

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

9/26/22 (1)

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

Amendment (Explain Below)

Date Stamp

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LOS ANGELES COUNTY
2022 SEP 28
CAMPAIGN FINANCE

CALIFORNIA FORM 470
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02/390

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Christine Lamonica

STREET ADDRESS

CITY Granada Hills STATE CA ZIP CODE 91344

AREA CODE/DAYTIME PHONE NUMBER 818 645 6099 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Los Angeles Community College Board Seat

JURISDICTION (LOCATION) LA County, seat 4 DISTRICT NUMBER (IF APPLICABLE) 4

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>n/a</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 th correct.

Executed on 9/25/22 DATE

By _____ OR CANDIDATE