

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

Date Stamp RECEIVED BY LOS ANGELES COUR 2024 JUL -1 PM 2:39 CA 2024 JUL -1 PM 2:39 CAMPAIGN FINANCE	CALIFORNIA FORM 470
	For Official Use Only 020901

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
Karen Rodriguez Garcia

STREET ADDRESS

CITY
Inglewood

STATE
CA

ZIP CODE
90304

AREA CODE/DAYTIME PHONE NUMBER
(310) 720-9691

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
Lennox School District off Board memba

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 7/1/24 DATE