

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable: (Month, Day, Year)  <p style="font-size: 2em; text-align: center;">N/A</p>	<input type="checkbox"/> Amendment (Explain Below)  <hr/> <hr/>
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For Official Use Only	

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Alicia M Linden Anderson

CITY Paramount STATE CA ZIP CODE 90723

AREA CODE/DAYTIME PHONE NUMBER \_\_\_\_\_ OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Board of Education Paramount Unified

JURISDICTION (LOCATION) Paramount, CA 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
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 the State of California that the foregoing is true and correct.

Executed on 9/11/24  
DATE