

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

Date of election if applicable: (Month, Day, Year) 	<input type="checkbox"/> Amendment (Explain Below) 	Date Stamp 	CALIFORNIA FORM 470 For Official Use Only
RECEIVED CLERK OF THE CITY CLERK 2018 JUL 30 AM 11:54 SANTA MONICA, CALIF.			

1. Statement Covers Calendar Year 20 17

2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Louise Jaffe STREET ADDRESS CITY STATE ZIP CODE Santa Monica CA 90405 AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS 310-450-2487	3. Office Sought or Held OFFICE SOUGHT OR HELD Santa Monica College Board of Trustees JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE) Santa Monica & Malibu
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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 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 the foregoing is true and correct.

Executed on July 30, 2018 DATE

By Louise Jaffe SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form **Print Form**