

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

5724

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY 7/27/24 2024 JUL 30 AM 11:39 CAMPAIGN FINANCE	For Official Use Only 021550

Date of election if applicable: (Month, Day, Year) <u>N/A</u>	<input type="checkbox"/> Amendment (Explain Below)
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Christina Shivpuri

STREET ADDRESS

CITY
Manhattan Beach

STATE
CA

ZIP CODE
90266

AREA CODE/DAYTIME PHONE NUMBER
4153365075

OPTIONAL: FAX/E-MAIL ADDRESS
tina@shivpuri.com

OFFICE SOUGHT OR HELD
School Board Trustee (Governing Board Member)

JURISDICTION (LOCATION)
Manhattan Beach USD

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
<u>n/a</u>		

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 th

Executed on 07/20/2024
DATE

By _____
DATE