

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

Date Stamp	RECEIVED BY LOS ANGELES COUNTY 2024 AUG 28 PM 3:05 CAMPAIGN FINANCE	CALIFORNIA FORM	470
		For Official Use Only	

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
_____	_____

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Michele Kipke

STREET ADDRESS
209 South Pasadena

CITY
323-630-4816

AREA CODE/DAYTIME PHONE NUMBER

STATE
CA

ZIP CODE
91030

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
South Pasadena Unified School District Governing Board

JURISDICTION (LOCATION)
Los Angeles County

DISTRICT NUMBER (IF APPLICABLE)
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

Executed on 8-25-24 DATE

By _____