

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

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY 08/24/2022 2022 AUG 26 AM 11:26	For Official Use Only

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

1. Statement Covers Calendar Year 20 22.

CAMPAIGN FINANCE

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
 Cathey Graves

STREET ADDRESS

CITY STATE ZIP CODE
 Manhattan Beach CA 90266

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
 3102451441

OFFICE SOUGHT OR HELD
 MBUSD Trustee

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

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 foregoing is true and correct.

Executed on August 24, 2022

 DATE

By _____