

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Santa Monica Forward, Supporting Kevin McKeown, Greg Morena, and Pam O'Connor for City Council 2018			Date of This Filing <u>11/06/2018</u>		Date Stamp		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> E-Filed 11/06/2018 18:47:07 Filing ID: 174734081 </div>		CALIFORNIA FORM 496	
AREA CODE/PHONE NUMBER (916)285-5733		I.D. NUMBER (if applicable) 1411871	Report No. <u>957435-BJ</u>		For Official Use Only					
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)				No. of Pages <u>2</u>			
CITY Santa Monica	STATE CA	ZIP CODE 90405	_____		_____					

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Kevin McKeown				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED _____					
OFFICE SOUGHT OR HELD City Council Member: City of Santa Monica		DISTRICT NO. _____	SUPPORT X	OPPOSE _____	BALLOT NO./LETTER _____		JURISDICTION _____	SUPPORT _____	OPPOSE _____

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/02/2018	Print Ad (Estimated Costs) Cumulative to date total \$21373.75	1,160.46

Reason for Amendment: _____

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CALIFORNIA FORM 496

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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
11/01/2018	Industry Partners, Inc. Santa Monica, CA 90404	<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