

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

470

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CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Amanda Stern

STREET ADDRESS

CITY STATE ZIP CODE
Beverly Hills, CA 90212

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS
310 801 4678

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing School Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Beverly Hills, CA

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>Re-elect-Amanda Stern for School Board 2024 # 147 264 6</u>	<u>Covina, CA 91722</u>	<u>Yolanda Miranda</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 laws of the State of California that the foregoing is true and correct.

Executed on 9/12/24 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE