

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

8722

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

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470

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LOS ANGELES COUNTY
Filed 8/13/22
2022 AUG -5 PM 3:18

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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Theresa McCafferty

STREET ADDRESS

CITY STATE ZIP CODE
Little Rock CA 93543

AREA CODE/DAYTIME PHONE NUMBER
(661) 944-1820

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of Trustee Member Keppel Union School Dist.

JURISDICTION (LOCATION)
Los Angeles County

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 8-1-22 DATE