

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

7/22/24 ① 5724

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

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470

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LOS ANGELES COUNTY

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2024 JUL 24 AM 11:21

CAMPAIGN FINANCE 020161

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

JAMES BIRKEY

STREET ADDRESS

BELLFLOWER

AREA CODE/DAYTIME PHONE NUMBER

(541-206-9836)

STATE

CA

ZIP CODE

90706

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD

BOARD OF TRUSTEES

JURISDICTION (LOCATION)

CERRITOS Comm. Coll. District

DISTRICT NUMBER
(IF APPLICABLE)

#3

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
<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 Calif

Executed on July 21, 2024
DATE

By _____