

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

019078-
0218

Date of election if applicable:
(Month, Day, Year)
11/8/2022

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM 470

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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lori McDonald

STREET ADDRESS

CITY

Compton CA

STATE

ZIP CODE

91387

AREA CODE/DAYTIME PHONE NUMBER

661-964-7448

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION)

Sulphur Springs Union School

DISTRICT NUMBER
(IF APPLICABLE)

5

District

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

7/18/2022

DATE

By

[Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

✓
[Signature]