNT PAID
Jessica Perez		OFC	:	Out of Pocket- Wi	Lx Doma	in & Email Accounts		252.92
Jessica Perez		WEE	3	Website Design				500.00
Efundraising Connections 2831 G St Suite 200 Sacramento, CA 95816		FNC	)	Credit Card Donat	ion Pr	ocessing Fee		2.75
Efundraising Connections 2831 G St Suite 200 Sacramento, CA 95816		FNE	)	Credit Card Donat	ions P	rocessing Fee		5.00
Jessica Perez		WEB	3	Website Design				2,000.00

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

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SUBTOTAL \$

2,760.67

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Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from01/01/2023	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2023</u>	Page15 of17
NAME OF FILER			I.D. NUMBER
Stuckey for City Council 2024			1462482
CODES: If one of the following codes accuratel	ly describes the payment, you may enter the co	de. Otherwise, describe the paymer	ıt.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and producti	on costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salari	
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and p	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging,	
FND fundralsing events	POL polling and survey research	TRS staff/spouse travel, lodgin	
IND independent expenditure supporting/opposing others (e)	(explain)* POS postage, delivery and messenger serv	vices TSF transfer between committ	ees of the same candidate/sponsor

PRO professional services (legal, accounting) PRT print ads

- ngrop 19
- LEG
- legal defense campaign literature and mailings LIT

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Gould & Orellana LLC 12501 Imperial Hwy Ste 200 Norwalk, CA 90650	PRO	Prof Servs Thru 11/30/23	300.00
Efundraising Connections 2831 G St Suite 200 Sacramento, CA 95816	FND	Credit Card Donations Processing Fee	34.00
Efundraising Connections 2831 G St Suite 200 Sacramento, CA 95816	FND	Credit Card Donations Processing Fee	11.75
Efundraising Connections 2831 G St Suite 200 Sacramento, CA 95816	FND	Credit Card Donations Processing Fee	5.00
Efundraising Connections 2831 G St Suite 200 Sacramento, CA 95816	FND	Credit Card Donations Processing Fee	1.63

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

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SUBTOTAL \$ 352.38

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VOT voter registration WEB information technology costs (internet, e-mail)

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from01/01/2023	SCHEDULE E (CONT.) CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE				through <u>12/31/2023</u>	Page16 of17
NAME OF FILER					I.D. NUMBER
Stuckey for City Council 2024					1462482
CODES:       If one of the following codes accurately describes         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	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, del	nmunication: d appearan nses ilating s survey rese livery and n	s ces	RADradio airtime and productionRFDreturned contributionsSALcampaign workers' salariesTELt.v. or cable airtime and prodTRCcandidate travel, lodging, andTRSstaff/spouse travel, lodging,	luction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT	AMOUNT PAID
Efundraising Connections 2831 G St Suite 200 Sacramento, CA 95816		FND	Credit Card Donat	tions Processing Fee	5.00
City of Lakewood 5050 Clark Ave. Lakewood, CA 90712		FIL	Statement of Qua Candidate	lification & \$279.60 for Onli	ne 1,479.60
Gould & Orellana LLC 12501 Imperial Hwy Ste 200 Norwalk, CA 90650		PRO	Prof Servs Thru 2	12/31/23	300.00
Secretary of State 1500 11th Street Room 495 Sacramento, CA 95814		CMP	2024 Annual Commi	ittee Fee	50.00
Efundraising Connections 2831 G St Suite 200 Sacramento, CA 95816		FND	Credit Card Donat	tion Processing Fee	18.50

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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. - 4

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SUBTOTAL \$ 1,853.10

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.				Statement covers period from 01/01/2023 through 12/31/2023	SCHEDULE E (CON CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						Page <u>17</u> of <u>17</u> I.D. NUMBER
Stuckey for City Council 2024						1462482
CODES: If one of the following codes accurately describe	es the r	payment v	ou mav er	ter the code. Othe	wise describe the payment	
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	MBR MTG OFC PET PHO POL POS PRO	member com meetings and office expen petition circul phone banks polling and s postage, deli	munications d appearance ses lating survey resear ivery and me	S	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and proc Candidate travel, lodging, an TRS staff/spouse travel, lodging,	duction costs d meals and meals s of the same candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	DR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Efundraising Connections 2831 G St Suite 200 Sacramento, CA 95816			FND	Credit Card Donat	tions Processing Fee	5.
MITCHELL PUBLISHÌNG & MAILERS			LIT	Signs		2,392.
127 SOUTH ANDERSON Los Angeles, CA 90033						
Efundraising Connections 2831 G St Suite 200 Sacramento, CA 95816			FND	Credit Card Donat	ions Processing Fee	9.
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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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SUBTOTAL \$ 2,407.08

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