

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

5722

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

Amendment (Explain Below)

Date Stamp
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Christine Chacon Kennedy

STREET ADDRESS

CITY Whittier STATE CA ZIP CODE 90604

AREA CODE/DAYTIME PHONE NUMBER 562 587 3104 OPTIONAL: FAX / E-MAIL ADDRESS ckennedy@EWCS D.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing school board member, East Whittier City School

JURISDICTION (LOCATION)

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 foregoing is true and correct.

Executed on July 18, 2022 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE