

Officeholder and Candidate
Campaign Statement -
Short Form

021322
0218

Date of election if applicable:
(Month, Day, Year)
11/08/2022

Amendment (Explain Below)

Date Stamp ATM
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CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

Statement Covers Calendar Year 20 22

1. Officeholder or Candidate Information
NAME OF OFFICEHOLDER OR CANDIDATE
Karissa T. Chabner Adams
STREET ADDRESS

CITY STATE ZIP CODE
South Pasadena CA 91030
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(617) 359-6233 Kchabner@gmail.com

3. Office Sought or Held
OFFICE SOUGHT OR HELD
School Board Member
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
South Pasadena Unified AREA 3

2. 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

4. 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 07/17/2022
DATE

By _____