

497 Contribution Report

Amounts may be rounded to whole dollars.

0218

NAME OF FILER Summer McBride for Culver City School Board 2022		Date of This Filing 10/18/2022	Date Stamp	CALIFORNIA FORM 497 For Official Use Only 020051 C11753
AREA CODE/PHONE NUMBER 310-686-6441	I.D. NUMBER (if applicable) 1451228	Report No. 1	RECEIVED BY LOS ANGELES COUNTY 2022 OCT 19 AM 10:33 CAMPAIGN FINANCE	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1		
CITY Hawthorne	STATE CA	ZIP CODE 90250		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/18/2022	Tina McKinnor for Assembly 2022 C/O Reed & Davidson, LLC LA CA 90071 #1444546	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee