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Statement of C	Organization			Date Stamp	CALIFORNIA 110	
Recipient Con	nmittee	_		2024 AUG -7 PM	FORM 410	
Statement Type	☐ Initial		▼ Termination – See Part 5	2021,800	For Official Use Only	
	O Not yet qualified or			CAMPAIGN FINA	ANCE	
	O Date qualification threshold met	Date qualification threshold met	Date of termination			
		07	07 _/_31 _/_2024		621784	
1. Committee I	nformation I.D. Numbe	r 1470967	2. Treasurer and O	ther Principal Officers		
NAME OF COMMITTEE			NAME OF TREASURER	-	0 1 2 2 2	
			Cine D. Ivery		C12006	
CLARY FOR SCHOOL	BOARD 2024		STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE	
+				. Inglewoo	d CA 90301	
			EMAIL ADDRESS OF TREASURE	• • • • • • • • • • • • • • • • • • • •	AREA CODE/PHONE	
STREET ADDRESS (NO P.O	D. BOX)		cine@politicalrep	ortingplus.com	(310)878-4131	
			NAME OF ASSISTANT TREASUR	ER, IF ANY	· · · · · · · · · · · · · · · · · · ·	
CITY	STATE	ZIP CODE AREA CODE/PHONE	Samahndi Cunningh	am		
Inglewood	CA	90301 (310)878-41	31 CTREET ADDRESS IND DO BOY	C'TY	STATE ZIP CODE	
FULL MAILING ADDRESS	(IF DIFFERENT)			Inglewood	d CA 90301	
			EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE	
E-MAIL ADDRESS OF COM	MMITTEE (REQUIRED) / FAX (OPTIONAL)		samahndi@politica	samahndi@politicalreportingplus.com		
	portingplus.com / (310)672-		NAME OF PRINCIPAL OFFICER(S)		
COUNTY OF DOMICILE	JURISDICTION WHERE	COMMITTEE IS ACTIVE	1			
Los Angeles	Culver City		STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE	
l			EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA CODE/PHONE	
Attach additional in	nformation on appropriately lab	eled continuation sheets.				
			1		•	
3. Verification	_ ·					
_	inimala dilinaria i			ud and a	complete. I certify under	
I have used all reas penalty of perjum				ue and c	omplete. Teerthy under	
Executed on	DATE AND A				_	
Executed on	G 0 5 2029					
Executed on	DATE					
Executed on	DATE	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT		

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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COMMITTEE NAME CLARY FOR SCHOOL BOARD 2024				I.D. NUMBER 1470967
 All committees must list the financial institution where the campaign bank according 	count is located and t	the person(s) authorized to	obtain bar	nk records.
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS		AREA CODE/PHONE	BANK ACCOU	UNT NUMBER
California Bank & Trust - Cine D. Ivery		(213)228-1700		
ADDRESS OF FINANCIAL INSTITUTION	CITY		STATE	ZIP CODE
	Los Ar	geles	CA	90071
4. Type of Committee Complete the applicable sections.				and the second second second second

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- · If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PAR CHECK		
Faithe Clary	Culver City Board of Education	2024	Nonpartisan X	Partisan	(list political party below)
		,	Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK	ONE
		SUPPORT	OPPOSE
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		SUPPORT	OPPOSE
	·		

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COMMITTEE NAME CLARY FOR SCHOOL BOARD 2024 I.D. NUMBER 1470967

4. Type of Commi	ittee (Continued)				
General Purpose Co	Mot formed to su	pport or oppose specific candidates or mea ee COUNTY Committe			
PROVIDE BRIEF DESCRIPTION	OF ACTIVITY				
Sponsored Committe	ee List additional sponsor	s on an attachment.			
NAME OF SPONSOR		INDUSTRY GROUP O	R AFFILIATION OF SPONSOR		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Co	ommittee				

- This committee has ceased to receive contributions and make expenditures;
- · This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and

5. Termination Requirements

- · This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met

 Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.