

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|                                                        |                                        |                     |                                                                  |                                                                                                |                                              |
|--------------------------------------------------------|----------------------------------------|---------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------|
| NAME OF FILER<br>MCMORRIN FOR CULVER CITY COUNCIL 2024 |                                        |                     | Date of This Filing<br>08/12/2024                                | Date Stamp<br><div>E-Filed<br/>08/12/2024<br/>15:18:25<br/><br/>Filing ID:<br/>211913931</div> | CALIFORNIA FORM 497<br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>(310)817-6679                | I.D. NUMBER (if applicable)<br>1420287 | Report No.<br>81224 |                                                                  |                                                                                                |                                              |
| STREET ADDRESS                                         |                                        |                     | <input type="checkbox"/> Amendment to Report No. (explain below) |                                                                                                |                                              |
| CITY<br>Inglewood                                      | STATE<br>CA                            | ZIP CODE<br>90301   | No. of Pages<br>1                                                |                                                                                                |                                              |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED                                                                           |
|---------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 08/12/2024    | Samuel Victor<br>Los Angeles, CA 90025                                                       | <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                                                                            | 1,000.00<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            |                                                                                            | <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            |                                                                                            | <br><br><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