

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

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RECEIVED BY LOS ANGELES COUNTY 2023 JUL 21 PM 2:11 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 470 For Official Use Only 021550
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Date of election if applicable: (Month, Day, Year) <u>N/A</u>	<input type="checkbox"/> Amendment (Explain Below)
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Christina Shivpuri

STREET ADDRESS _____

CITY Manhattan Beach STATE CA ZIP CODE 90266

AREA CODE/DAYTIME PHONE NUMBER 415-336-5075 OPTIONAL: FAX / E-MAIL ADDRESS tina@shivpuri.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Trustee (Governing Board Member)

JURISDICTION (LOCATION) Manhattan Beach USD 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>n/a</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 c

Executed on 07/20/2023 DATE

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