

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)
11/8/2022

Amendment (Explain Below)

Date Stamp	CALIFORNIA FORM 470
RECEIVED LOS ANGELES COUNTY	For Official Use Only
2022 SEP 15 PM 3:10	020057
CAMPAIGN FINANCE	

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Summer McBride

STREET ADDRESS

CITY STATE ZIP CODE
Culver City CA 90230

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/ E-MAIL ADDRESS
(310) 630-9134 mcbride.m.summer@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Culver City

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
FPPC #1461228 (qualified 8/10/22) Summer McBride for Culver City School Board	Culver City, CA 90230	Carla Chambers Bldg 101, Ste 102 Redondo Beach 90271

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/13/22 DATE By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE