

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

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

**Amendment** (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
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CITY CLERK  
2018 JUL 30 AM 11:54  
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 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

**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