

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

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Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 JUL 22 PM 12:32 CAMPAIGN FINANCE	CALIFORNIA FORM 470 <small>For Official Use Only</small> 012860
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Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Christine Chacon Kennedy

STREET ADDRESS

CITY STATE ZIP CODE
Whittier CA 90604

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-587-3104 cchaconkennedy@ewcsd.org

OFFICE SOUGHT OR HELD
Governing Board Member East Whittier City School District

JURISDICTION (LOCATION) <u>Los Angeles County</u>	DISTRICT NUMBER (IF APPLICABLE)
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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
N/A	N/A	N/A
N/A	N/A	N/A

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

Executed on July 22, 2024 DATE