

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

No postmark

Date of election if applicable: (Month, Day, Year)  _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____
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Date Stamp 8/2/24 RECEIVED BY LOS ANGELES COUNTY 2024 SEP -3 PM 2:57	CALIFORNIA FORM <b>470</b> For Official Use Only
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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Waunette Cullors

STREET ADDRESS  
 \_\_\_\_\_

CITY STATE ZIP CODE  
Palmdale CA 93552

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
 \_\_\_\_\_

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Trustee

JURISDICTION (LOCATION) <u>Keppel School District</u>	DISTRICT NUMBER (IF APPLICABLE) <u>4</u>
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**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
None		
None		

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$ \_\_\_\_\_ 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 August 2, 2024  
 \_\_\_\_\_  
 DATE

By \_\_\_\_\_  
 \_\_\_\_\_  
 R CANDIDATE