

Officeholder and Candidate
Campaign Statement –
Short Form

④PC 574 / 66544

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| <small>Date Stamp</small> RECEIVED BY LOS ANGELES COUNTY 2024 JUL 31 AM 8:47 CAMPAIGN FINANCE | CALIFORNIA FORM 470 <small>For Official Use Only</small> 020336 |
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|---|---|
| Date of election if applicable: <small>(Month, Day, Year)</small> <u>11/05/2024</u> | <input type="checkbox"/> Amendment <small>(Explain Below)</small> <hr/> <hr/> |
|---|---|

1. Statement Covers Calendar Year 20 24.

044020010

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
KATIE CLARK

STREET ADDRESS

CITY **ALTADENA** STATE **CA** ZIP CODE **91001**

AREA CODE/DAYTIME PHONE NUMBER **(626) 219-6444** OPTIONAL: FAX / E-MAIL ADDRESS **katie.e.clark@gmail.com**

OFFICE SOUGHT OR HELD
ALTADENA LIBRARY BOARD OF TRUSTEES

JURISDICTION (LOCATION) **ALTADENA** 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.

| <small>COMMITTEE NAME AND I.D. NUMBER</small> | <small>COMMITTEE ADDRESS</small> | <small>NAME OF TREASURER</small> |
|---|----------------------------------|----------------------------------|
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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

Executed on 07/24/2024 DATE