

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

5722

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LOS ANGELES COUNTY

CALIFORNIA FORM 470

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

11/8/2022

Amendment (Explain Below) 2022 AUG -3 PM 4:17

CAMPAIGN FINANCE

For Official Use Only

020403

1. Statement Covers Calendar Year 20 22 .

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 information provided is true and correct.

Executed on 8/2/22
DATE

By _____
CANDIDATE