

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

7/19/23/3

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

Amendment (Explain Below)

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY**
2023 JUL 21 PM 2:15
**CAMPAIGN FINANCE
DISCLOSURE SECTION**

**CALIFORNIA
FORM 470**
For Official Use Only

1. **Statement Covers Calendar Year 20** 23 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Katherine M Cooper

STREET ADDRESS

CITY

Saugus

AREA CODE/DAYTIME PHONE NUMBER

661-373-1555

STATE

CA

ZIP CODE

91350

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION)

Saugus Union School District

DISTRICT NUMBER
(IF APPLICABLE)
Area 3

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 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 7-18-2023
DATE