

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

7/29/24 (1)

5724

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
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Date Stamp RECEIVED BY OS. ANGELES COUNTY 2024 JUL 31 PM 2: 52 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 021 123
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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Kristine E. Kwong

STREET ADDRESS

CITY SOUTH PASADENA STATE CA ZIP CODE 91030

AREA CODE/DAYTIME PHONE NUMBER 213-629-7977 OPTIONAL: FAX / E-MAIL ADDRESS PCC.KKwong@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

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 July 27, 2024 DATE

By _____ DATE