

0218-4

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Summer McBride for Culver City School Board 2022		Date of This Filing 9/29/22	Date Stamp ED B LOS ANGELES CO 2022 SEP 29 PM 3:29 CAMPAIGN FINANCE	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		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Hawthorne	STATE CA	ZIP CODE 90250	No. of Pages 1	

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
9/29/22	Albert Vera Culver City CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Sorrento Market	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

* 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

Reason for Amendment: _____