

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

0218

Date of election if applicable:  
(Month, Day, Year)  
11/8/22

Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
ATM  
2022 AUG 29 PM 4:06  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only  
014620

1. Statement Covers Calendar Year 20 22

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Alicia Linden Anderson  
STREET ADDRESS  
  
CITY Paramount STATE CA ZIP CODE \_\_\_\_\_  
AREA CODE/DAYTIME PHONE NUMBER 626 991-2051 OPTIONAL: FAX / E-MAIL ADDRESS aliciaanderson@yahoo.com

OFFICE SOUGHT OR HELD  
Paramount USD Governing Board  
JURISDICTION (LOCATION) Los Angeles County  
DISTRICT NUMBER (IF APPLICABLE) \_\_\_\_\_

**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>Committee to Elect Alicia Linden Anderson</u>	<u>Paramount CA 90723</u>	<u>Alicia Anderson</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 t

Executed on 8/29/22 DATE

B) \_\_\_\_\_