

Officeholder and Candidate
Campaign Statement –
Short Form

413

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

Amendment (Explain Below)

Date Stamp
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LOS ANGELES COUNTY
2023 JUL 19 PM 1:32
CAMPAIGN FINANCE

CALIFORNIA
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Karen Rodriguez Garcia

ADDRESS

Lennox CA 90304

STATE

ZIP CODE

(310) 720-9091

AREA CODE/DAYTIME PHONE NUMBER

Karen.rodriguezgarcia@lennoxk12.org

OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE BOUGHT OR HELD

Lennox School District

JURISDICTION (LOCATION)

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

Executed on 7/19/23
DATE