

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

④PC

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LOS ANGELES COUNTY  
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CAMPAIGN FINANCE  
CALIFORNIA FORM 470  
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020839

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Karina Cordero

STREET ADDRESS

CITY STATE ZIP CODE  
Inglewood CA 90304

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
310-946-3031 karina.cordero@yahoo.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
School Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Lennox, CA

**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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State have used

Executed on 8/30/24 By \_\_\_\_\_  
DATE