

Officeholder and Candidate  
Campaign Statement -  
Short Form

405 5721

**CALIFORNIA FORM 470**  
For Official Use Only

020280

Date of election if applicable:  
(Month, Day, Year)

11/6/2018

Amendment (Explain Below)

Missing contact  
Information

8/12/21 Date Stamp

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LOS ANGELES COUNTY

2021 AUG -9 PM 2:48

CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Tashon McKerthan

STREET ADDRESS

CITY Culver City STATE CA ZIP CODE 90230

AREA CODE/DAYTIME PHONE NUMBER 917-318-8436 OPTIONAL: FAX / E-MAIL ADDRESS tashon-mckerthan@hotmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Culver City Unified School District Board Member

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

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

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 August 6, 2021 DATE

By \_\_\_\_\_

Clear Form Print Form