

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

2121

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

11/3/18

Amendment (Explain Below)

Date Stamp

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③ 08/02/2021
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CAMPAIGN FINANCE

CALIFORNIA FORM **470**

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020380

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

Selene Lockerbie

STREET ADDRESS

CITY

Monrovia

AREA CODE/DAYTIME PHONE NUMBER

323.842.5159

STATE

CA

OPTIONAL: FAX / E-MAIL ADDRESS

slockerbie@monroviashools.

ZIP CODE

91016

OFFICE SOUGHT OR HELD

Monrovia Unified School Board of Education

JURISDICTION (LOCATION)

Monrovia

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

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 8/1/21
DATE

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