

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

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

Amendment (Explain Below)

Date Stamp
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SANTA MONICA, CALIF.

**CALIFORNIA
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Louise Jaffe

STREET ADDRESS

CITY

Santa Monica

STATE

CA

ZIP CODE

90405

AREA CODE/DAYTIME PHONE NUMBER

310-450-2487

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Santa Monica College Board of Trustees

JURISDICTION (LOCATION)

Santa Monica & Malibu

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

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