

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

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

Amendment (Explain Below)

Date Stamp

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CAMPAIGN FINANCE

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Paula Amezola De Herrera

STREET ADDRESS

CITY STATE ZIP CODE

Culver City CA 9023

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

310-614-0012 paulaamezola@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Culver City Unified School Distric's Board of Education

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
ID#:1429030 Committee to Support Paula Amezola De Her	11057 Culver Blvd, Culver City, CA 90230	Paula Amezola De Herrera
ID 1429030		

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 8/19/24
DATE