

8/11/21
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**Officeholder and Candidate
 Campaign Statement –
 Short Form**

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp CAMPAIGN F	CALIFORNIA FORM 470 For Official Use Only
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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 jenniferoochranmb@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 Manhattan Beach USD - Board of Trustees

JURISDICTION (LOCATION) Manhattan Beach	DISTRICT NUMBER (IF APPLICABLE)
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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 LD. 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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the S

Executed on 8/2/21 _____
DATE

By _____