

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

07/31/2023
Date Stamp

**CALIFORNIA
FORM 470**
For Official Use Only

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

Amendment (Explain Below)

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CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Cathy Graves

STREET ADDRESS

CITY Manhattan Beach STATE CA ZIP CODE 90266

AREA CODE/DAYTIME PHONE NUMBER 310-245-1441

OPTIONAL: FAX / E-MAIL ADDRESS
cathytimgraves@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Trustee

JURISDICTION (LOCATION)
Manhattan Beach Unified

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>None</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 the

Executed on 7/31/23 DATE

By _____