

Officeholder and Candidate
Campaign Statement –
Short Form

(4)

Date Stamp	CALIFORNIA FORM 470 <small>For Official Use Only</small>
RECEIVED BY LOS ANGELES COUNTY 2024 JUL 15 AM 8:58 CAMPAIGN FINANCE	
020754	

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

NAME OF OFFICEHOLDER OR CANDIDATE
Jan Baird

CITY Whittier, CA STATE CA ZIP CODE 90605

AREA CODE/DAYTIME PHONE NUMBER (562) 400-9606 OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
South Whittier School District

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 Jan Baird DATE 7/15/2024 By _____ DATE _____