

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

NEW FORM 6/24

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	RECEIVED BY LOS ANGELES COUNTY ④	Date Stamp 2024 AUG -8 PM 12:56	CALIFORNIA FORM 470 For Official Use Only
		CAMPAIGN FINANCE		021811

1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
MOE Magdalewa B.

STREET ADDRESS  
Whittier CA 90602

CITY STATE ZIP CODE  
714-345-2309 MaggieMOE02@gmail.com

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Whittier Union High School District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
2

**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>		

**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

Executed on 08-08-2024  
DATE

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SIGNATURE OF OFFICEHOLDER OR CANDIDATE