

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

400

GE24

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp
RECEIVED BY
ANGELES COUNTY
JUL 16 AM 10:28
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only
014104

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Cathy Burris

STREET ADDRESS
Lawndale

CITY
Ca

STATE
Ca

ZIP CODE
90260

AREA CODE/DAYTIME PHONE NUMBER
310-973-1300

OPTIONAL: FAX / E-MAIL ADDRESS
Cathy_burris@lawndalesd.net

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION)
Lawndale School District

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	N/A	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 7/16/24
DATE

By _____
OFFICER OR CANDIDATE