

**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
2022 AUG 11 PM 1:06
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only
020144

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Irene Murray
STREET ADDRESS

CITY STATE ZIP CODE
CA 91010
AREA CODE/DAYTIME PHONE NUMBER
(626) 485-5908
OPTIONAL: FAX / E-MAIL ADDRESS
ireneemurray@gmail.com

OFFICE SOUGHT OR HELD
Citrus Community College District Trustee
JURISDICTION (LOCATION)
Glendora, CA
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 8/14/22
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE