

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

1/31/23 5722

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

**Amendment** (Explain Below)

Date Stamp

**CALIFORNIA FORM 470**

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2023 FEB -2 PM 12:24

For Official Use Only

1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
LOWANDA GREEN

STREET ADDRESS

CITY Compton, CA STATE CA ZIP CODE 90220

AREA CODE/DAYTIME PHONE NUMBER 310 293-8007 OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD  
Trustee - Compton Unified School District

JURISDICTION (LOCATION)  
Compton Unified School District

DISTRICT NUMBER (IF APPLICABLE)  
501 S. Santa Fe, Compton, CA 90221

**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>NONE</u>		

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive all reasonable diligence in preparing this statement. I certify under penalty of perjury under \_\_\_\_\_ and that I have used \_\_\_\_\_

Executed on 1-30-23 DATE