

7/21/21 (1) 5721

Officeholder and Candidate  
Campaign Statement -  
Short Form

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

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2021 JUL 23 PM 4:14  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only  
020979

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Cathey Graves  
STREET ADDRESS  
CITY Manhattan Beach STATE CA ZIP CODE 90266  
AREA CODE/DAYTIME PHONE NUMBER 310-245-1471  
OPTIONAL: FAX / E-MAIL ADDRESS catheytimgraves@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 State of California that the foregoing is true and correct.

Executed on 7/21/21 DATE

By \_\_\_\_\_ OR CANDIDATE