

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

|                                                                                       |                                                                            |                                                                                                       |                                                                            |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>Statement covers period</b><br><b>from</b> 01/01/2023<br><b>through</b> 06/30/2023 | <b>Date of election if applicable:</b><br>(Month, Day, Year)<br>11/05/2024 | <b>Date Stamp</b><br><div>E-Filed<br/>07/25/2023<br/>23:25:05<br/><br/>Filing ID:<br/>208309869</div> | <b>CALIFORNIA FORM 460</b><br><br>Page 1 of 6<br><br>For Official Use Only |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

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

## 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<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)                                   |                                                                               |

## 3. Committee Information

I.D. NUMBER  
1420287

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
McMORRIN FOR CULVER CITY COUNCIL 2024

STREET ADDRESS (NO P.O. BOX)

|           |       |          |                 |
|-----------|-------|----------|-----------------|
| CITY      | STATE | ZIP CODE | AREA CODE/PHONE |
| Inglewood | CA    | 90301    | (310)817-6679   |

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

(310)672-6679 / cine@politicalreportingplus.com

## Treasurer(s)

NAME OF TREASURER

Cine D. Ivery

MAILING ADDRESS

|           |       |          |                 |
|-----------|-------|----------|-----------------|
| CITY      | STATE | ZIP CODE | AREA CODE/PHONE |
| Inglewood | CA    | 90301    | (310)878-4131   |

NAME OF ASSISTANT TREASURER, IF ANY

Samahndi Cunningham

MAILING ADDRESS

|           |       |          |                 |
|-----------|-------|----------|-----------------|
| CITY      | STATE | ZIP CODE | AREA CODE/PHONE |
| Inglewood | CA    | 90301    | (310)817-6679   |

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 foregoing is true and correct.

Executed on 07/25/2023  
Date

Executed on 07/25/2023  
Date

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

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

By Cine D. Ivery  
Signature of Treasurer or Assistant Treasurer

By Yasmine-Imani McMorrin  
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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866)275-3772

www.fppc.ca.gov

Recipient Committee  
Campaign Statement  
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COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Yasmine-Imani McMorris

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member: Culver City

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY      | STATE | ZIP   |
|-----------------------------------------------|-----------|-------|-------|
|                                               | Inglewood | CA    | 90301 |

**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<br><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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|
|                                   |                       |                                                                     |

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

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

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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<br>from 01/01/2023<br>through 06/30/2023 | <b>CALIFORNIA<br/>FORM 460</b><br>Page 3 of 6<br>I.D. NUMBER<br>1420287 |
|------------------------------------------------------------------|-------------------------------------------------------------------------|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McMORRIN FOR CULVER CITY COUNCIL 2024

## Contributions Received

|                                                       | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|-------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 976.33                                                  | \$ 976.33                                  |
| 2. Loans Received ..... Schedule B, Line 3            | 0.00                                                       | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 976.33                                                  | \$ 976.33                                  |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 0.00                                                       | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 976.33                                                  | \$ 976.33                                  |

## 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

|                                                             |           |           |
|-------------------------------------------------------------|-----------|-----------|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 548.72 | \$ 548.72 |
| 7. Loans Made ..... Schedule H, Line 3                      | 0.00      | 0.00      |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 548.72 | \$ 548.72 |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 0.00      | 0.00      |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 0.00      | 0.00      |
| 11. TOTALEXPENDITURES MADE ..... Add Lines 8 + 9 + 10       | \$ 548.72 | \$ 548.72 |

## Expenditure Limit Summary for State Candidates

|                                                                                  |               |
|----------------------------------------------------------------------------------|---------------|
| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
| Date of Election<br>(mm/dd/yy)                                                   | Total to Date |
| / /                                                                              | \$            |
| / /                                                                              | \$            |

## Current Cash Statement

| Current Cash Statement                                    |                                               |             |
|-----------------------------------------------------------|-----------------------------------------------|-------------|
| 12. Beginning Cash Balance .....                          | Previous Summary Page, Line 16                | \$ 3,747.35 |
| 13. Cash Receipts .....                                   | Column A, Line 3 above                        | 976.33      |
| 14. Miscellaneous Increases to Cash .....                 | Schedule I, Line 4                            | 0.00        |
| 15. Cash Payments .....                                   | Column A, Line 8 above                        | 548.72      |
| 16. <b>ENDING CASH BALANCE</b> .....                      | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 4,174.96 |
| If this is a termination statement, Line 16 must be zero. |                                               |             |
| <hr/>                                                     |                                               |             |
| 17. <b>LOAN GUARANTEES RECEIVED</b> .....                 | Schedule B, Part 2                            | \$ 0.00     |

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

## Cash Equivalents and Outstanding Debts

|                                                                   |         |
|-------------------------------------------------------------------|---------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ 0.00 |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ 0.00 |

\*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 |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 01/01/2023 |                            |
| through                 | 06/30/2023 | Page 4 of 6                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McMORRIN FOR CULVER CITY COUNCIL 2024

I.D. NUMBER

1420287

| 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 THIS PERIOD                                                                                   | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------|
| 01/08/2023         | Keysha Latrice Gwin<br>Los Angeles, CA 90019                                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Insurance & Financial Service Provider<br>Self-Employed - No Separate Business Name           | 100.00<br><small>Received through intermediary:<br/>eFundraising Connections<br/>Sacramento, CA 95816</small> | 100.00                                                 |                                       |
| 01/08/2023         | Margaret Peters<br>Los Angeles, CA 90066                                                        | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Professor<br>University of California, Los Angeles                                            | 518.45<br><small>Received through intermediary:<br/>eFundraising Connections<br/>Sacramento, CA 95816</small> | 518.45                                                 |                                       |
| 01/08/2023         | Karim Sahli<br>Culver City, CA 90232                                                            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Graphic Designer<br>Monsieur Designs                                                          | 100.00<br><small>Received through intermediary:<br/>eFundraising Connections<br/>Sacramento, CA 95816</small> | 100.00                                                 |                                       |
| 01/18/2023         | Jewett Walker Jr<br>Culver City, CA 90230                                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Senior Advisor<br>Los Angeles Unified School District                                         | 103.94<br><small>Received through intermediary:<br/>eFundraising Connections<br/>Sacramento, CA 95816</small> | 103.94                                                 |                                       |
| 03/23/2023         | Delores McMorris<br>Mcdonough, GA 30253                                                         | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>None                                                                               | 103.94<br><small>Received through intermediary:<br/>eFundraising Connections<br/>Sacramento, CA 95816</small> | 103.94                                                 |                                       |
| <b>SUBTOTAL \$</b> |                                                                                                 |                                                                                                                                                                         |                                                                                               | 926.33                                                                                                        |                                                        |                                       |

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 926.33
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 50.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 976.33

### \*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

FPPC Form 460 (Jan/2016)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                                                                  |                                                           |
|------------------------------------------------------------------|-----------------------------------------------------------|
| Statement covers period<br>from 01/01/2023<br>through 06/30/2023 | CALIFORNIA FORM 460<br>Page 5 of 6<br>I.D. NUMBER 1420287 |
|------------------------------------------------------------------|-----------------------------------------------------------|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McMORRIN FOR CULVER 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                   |
| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---------------------------------------------------------------------|------|----|------------------------|-------------|
| New Earth Organization<br>Los Angeles, CA 90066                     | CVC  |    | Contribution           | 125.00      |
| Open Collective Foundation<br>Walnut, CA 91789                      | CTB  |    | Contribution           | 125.00      |
| The Friendship Factor<br>Culver City, CA 90232                      | CVC  |    | Contribution           | 125.00      |

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

SUBTOTAL \$ 375.00

## Schedule E Summary

|                                                                                                                    |                 |
|--------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)                                         | \$ 500.00       |
| 2. Unitemized payments made this period of under \$100                                                             | \$ 48.72        |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ 0.00         |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 548.72 |

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

www.fppc.ca.gov

# Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

|                                       |            |                                |
|---------------------------------------|------------|--------------------------------|
| Statement covers period               |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                  | 01/01/2023 |                                |
| through                               | 06/30/2023 | Page <u>6</u> of <u>6</u>      |
| NAME OF FILER                         |            | I.D. NUMBER                    |
| McMORRIN FOR CULVER CITY COUNCIL 2024 |            | 1420287                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McMORRIN FOR CULVER 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                   |
| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT             | AMOUNT PAID |
|---------------------------------------------------------------------|------|----|------------------------------------|-------------|
| Political Reporting Plus<br>Inglewood, CA 90301                     | PRO  |    | Political Accounting - March, 2023 | 125.00      |
|                                                                     |      |    |                                    |             |
|                                                                     |      |    |                                    |             |
|                                                                     |      |    |                                    |             |
|                                                                     |      |    |                                    |             |
|                                                                     |      |    |                                    |             |
|                                                                     |      |    |                                    |             |
|                                                                     |      |    |                                    |             |

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

**SUBTOTAL \$** 125.00