

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

5724

07/29/24

Date Stamp

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CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**

For Official Use Only
020979

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

11/5/24

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24

<p>2. Officeholder or Candidate Information</p> <p>NAME OF OFFICEHOLDER OR CANDIDATE <u>Cathy Graves</u></p> <p>STREET ADDRESS</p> <p>CITY <u>Manhattan Beach</u></p> <p>AREA CODE/DAYTIME PHONE NUMBER <u>310-245-1441</u></p>	<p>3. Office Sought or Held</p> <p>OFFICE SOUGHT OR HELD <u>Trustee MBUSD</u></p> <p>JURISDICTION (LOCATION) <u>Manhattan Beach, CA</u></p> <p>DISTRICT NUMBER (IF APPLICABLE)</p> <p>STATE ZIP CODE <u>CA 90266</u></p> <p>OPTIONAL: FAX / E-MAIL ADDRESS <u>cathytimgraves@gmail.com</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. N/A

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 7/25/24 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE