

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from 01/01/2025 through 06/30/2025	Date of election if applicable: (Month, Day, Year) 11/05/2024	Date Stamp E-Filed 07/16/2025 18:52:07 Filing ID: 214519712	CALIFORNIA FORM 460 Page 1 of 13 For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|--|---|
| ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
<i>(Also Complete Part 5)</i> | ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
<i>(Also Complete Part 6)</i> |
| ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee | ☐ Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|--|---|
| ☐ Preelection Statement | ☐ Quarterly Statement |
| ☒ Semi-annual Statement | ☐ Special Odd-Year Report |
| ☐ Termination Statement
(Also file a Form 410 Termination) | ☐ Supplemental Preelection Statement - Attach Form 495 |
| ☐ 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
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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 07/16/2025
Date

Executed on 07/16/2025
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?
	☐ YES ☐ 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?
	☐ YES ☐ 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	☐ SUPPORT ☐ 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	☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2025 through 06/30/2025	CALIFORNIA FORM 460 Page 3 of 13 I.D. NUMBER 1420287
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McMORRIN FOR CULVER CITY COUNCIL 2024

Contributions Received

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

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	\$ 2,961.30	\$ 2,961.30
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 2,961.30	\$ 2,961.30
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-200.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTALEXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 2,761.30	\$ 2,961.30

Expenditure Limit Summary for State Candidates

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

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 7,274.00
13. Cash Receipts Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	1,667.50
15. Cash Payments Column A, Line 8 above	2,961.30
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 5,980.20
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED 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 from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

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

Schedule D

Summary of Expenditures

Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	01/01/2025		
through	06/30/2025	Page <u>4</u> of <u>13</u>	
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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)
03/11/2025	Nichelle Henderson Superintendent of Public Instruction	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		100.00	100.00	
	☒ Support ☐ Oppose					
03/17/2025	Marissa Roy City Attorney Los Angeles	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		100.00	100.00	
	☒ Support ☐ Oppose					
03/31/2025	Peggy Flanagan US Senator	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		100.00	100.00	
	☒ Support ☐ Oppose					
SUBTOTAL \$				300.00		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 1,650.00
- 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 \$** 1,650.00

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

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NAME OF FILER

McMORRIN FOR CULVER CITY COUNCIL 2024

I.D. NUMBER

1420287

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)
04/02/2025	Barbara Lee Mayor City of Oakland	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		100.00	100.00	
	☒ Support ☐ Oppose					
04/17/2025	California Sierra Club PAC	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		250.00	250.00	
	☒ Support ☐ Oppose					
04/18/2025	Jawane Hilton City Council Member Carson	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		250.00	250.00	
	☒ Support ☐ Oppose					
04/22/2025	Asian Democrats of Los Angeles County	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		250.00	250.00	
	☒ Support ☐ Oppose					
SUBTOTAL \$				850.00		

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

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NAME OF FILER

McMORRIN FOR CULVER CITY COUNCIL 2024

I.D. NUMBER

1420287

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)
06/18/2025	Rex Richardson Mayor City of Long Beach	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		500.00	500.00	
	☒ Support ☐ Oppose					
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose					
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose					
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose					
SUBTOTAL \$				500.00		

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

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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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Reporting Plus Inglewood, CA 90301	PRO		Political Accounting - December, 2024	250.00
Bankcard Center Los Angeles, CA 90071			Credit Card Payment	48.10
Political Reporting Plus Inglewood, CA 90301	PRO		Year-End Semi-Annual Report Preparation & Tax Filing	250.00

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

SUBTOTAL \$ 548.10

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,961.30
2. Unitemized payments made this period of under \$100	\$ 0.00
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 \$ 2,961.30

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

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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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dulan's Catering Co. Los Angeles, CA 90043	FND		Fundraiser Catering	200.00
Bankcard Center Los Angeles, CA 90071	WEB			48.10
Henderson 4 Superintendent of Public Instruction 2026 (ID# 1468266) Inglewood, CA 90301	CTB			100.00
Marissa Roy for Los Angeles City Attorney 2026 (ID# 1479257) Oakland, CA 94607	CTB			100.00
100 Black Men of Los Angeles, Inc. Los Angeles, CA 90056	CVC			250.00

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

SUBTOTAL \$ 698.10

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

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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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bankcard Center Los Angeles, CA 90071			Credit Card Payment	861.70
California Sierra Club PAC (ID# 1399719) Los Angeles, CA 90010	CTB			250.00
Hilton for City Council 2028 (ID# 1384184) Inglewood, CA 90301	CTB			250.00
Bankcard Center Los Angeles, CA 90071			Credit Card Payment	301.70
Bankcard Center Los Angeles, CA 90071			Credit Card Payment	51.70

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

SUBTOTAL \$ 1,715.10

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period from 01/01/2025 through 06/30/2025		CALIFORNIA FORM 460
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NAME OF FILER McMORRIN FOR CULVER CITY COUNCIL 2024		I.D. NUMBER 1420287

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Dulan's Catering Co. Los Angeles, CA 90043	FND Fundraiser Catering	200.00	0.00	200.00	0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	200.00\$	0.00\$	200.00\$	0.00
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Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 200.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -200.00
May be a negative number

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 460	
from	01/01/2025		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McMORRIN FOR CULVER CITY COUNCIL 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bankcard Center

I.D. NUMBER

1420287

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CASA of Los Angeles Monterey Park, CA 91754	CVC			610.00
Peggy Flanagan for Minnesota (ID# C00897751) Saint Paul, MN 55155	CTB			100.00
Barbara Lee for Oakland Mayor 2025 (ID# 1477668) Lakeport, CA 95453	CTB			100.00
Asian Democrats of Los Angeles County (ID# 1448626) Beverly Hills, CA 90210	CTB			250.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,060.00

* 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.

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

Amounts may be rounded
to whole dollars.

SCHEDULE G (CONT.)

Statement covers period from 01/01/2025 through 06/30/2025	CALIFORNIA FORM 460 Page 12 of 13
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McMORRIN FOR CULVER CITY COUNCIL 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bankcard Center

I.D. NUMBER

1420287

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
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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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
National Association of County & City Health Officials Washington, DC 20005	CVC			500.00
Rex Richardson for Mayor 2026 (ID# 1478758) Long Beach, CA 90802	CTB			500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,000.00

* 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.

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2025
through 06/30/2025

SCHEDULE I

CALIFORNIA FORM 460

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I.D. NUMBER
1420287

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

McMORRIN FOR CULVER CITY COUNCIL 2024

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
03/27/2025	City of Culver City Culver City, CA 90232	Candidate Statement Fee Refund	1,667.50

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 1,667.50

Schedule I Summary

1. Itemized increases to cash this period. \$ 1,667.50
2. Unitemized increases to cash of under \$100 this period. \$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$ 1,667.50