

**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 ① 7/24/23 2023 JUL 26 PM 2:37 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 470 For Official Use Only 021322
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1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Karissa ~~Adams~~ Chabner Adams

STREET ADDRESS

CITY
South Pasadena

STATE
CA

ZIP CODE
91030

AREA CODE/DAYTIME PHONE NUMBER
617-359-6233

OPTIONAL: FAX / E-MAIL ADDRESS
Kchabner@gmail.com / KAdams@spusd.net

OFFICE SOUGHT OR HELD
SPUSD Governing Board Member

JURISDICTION (LOCATION)
South Pasadena

DISTRICT NUMBER (IF APPLICABLE)

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 laws of the State of California that the foregoing is true and correct.

Executed on July 22, 2023
DATE