

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

5724

Date Stamp
07/25/2024

CALIFORNIA FORM 470

For Official Use Only

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CAMPAIGN FINANCE

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
Kimberly Keene

STREET ADDRESS

CITY STATE ZIP CODE
Pasadena CA 91104

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-794-0325

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
School Board Trustee, District 1, Pasadena Unified

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Pasadena Unified School District District 1

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 the State of California that the foregoing is true and correct.

Executed on 7/24/24
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE