

**Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

☐ **Amendment** (Explain Below)

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

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CAMPAIGN FINANCE

CALIFORNIA  
FORM

**470**  
SUPPLEMENT

For Official Use Only

020336

**1. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Katie Clark

STREET ADDRESS

CITY

Altadena

STATE

CA

ZIP CODE

91001

AREA CODE/DAYTIME PHONE NUMBER

(626) 219-6444

OPTIONAL: FAX / E-MAIL ADDRESS

katie.e.clark@gmail.com

**2. Office Sought**

OFFICE SOUGHT

Trustee, Altadena Library District Board of Trustees

DISTRICT NUMBER  
(IF APPLICABLE)

Seat 5

DATE OF ELECTION (MONTH, DAY, YEAR)

11/05/2024

**3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

09/19/2024

(MONTH, DAY, YEAR)