

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

PE24

CALIFORNIA FORM 470

For Official Use Only

021647

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

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2023 NOV 29 AM 11:15  
CAMPAIGN FINANCE  
DISCLOSURE SECTION

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Kedon STROTZ STROTZ

STREET ADDRESS

CITY STATE ZIP CODE  
Altadena CA 91001

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

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Trustee Area 2

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Pasadena Community College 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>		

**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 that I have used all reasonable efforts to avoid the perjury under the laws of the State of California.

Executed on .

11-29-23 DATE

By \_\_\_\_\_