

Officeholder and Candidate  
Campaign Statement –  
Short Form

7/29/21 (U) 5721

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

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Amendment (Explain Below)

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Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2021 AUG -2 PM 3: 35  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
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019104

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE  
STEVEN LEVIN

STREET ADDRESS

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CITY STATE ZIP CODE  
LOS ANGELES CA 90066

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
818-653-4057 steven.levin@ca.rr.com

OFFICE SOUGHT OR HELD  
Member, Board of Governors, Culver City USD

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Culver City

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. NONE

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

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 7/26/21  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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