

Officeholder and Candidate
Campaign Statement –
Short Form

④ N9

Date of election if applicable: (Month, Day, Year) <u>NOV. 5 2024</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 SEP -6 AM 9:23 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 021852
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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lauren Lyon

STREET ADDRESS

CITY

Artesia CA 90701

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

562-704-8655

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

ABC School Board Governing Member

JURISDICTION (LOCATION)

Los Angeles County

DISTRICT NUMBER
(IF APPLICABLE)

Trustee Area 1

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
N/A	N/A	N/A
N/A	N/A	N/A

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 09/05/2024
DATE

By _____
OR CANDIDATE