

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

7/26/23 ①

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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CALIFORNIA FORM 470

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CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Statement Covers Calendar Year 20 2023

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Karina Cordero

STREET ADDRESS

CITY STATE ZIP CODE
Inglewood CA 90304

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
310-946-3031 karina_cordero@lennoxk12.o1

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board member

JURISDICTION (LOCATION) <u>Lennox, CA</u>	DISTRICT NUMBER (IF APPLICABLE)
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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 Sta

Executed on 7/25/23
DATE

By _____