

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

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

11/3/2020

Amendment (Explain Below)

8/13/21 (3)
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CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Katherine Steinbroner Maschler

STREET ADDRESS

CITY STATE ZIP CODE
El Camino Village CA 90260

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
310-676-7678 kmaschler55@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
El Camino Community College Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County Torrance

i. 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
N/A		

ii. 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 August 13, 2021 DATE

By _____

Clear Form

Print Form