

308/09/2023  
 RECEIVED BY  
 LOS ANGELES COUNTY  
 2023 AUG 11 PM 2:46  
 CAMPAIGN FINANCE  
 DISCLOSURE SECTION

Officeholder and Candidate  
 Campaign Statement -  
 Short Form

	Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	<b>CALIFORNIA FORM 470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
BRUCE GREENBERG

STREET ADDRESS

CITY MALIBU BEACH CA STATE CA ZIP CODE 90266

AREA CODE/DAYTIME PHONE NUMBER 310.897.4695 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Trustee

JURISDICTION (LOCATION) MBUSD 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>NA</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 information provided is true and correct.

Executed on 7/29/2023 DATE

By \_\_\_\_\_

Clear Form Print Form