

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>09/09/2024                                   | Date Stamp                                                                       | 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>9924                                                  | <div>E-Filed<br/>09/09/2024<br/>15:01:47<br/><br/>Filing ID:<br/>212059012</div> |                                              |
| STREET ADDRESS                                         |                                        | <input type="checkbox"/> Amendment to Report No.<br>(explain below) |                                                                                  |                                              |
| CITY<br>Inglewood                                      | STATE<br>CA                            | ZIP CODE<br>90301                                                   |                                                                                  |                                              |

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                                                                                    |
|---------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| 09/08/2024    | Daughrity Real Estate & Management Solutions<br>Inglewood, CA 90301                             | <div><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</div> |                                                                                               | 1,000.00<br><div><input type="checkbox"/> Check if Loan<br/>_____%<br/>Provide interest rate</div> |
|               |                                                                                                 | <div><input type="checkbox"/> IND<br/><input type="checkbox"/> COM<br/><input type="checkbox"/> OTH<br/><input type="checkbox"/> PTY<br/><input type="checkbox"/> SCC</div>            |                                                                                               | <div><input type="checkbox"/> Check if Loan<br/>_____%<br/>Provide interest rate</div>             |
|               |                                                                                                 | <div><input type="checkbox"/> IND<br/><input type="checkbox"/> COM<br/><input type="checkbox"/> OTH<br/><input type="checkbox"/> PTY<br/><input type="checkbox"/> SCC</div>            |                                                                                               | <div><input type="checkbox"/> Check if Loan<br/>_____%<br/>Provide interest rate</div>             |

\*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

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