

Officeholder and Candidate  
Campaign Statement -  
Short Form

5721

copy

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

Amendment (Explain Below)

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CAMPAIGN FINANCE

CALIFORNIA FORM 470

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1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Karen Shaw

STREET ADDRESS

CITY

La Habra, CA 90631

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

562-902-4203

OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION)

Lowell Joint School District

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
Friends of Karen Shaw #1412882 Lowell Joint School District, Area 4 2018	La Habra, CA 90631	Tim Shaw

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 in contributions 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 on this statement is true and correct.

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Executed on 6/14/21  
DATE

By \_\_\_\_\_

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