

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>		<input type="checkbox"/> Amendment (Explain Below)	RECEIVED Date Stamp SEP 24 2020 CITY CLERK PALOS VERDES ESTATES	CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 STREET ADDRESS
 CITY
 AREA CODE/DAYTIME PHONE NUMBER

Katherine (Kate) Greenberg
833 Via Somonte
Palos Verdes Estates
CA 90274

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 JURISDICTION (LOCATION)
 DISTRICT NUMBER (IF APPLICABLE)

Treasurer
City of Palos Verdes Estates

4. Committee Information

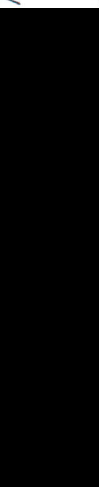
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND ID. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
		<u>None</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 of the State of California that the foregoing is true and correct.

Executed on 09/24/2020
 DATE

By 
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE