Officeholder and Candidate Campaign Statement – Short Form				O De Date Stamp CALIFORNIA 470
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	LOS ANGELES COUNT For Official Use Only 2023 JUL 13 AM 10: 1.8
_	·			CAMPAIGN FINANCE
1.	Statement Covers Calendar Year 20 23	•		BIOGEOGIAE SECTION
4.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE KAREN MORRISON STREET ADDRESS CITY La Mirada AREA CODE/DAYTIME PHONE NUMBER Committee Information	ZIP CODE 9 06 38 OPTIONAL: FAX/E-MAIL ADDRESS	3. Office Sought or OFFICE SOUGHT OR HELD Norwalk JURISDICTION (LOCATION)	Governing Board Member-
	List all committees of which you have knowledge the	at are primarily formed to reco	eive contributions or to make expe	nditures on behalf of your candidacy. NAME OF TREASURER
			OGMINITEE PARTIES	TOTAL OF THE POPULA
5.	Verification I declare under penalty of perjury that to the best of my least reasonable diligence in preparing this statement. I ce	nowledge I anticipate that I will ratify under penalty of perjury und	eceive less than \$2,000 and that I will ler the laws of the State of California t	I spend less than \$2,000 during the calendar year and that I have us hat the foregoing is true and correct.