

Officeholder and Candidate
Campaign Statement -
Short Form

7/24/24 (1) 5724

Date Stamp

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Wysh Weinstein

ST CA

CITY Manhattan Beach STATE CA ZIP CODE 90266

AREA CODE/DAYTIME PHONE NUMBER 310 889 4733

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Manhattan Beach Unified School District Board Trustee

JURISDICTION (LOCATION)
Los Angeles County
Manhattan Beach

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that I have used

Executed on July 22, 2024 DATE