

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|                                                                                        |                                               |                                                                                  |                                                                                                                                                                                  |                                                         |
|----------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>NAME OF FILER</b><br>Committee to Protect Culver City Homeowners - No on Measure RE |                                               | <b>Date of This Filing</b> 10/09/2020                                            | <b>Date Stamp</b><br><br><div style="border: 2px solid red; padding: 5px; text-align: center;"> E-Filed<br/> 10/09/2020<br/> 14:38:36<br/><br/> Filing ID:<br/> 193422841 </div> | <b>CALIFORNIA FORM 497</b><br><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(916)442-7757                                         | <b>I.D. NUMBER (if applicable)</b><br>Pending | <b>Report No.</b> 299301-04                                                      |                                                                                                                                                                                  |                                                         |
| <b>STREET ADDRESS</b>                                                                  |                                               | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                                                                                                                                                                                  |                                                         |
| <b>CITY</b><br>Sacramento                                                              | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95814                                                         |                                                                                                                                                                                  |                                                         |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED                                                                            |
|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 10/09/2020    | Karney Properties Co.<br>Santa Monica, CA 90404                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 10,000.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               | <input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate                  |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               | <input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate                  |

Reason for Amendment: \_\_\_\_\_

\*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