

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

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

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**Amendment** (Explain Below)

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Date Stamp  
**RECEIVED BY  
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2022 JUL 28 PM 4:49  
CAMPAIGN FINANCE**

**CALIFORNIA  
FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 22

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Karen Rodriguez-Garcia

OFFICE SOUGHT OR HELD  
Lennox School District

CITY STATE ZIP CODE  
Lennox CA 90304

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Lennox

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(310) 720-9691 Karen4lennox@gmail.com

**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 a 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 I have used

Executed on July 28, 2022  
DATE

By \_\_\_\_\_