

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

④ P.C.

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CAMPAIGN FINANCE

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Date of election if applicable: (Month, Day, Year) <hr/>	<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
Karina Cordero

STREET ADDRESS

CITY STATE ZIP CODE
Inglewood CA 90304

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
310-946-3031 karina.cordero@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Lennox, CA

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 in contributions during the term of my office, and 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 in this statement is true and correct.

Executed on 8/30/24
DATE

By _____

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