

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

7/23/22 ①

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470 <small>For Official Use Only</small>
		RECEIVED BY LOS ANGELES COUNTY 2022 JUL 26 PM 2: 56 CAMPAIGN FINANCE	

1. Statement Covers Calendar Year 20 22.

<p>2. Officeholder or Candidate Information</p> <p>NAME OF OFFICEHOLDER OR CANDIDATE <u>Steven M Levin</u></p> <p>STREET ADDRESS _____</p> <p>CITY STATE ZIP CODE <u>Los Angeles CA 90066</u></p> <p>AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS <u>8186534057</u></p>	<p>3. Office Sought or Held</p> <p>OFFICE SOUGHT OR HELD <u>Governing Board Member</u></p> <p>JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE) <u>Culver City Unified School District</u></p>
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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
none		

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 July 22, 2022 By _____
DATE