

**Recipient Committee  
Campaign Statement  
Cover Page**

(FE) 02/07/2023

COVER PAGE

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Statement covers period from 10/23/2022 through 12/31/2022	Date of Election if applicable  (Month, Day, Year)
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**1. Type of Recipient Committee**

Officeholder, Candidate Controlled Committee

State Candidate Election Committee

Recall

General Purpose Committee

Sponsored

Small Contributor Committee

Political Party/Central Committee

Primarily Formed Ballot Measure Committee

Controlled

Sponsored

Primarily Formed Candidate/Officeholder Committee

**2. Type of Statement**

Pre-election Statement

Semi-Annual Statement

Termination Statement

Amendment

Quarterly Statement

Special Odd-Year Statement

Supplemental Pre-election Statement - Attach Form 495

*To add Candidate's Original Signature*

**3. Committee Information**

I.D. Number 1448396

COMMITTEE NAME  
Kelsey Iino for LACCD Trustee 2022

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Encino CA 91436 323/655-4065

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Jane Leiderman

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Encino CA 91436 323/655-4065

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and correct.

Executed on 2/8/23 By \_\_\_\_\_

Executed on 2/20/2023 By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

\_\_\_\_\_  
URER

\_\_\_\_\_  
INT OR RESPONSIBLE OFFICER OF SPONSOR