

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

gw (4)

Date Stamp <b>RECEIVED</b> LOS ANGELES COUNTY 2024 JUL 16 PM 12:03 CAMPAIGN FINANCE	<b>CALIFORNIA FORM 470</b> <small>For Official Use Only</small>
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Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> <b>Amendment</b> (Explain Below)

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE		
<u>Karen Morrison</u>		
STREET ADDRESS		
CITY	STATE	ZIP CODE
<u>La Mirada</u>	<u>CA</u>	<u>90638</u>
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS
<u>310-702-3589</u>		

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD	DISTRICT NUMBER (IF APPLICABLE)
<u>Governing Board Member - Norwalk-La Mirada Unified School District</u>	
JURISDICTION (LOCATION)	

**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 us 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 July 16, 2024 DATE

By \_\_\_\_\_ SIGNATURE OF OFFICEHOLDER OR CANDIDATE