

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment
<input type="radio"/> Not yet qualified or	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Date qualification threshold met	Date qualification threshold met
____/____/____	____/____/____

Date of termination
12 / 26 / 2022

Date Stamp
RECEIVED BY
ANGELES COUNTY
③ 12/30/22
2022 DEC 30 PM 2:06
CAMPAIGN FINANCE

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1. Committee Information				I.D. Number 1450003 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE Howard Adelman for Culver City School Board 2022								NAME OF TREASURER Carolyn Libuser				
STREET ADDRESS (NO P.O. BOX)								STREET ADDRESS (NO P.O. BOX)				
CITY Culver City		STATE CA	ZIP CODE 90232	AREA CODE/PHONE 619-733-4646		CITY Culver City		STATE CA	ZIP CODE 90232	AREA CODE/PHONE 310-963-0894		
FULL MAILING ADDRESS (IF DIFFERENT)								NAME OF ASSISTANT TREASURER, IF ANY				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) howardadelman27@gmail.com								STREET ADDRESS (NO P.O. BOX)				
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE Culver City						CITY		STATE	ZIP CODE	AREA CODE/PHONE
NAME OF PRINCIPAL OFFICER(S)								STREET ADDRESS (NO P.O. BOX)				
CITY								STATE	ZIP CODE	AREA CODE/PHONE		

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and, to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on 12/26/2022 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/26/2022 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT