

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

RECEIVED BY  
LOS ANGELES COUNTY  
2021 AUG 25 AM 11:07

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

Amendment (Explain Below)

Date Stamp  
**CAMPAIGN FI**  
8/23/21  
(1)

CALIFORNIA  
FORM **470**  
For Official Use Only  
**019114**

1. Statement Covers Calendar Year 20 21.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Jennifer Cochran

STREET ADDRESS

CITY STATE ZIP CODE  
Manhattan Beach CA 90266

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
310-650-2123

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Governing Board, Manhattan Beach USD

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Manhattan Beach

**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
None		

**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 have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California

Executed on 7/18/2021 By \_\_\_\_\_  
DATE