

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

5723

| | | | |
|---|--|--|--|
| Date of election if applicable: (Month, Day, Year) | <input type="checkbox"/> Amendment (Explain Below) | Date Stamp RECEIVED BY LOS ANGELES COUNTY 8/14/23 (3) 2023 AUG 17 AM 11:40 CAMPAIGN FINANCE DISCLOSURE SECTION | CALIFORNIA FORM 470 For Official Use Only 020900 |
|---|--|--|--|

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Amanda Stern

STREET ADDRESS
Bev Hills, CA 90212

CITY
Bev Hills, CA 90212

STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER
310 801 4678

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
B.H.U.S.D

Governing board member, board of Education

JURISDICTION (LOCATION)
Beverly Hills

DISTRICT NUMBER (IF APPLICABLE)

office (work address):

Bev Hills, CA 90212

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>defunct since I won on Dec 2020</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 8/1/2023
DATE

By _____
INDDATE