

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

7/18/23 (3)

5723

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

N/A

Amendment (Explain Below)

Date Stamp

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CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 470

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020754

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

Jan S. Baird

CITY: Whittier CA STATE: CA ZIP CODE: 90605

AREA CODE/DAYTIME PHONE NUMBER: (562) 400-9606

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION): South Whittier School Dist

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
<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 and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law:

Executed on July 18, 2023 DATE

IE ✓ LW