

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

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY 2022 AUG 31 AM 10:31 CAMPAIGN FINANCE	For Official Use Only

Date of election if applicable: (Month, Day, Year) 11/2018	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sally Peel

STREET ADDRESS

CITY STATE ZIP CODE
MB CA 90266

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
9310-939-7690

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Manhattan Beach Unified School District Board of Trustees

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Manhattan Beach, Los Angeles county CA-1975333

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 th

Executed on 8/1/2022 DATE

By _____