Officeholder and Candidate Campaign Statement Form 470 Supplement	470 -Supplement		
	Amendment (Explain Below)	RECEIVED BY US ANGELES COUNT	CALIFORNIA 470 SUPPLEMENT
SEE INSTRUCTIONS ON REVERSE		2024 SEP 19 AM 11: 08	For Official Use Only
This form is written notification that the officeholder/candidate listed below has receive made expenditures of \$2,000 or more during the calendar year.	ved contributions totaling \$2,000 or more or has	CAMPAIGN FINANCE	
Officeholder or Candidate Information			
NAME OF OFFICEHOLDER OR CANDIDATE			
Amarda Stern	¥		
STREET ADDRESS			
CITY STATE	ZIP CODE		
Beverly Hills A 907 17	(
Beverly Hills, A 90212 AREA CODE/DAYTIME PHONE NUMBER OPTIONAL:	FAX / E-MAIL ADDRESS		
310 801 4678			
2. Office Sought			
OFFICE SOUGHT	DISTRICT NUM		
Governing School Board M	ember (IFAPPLICABL	E)	
DATE OF ELECTION (MONTH, DAY, YEAR)			
Nov 5 2024			
3. Date Contributions Totaling \$2,000 or More Were Received or Da	ate Expenditures of \$2,000 or More W	ere Made	