

Officeholder and Candidate
Campaign Statement -
Short Form

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

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Karen Rodriguez-Garcia

STREET ADDRESS
CA 90304

CITY STATE ZIP CODE
Karen4lennox@gmail.com

(310)720-9691
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Lennox Board Member

JURISDICTION (LOCATION)
Lennox SD

DISTRICT NUMBER
(IF APPLICABLE)

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 8/24/2021
DATE

By _____
CANDIDATE