

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

|                                                                                       |                                                                            |                                                                                                  |                                                                                   |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>Statement covers period</b><br><b>from</b> 07/01/2023<br><b>through</b> 12/31/2023 | <b>Date of election if applicable:</b><br>(Month, Day, Year)<br>11/05/2024 | <b>Date Stamp</b><br><div>E-Filed<br/>01/22/2024<br/>16:56:57<br/>Filing ID:<br/>209571765</div> | <b>CALIFORNIA FORM 460</b><br><b>Page</b> 1 <b>of</b> 12<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="radio"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="radio"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="radio"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee         | <input type="radio"/> 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 01/22/2024  
Date

Executed on 01/22/2024  
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

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

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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 07/01/2023<br>through 12/31/2023 | <b>CALIFORNIA FORM 460</b><br>Page 3 of 12<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    | \$ 4,345.00                                                | \$ 5,321.33                                |
| 2. Loans Received ..... Schedule B, Line 3            | 0.00                                                       | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 4,345.00                                                | \$ 5,321.33                                |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 0.00                                                       | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 4,345.00                                                | \$ 5,321.33                                |

## 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                   | \$ 1,957.87 | \$ 2,506.59 |
| 7. Loans Made ..... Schedule H, Line 3                      | 0.00        | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 1,957.87 | \$ 2,506.59 |
| 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       | \$ 1,957.87 | \$ 2,506.59 |

## 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                | \$ 4,174.96 |
| 13. Cash Receipts .....                                   | Column A, Line 3 above                        | 4,345.00    |
| 14. Miscellaneous Increases to Cash .....                 | Schedule I, Line 4                            | 0.00        |
| 15. Cash Payments .....                                   | Column A, Line 8 above                        | 1,957.87    |
| 16. <b>ENDING CASH BALANCE</b> .....                      | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 6,562.09 |
| 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<br>from <u>07/01/2023</u><br>through <u>12/31/2023</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>4</u> of <u>12</u> |
|--------------------------------------------------------------------------------|----------------------------------------------------------|

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) |
|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------|
| 08/09/2023    | Mia Dunlap<br>Atlanta, GA 30309                                                                 | <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 | Human Resources Senior Director<br>Instruction Partners                                       | 103.94<br><small>Received through intermediary:<br/>eFundraising Connections<br/>Sacramento, CA 95816</small>   | 103.94                                                 | P2024 \$103.94<br>P2024 \$103.94      |
| 08/11/2023    | Disa Lindgren<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 | Technical Assistance & Support Coordinator<br>Insperity                                       | 103.94<br><small>Received through intermediary:<br/>eFundraising Connections<br/>Sacramento, CA 95816</small>   | 103.94                                                 | P2024 \$103.94<br>P2024 \$103.94      |
| 08/11/2023    | Meghan Sahli-Wells<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 | Environmental Policy Director<br>Elected Officials to Protect America                         | 103.94<br><small>Received through intermediary:<br/>eFundraising Connections<br/>Sacramento, CA 95816</small>   | 103.94                                                 | P2024 \$103.94<br>P2024 \$103.94      |
| 08/11/2023    | Michelle Weiner<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 | Retired<br>None                                                                               | 1,070.00<br><small>Received through intermediary:<br/>eFundraising Connections<br/>Sacramento, CA 95816</small> | 1,070.00                                               | P2024 \$1,070.00<br>P2024 \$1,070.00  |
| 08/18/2023    | Alex Fisch<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 | Special Assistant Attorney General<br>California Department of Justice                        | 103.94<br><small>Received through intermediary:<br/>eFundraising Connections<br/>Sacramento, CA 95816</small>   | 103.94                                                 | P2024 \$103.94<br>P2024 \$103.94      |
| SUBTOTAL \$   |                                                                                                 |                                                                                                                                                                         |                                                                                               | 1,485.76                                                                                                        |                                                        |                                       |

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3,698.11
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 646.89
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 4,345.00

### \*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

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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                                                                  |  |                                            |
|------------------------------------------------------------------|--|--------------------------------------------|
| Statement covers period<br>from 07/01/2023<br>through 12/31/2023 |  | <b>CALIFORNIA FORM 460</b><br>Page 5 of 12 |
| NAME OF FILER<br>MCMORRIN FOR CULVER CITY COUNCIL 2024           |  |                                            |
|                                                                  |  | I.D. NUMBER<br>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<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------|
| 08/21/2023    | Lura Anyanwu<br>Chicago, IL 60610                                                               | <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 | Sr Marketing Manager<br>Google                                                                | 155.75<br><br>Received through intermediary:<br>eFundraising Connections<br>Sacramento, CA 95816 | 155.75                                                    | P2024 \$155.75<br>P2024 \$155.75      |
| 08/21/2023    | Tony Rice II<br>Los Angeles, CA 90043                                                           | <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 | Chief Executive Officer<br>Archer Street                                                      | 500.00<br><br>Received through intermediary:<br>eFundraising Connections<br>Sacramento, CA 95816 | 500.00                                                    | P2024 \$500.00<br>P2024 \$500.00      |
| 08/22/2023    | Kristen Pawling<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 | Urban Planner<br>County of Los Angeles                                                        | 103.94<br><br>Received through intermediary:<br>eFundraising Connections<br>Sacramento, CA 95816 | 103.94                                                    | P2024 \$103.94<br>P2024 \$103.94      |
| 08/23/2023    | Cassandra Chase<br>Diamond Bar, CA 91765                                                        | <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 | Coodinator<br>Community Partners                                                              | 103.94<br><br>Received through intermediary:<br>eFundraising Connections<br>Sacramento, CA 95816 | 103.94                                                    | P2024 \$103.94<br>P2024 \$103.94      |
| 08/23/2023    | Victoria Moran<br>Los Angeles, CA 90043                                                         | <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 | Psychologist<br>Self Employed                                                                 | 103.94<br><br>Received through intermediary:<br>eFundraising Connections<br>Sacramento, CA 95816 | 103.94                                                    | P2024 \$103.94<br>P2024 \$103.94      |
| SUBTOTAL \$   |                                                                                                 |                                                                                                                                                                         |                                                                                               | 967.57                                                                                           |                                                           |                                       |

**\*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<br>from 07/01/2023<br>through 12/31/2023 |  | <b>CALIFORNIA FORM 460</b><br>Page 6 of 12 |
| NAME OF FILER<br>MCMORRIN FOR CULVER CITY COUNCIL 2024           |  |                                            |
|                                                                  |  | I.D. NUMBER<br>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<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------|
| 08/24/2023    | Thomas Harvey<br>Thousand Oaks, CA 91360                                                        | <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 | Attorney<br>Self Employed                                                                     | 518.45<br><br>Received through intermediary:<br>eFundraising Connections<br>Sacramento, CA 95816 | 518.45                                                    | P2024 \$518.45<br>P2024 \$518.45      |
| 08/24/2023    | Leandra Marin<br>Duarte, CA 91010                                                               | <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 | Office Manager<br>Children's Defense Fund                                                     | 103.94<br><br>Received through intermediary:<br>eFundraising Connections<br>Sacramento, CA 95816 | 103.94                                                    | P2024 \$103.94<br>P2024 \$103.94      |
| 08/24/2023    | 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,<br>Los Angeles                                         | 518.45<br><br>Received through intermediary:<br>eFundraising Connections<br>Sacramento, CA 95816 | 1,036.90                                                  | P2024 \$518.45<br>P2024 \$518.45      |
| 08/24/2023    | Marcus Tyson<br>Long Beach, CA 90807                                                            | <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 | Private Investigator<br>Self Employed                                                         | 103.94<br><br>Received through intermediary:<br>eFundraising Connections<br>Sacramento, CA 95816 | 103.94                                                    | P2024 \$103.94<br>P2024 \$103.94      |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                                                                                                  |                                                           |                                       |
| SUBTOTAL \$   |                                                                                                 |                                                                                                                                                                         |                                                                                               | 1,244.78                                                                                         |                                                           |                                       |

**\*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 D

## Summary of Expenditures

### Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded  
to whole dollars.

|                         |  |                            |  |
|-------------------------|--|----------------------------|--|
| Statement covers period |  | CALIFORNIA FORM <b>460</b> |  |
| from 07/01/2023         |  | Page 7 of 12               |  |
| through 12/31/2023      |  | I.D. NUMBER                |  |
|                         |  | 1420287                    |  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McMORRIN FOR CULVER CITY COUNCIL 2024

| DATE        | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT                                                                                                                                                    | DESCRIPTION (IF REQUIRED)      | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------|-----------------------------------------------------|------------------------------------|
| 10/30/2023  | Los Angeles County Young Democrats                                                                  | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Event Sponsorship Contribution | 350.00             | 350.00                                              |                                    |
|             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |                                                                                                                                                                    |                                |                    |                                                     |                                    |
|             |                                                                                                     | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                                |                    |                                                     |                                    |
|             | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |                                                                                                                                                                    |                                |                    |                                                     |                                    |
|             |                                                                                                     | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                                |                    |                                                     |                                    |
|             | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |                                                                                                                                                                    |                                |                    |                                                     |                                    |
| SUBTOTAL \$ |                                                                                                     |                                                                                                                                                                    |                                | 350.00             |                                                     |                                    |

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 350.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 350.00

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                                       |            |                               |
|---------------------------------------|------------|-------------------------------|
| Statement covers period               |            | CALIFORNIA<br>FORM <b>460</b> |
| from                                  | 07/01/2023 |                               |
| through                               | 12/31/2023 | Page 8 of 12                  |
| 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                        |
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| 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                      |
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| 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 - July, 2023 | 125.00      |
| eFundraising Connections<br>Sacramento, CA 95816                    | CMP  |    | Credit Card Processing Expense    | 3.94        |
| eFundraising Connections<br>Sacramento, CA 95816                    | CMP  |    | Credit Card Processing Expense    | 2.85        |

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

SUBTOTAL \$ 131.79

## Schedule E Summary

|                                                                                                                          |                   |
|--------------------------------------------------------------------------------------------------------------------------|-------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....                                         | \$ 1,907.87       |
| 2. Unitemized payments made this period of under \$100 .....                                                             | \$ 50.00          |
| 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 \$ 1,957.87 |

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 FORM 460</b> |
| from                                  | 07/01/2023 |                            |
| through                               | 12/31/2023 | Page 9 of 12               |
| 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.

|     |                                                               |     |                                           |     |                                                           |
|-----|---------------------------------------------------------------|-----|-------------------------------------------|-----|-----------------------------------------------------------|
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| 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 |
|---------------------------------------------------------------------|------|----|----------------------------|-------------|
| eFundraising Connections<br>Sacramento, CA 95816                    | CMP  |    | Credit Card Processing Fee | 41.69       |
| eFundraising Connections<br>Sacramento, CA 95816                    | CMP  |    | Credit Card Processing Fee | 3.94        |
| eFundraising Connections<br>Sacramento, CA 95816                    | CMP  |    | Credit Card Processing Fee | 2.12        |
| eFundraising Connections<br>Sacramento, CA 95816                    | CMP  |    | Credit Card Processing Fee | 3.94        |
| eFundraising Connections<br>Sacramento, CA 95816                    | CMP  |    | Credit Card Processing Fee | 27.79       |

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

**SUBTOTAL \$** 79.48

# 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                                  | 07/01/2023 |                                |
| through                               | 12/31/2023 | Page 10 of 12                  |
| 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.

|     |                                                               |     |                                           |     |                                                           |
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| 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 |
|---------------------------------------------------------------------|------|----|----------------------------|-------------|
| eFundraising Connections<br>Sacramento, CA 95816                    | CMP  |    | Credit Card Processing Fee | 3.94        |
| Chris Valle Photography<br>San Pedro, CA 90731                      | PRO  |    | Photography Services       | 350.00      |
| eFundraising Connections<br>Sacramento, CA 95816                    | CMP  |    | Credit Card Processing Fee | 9.06        |
| eFundraising Connections<br>Sacramento, CA 95816                    | CMP  |    | Credit Card Processing Fee | 58.40       |
| eFundraising Connections<br>Sacramento, CA 95816                    | CMP  |    | Credit Card Processing Fee | 2.05        |

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

**SUBTOTAL \$** 423.45

# 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                                  | 07/01/2023 |                                |
| through                               | 12/31/2023 | Page 11 of 12                  |
| 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.

|     |                                                               |     |                                           |     |                                                           |
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| 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 |
|---------------------------------------------------------------------|------|----|--------------------------------------|-------------|
| Jessica Henry Tillman<br>Culver City, CA 90230                      | CNS  |    | Consultation for Brand Strategy      | 300.00      |
| Jessica Henry Tillman<br>Culver City, CA 90230                      | CMP  |    | Reimbursement Expenses               | 322.67      |
| Chase Card Services<br>New York, NY 10017                           | CTB  |    | LACYD Event Sponsorship Contribution | 350.00      |
| Chris Valle Photography<br>San Pedro, CA 90731                      | PRO  |    | Event Photography                    | 300.00      |
| eFundraising Connections<br>Sacramento, CA 95816                    | CMP  |    | Credit Card Processing Fee           | 0.48        |

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

**SUBTOTAL \$** 1,273.15

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded  
to whole dollars.

|                         |            |                             |  |
|-------------------------|------------|-----------------------------|--|
| Statement covers period |            | CALIFORNIA FORM <b>460</b>  |  |
| from                    | 07/01/2023 |                             |  |
| through                 | 12/31/2023 | Page <u>12</u> of <u>12</u> |  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McMORRIN FOR CULVER CITY COUNCIL 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chase Card Services

I.D. NUMBER

1420287

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |                                                               |     |                                           |     |                                                           |
|-----|---------------------------------------------------------------|-----|-------------------------------------------|-----|-----------------------------------------------------------|
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| 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                |
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| 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)           |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT         | AMOUNT PAID |
|---------------------------------------------------------------------------------|------|----|--------------------------------|-------------|
| Los Angeles County Young Democrats (ID# 921188)<br>Oakland, CA 94607            | CTB  |    | Event Sponsorship Contribution | 350.00      |
|                                                                                 |      |    |                                |             |
|                                                                                 |      |    |                                |             |
|                                                                                 |      |    |                                |             |
|                                                                                 |      |    |                                |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 350.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.