

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

Date Stamp ① 07/30/2024	REC'D	CALIFORNIA FORM 470
	LOS ANGELES COUNTY	
2024 AUG -2 PH 3:03		For Official Use Only 021593
CAMPAIGN FINANCE		

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Bruce Greenberg

STREET ADDRESS

CITY Manhattan Beach STATE CA ZIP CODE 90266

AREA CODE/DAYTIME PHONE NUMBER 310/897 4695 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

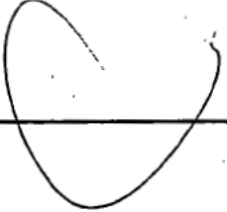
OFFICE SOUGHT OR HELD
Trustee, MBUSD

JURISDICTION (LOCATION)
Manhattan Beach Unified Sch Dist

DISTRICT NUMBER (IF APPLICABLE)

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
		

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 information provided is true and correct.

Executed on 7/30/24 DATE

By _____ DATE