

**Officeholder and Candidate
Campaign Statement –
Short Form**

400

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
Christine Chacon Kennedy

STREET ADDRESS

CITY STATE ZIP CODE
Whittier CA 90604

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562 5873104

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board Member East Whittier City School Dist.

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
East Whittier City School District

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$10,000 in contributions and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of California that the information provided is true and correct.

Executed on July 27 2021
DATE