

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

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY 2024 AUG -2 PM 2:56 CAMPAIGN FINANCE	For Official Use Only

Date of election if applicable: (Month, Day, Year) <u>n/a</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
CAROL PETERSON

STREET ADDRESS
CORONA

CITY STATE ZIP CODE
CORONA CA 91724

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626 252-9662

3. Office Sought or Held

OFFICE SOUGHT OR HELD
CLAYTON OAK UNIFIED School DISTRICT

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
CORONA 2

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>n/a</u>	<u>n/a</u>	<u>n/a</u>
<u>n/a</u>	<u>n/a</u>	<u>n/a</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 information provided is true and correct.

Executed on 7/20/24 (DATE) 20 2024

By _____