

Officeholder and Candidate  
Campaign Statement –  
Short Form

GE24

Date of election if applicable:  
(Month, Day, Year)  
11/05/2024

☐ Amendment (Explain Below)

4TM Date Stamp

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CAMPAIGN FINANCE

CALIFORNIA  
FORM

470

For Official Use Only

019205

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Carol Bradley Jordan

STREET ADDRESS

CITY

Compton

AREA CODE/DAYTIME/PHONE NUMBER

424 232 9354

STATE

CA

ZIP CODE

90222

OPTIONAL: FAX / E-MAIL ADDRESS

mscaroljordan@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Compton College Board Trustee Area 2

JURISDICTION (LOCATION)

LA county

DISTRICT NUMBER  
(IF APPLICABLE)

Area 2

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 information provided is true and correct.

Executed on

05/08/2024

DATE

By