Officeholder and Candidate Campaign Statement – Short Form

4cc 0218. 470D

Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUN... 2022 SEP 28 PH 1:23 CAMPAIGN FINANCE	CALIFORNIA FORM **470** For Official Use Only
11/8/2022			020403

1. Statement Covers Calendar Year 20 **2022** .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lisette Idalia Mendez

STREET ADDRESS

CITY   STATE   ZIP CODE

El Monte, Ca 91732

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

626-627-5755

3. Office Sought or Held

OFFICE SOUGHT OR HELD

El Monte City School District- Governing Board Member

JURISDICTION (LOCATION)   DISTRICT NUMBER (IF APPLICABLE)

Los Angeles

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 ___9/26/2022___   B   _____
DATE   DIDATE