

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

A-EIR  
A-SRD  
U-NAM

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

11/6/2018

**Amendment** (Explain Below)

LOS

Date Stamp  
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CAMPAIGN FINANCE

CALIFORNIA  
FORM

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OTF= 013650

1. Statement Covers Calendar Year 20 21.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Summer McBride

STREET ADDRESS

CITY

Culver City

AREA CODE/DAYTIME PHONE NUMBER

(310) 630-9134

STATE

CA

ZIP CODE

90230

OPTIONAL: FAX / E-MAIL ADDRESS

summermcbride@ccusd.org

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

School 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
N/A	N/A	N/A
N/A	N/A	N/A

**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 3/15/2021

DATE

SIGNATURE OF OFFICEHOLDER OR CANDIDATE