

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

See (4)

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 JUL 16 AM 10:26 CAMPAIGN FINANCE	CALIFORNIA FORM 470 <small>For Official Use Only</small>
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<p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Katharine Archer

STREET ADDRESS

CITY CA STATE _____ ZIP CODE _____
909 730 75 CLAREMONT

AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____
909 730 7584

3. Office Sought or Held

OFFICE SOUGHT OR HELD
GOVERNING BOARD MEMBER TRUSTEE AREA 2

JURISDICTION (LOCATION) _____ 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 7/16/24 _____
DATE