

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

5724

Date of election if applicable: (Month, Day, Year)  _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below) _____ _____	Date Stamp <b>RECEIVED BY</b> <b>LOS ANGELES COUNTY</b> 2024 JUL 31 AM 10:55 <b>CAMPAIGN FINANCE</b>	CALIFORNIA FORM <b>470</b> For Official Use Only  020380
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1. Statement Covers Calendar Year 20 24 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Selene Lockerbie

STREET ADDRESS

CITY

STATE

ZIP CODE

Monrovia

CA

91016

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

323.842.5159

*slockerbie@monroviасhools.net*

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

School Board

JURISDICTION (LOCATION)

Monrovia USD

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 \_\_\_\_\_

*7/30/2024*  
DATE

By \_\_\_\_\_