

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

Date of election if applicable:
(Month, Day, Year)
11/5/24

Amendment (Explain Below)

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY
4CS
2024 JUL 15 PH 1:12
CAMPAIGN FINANCE**

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Katherine Maschler

STREET ADDRESS

CITY STATE ZIP CODE
Lawndale CA 90260

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
310) 58-4962 Kmaschler55@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
ET Board of Trustees

JURISDICTION (LOCATION)
El Camino College

DISTRICT NUMBER (IF APPLICABLE)
4

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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 7/15/24 DATE

By 11 SIGNATURE OF OFFICEHOLDER OR CANDIDATE