

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> Santa Monica Forward, Supporting Kevin McKeown, Greg Morena, and Pam O'Connor for City Council 2018		<b>Date of This Filing</b> <u>10/02/2018</u>	Date Stamp  <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;">                     E-Filed                      10/02/2018                      18:03:16                       Filing ID:                      174067541                 </div>	<b>CALIFORNIA FORM 496</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916)285-5733	<b>I.D. NUMBER (if applicable)</b> 1411871	<b>Report No.</b> <u>943650-BJ</u>		
<b>STREET ADDRESS</b>  CITY STATE ZIP CODE Santa Monica CA 90405		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
		<b>No. of Pages</b> <u>2</u>		

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Greg Morena				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> City Council Member: City of Santa Monica	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/01/2018	Mailer (Estimated Costs) Cumulative to date total \$15401.48	15,401.48

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

\_\_\_\_\_

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**CALIFORNIA FORM 496**

NAME OF FILER

Santa Monica Forward, Supporting Kevin McKeown, Greg Morena, and Pam O'Connor for City Council 2018

I.D. NUMBER (If applicable)

1411871

### 3. Contributions of \$100 or More 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	INTEREST RATES
10/01/2018	Blue Devils Lessee, LLC dba Le Meridien Delfina Santa Monica, CA 90405	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**\*\*Contributor Codes**

- IND – Individual
- COM – Recipient Committee (other than PTY or SCC)
- OTH – Other
- PTY – Political Party
- SCC – Small Contributor Committee