

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

Date of election if applicable: (Month, Day, Year)  <u>11-8-22</u>	<input type="checkbox"/> Amendment (Explain Below)  RECEIVED BY LOS ANGELES COUNTY 2022 SEP 16 AM 9:15 CAMPAIGN FINANCE	Date Stamp CALIFORNIA FORM <b>470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Jonathan Smith

STREET ADDRESS

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CITY STATE ZIP CODE  
Bohemead CA 91770

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
91770 424-327-1600

OFFICE SOUGHT OR HELD  
Bohemead School Board

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Los Angeles County

**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 9-16-22 DATE By \_\_\_\_\_ RE OF OFFICEHOLDER OR CANDIDATE