Date of election It applicable: (Month, Day, Year) Amendment (Epidan Balow) LOS MEETES COUNTY Provided by 12/21 U. 1 RN IC: 55 CAN PAIGN FINANCE	Officeholder and Candidate Campaign Statement –			Date Stamp SECSIVED BY	CALIFORNIA 470
1. Statement Covers Calendar Year 20 24 2. Officeholder or Candidate Information NAME OF OFFICEBOLDER OR CANDIDATE Selene Lockerble STREET ALDRESS STREET ALDRESS Monrovia AREA CODEDWITHER PHONE NUMBER OPTIONAL: PRAYLEAML ADDRESS 323.842.5159 SICKER PHONE NUMBER OPTIONAL: PRAYLEAML ADDRESS 323.842.5159 SICKER PHONE NUMBER OPTIONAL: PRAYLEAML ADDRESS 323.842.5159 SICKER PHONE NUMBER COMMITTEE NAME AND LD. NUMBER COMMITTEE NAME AND LD. NUMBER COMMITTEE NAME AND LD. NUMBER THE 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 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 HAD JADJAF	Short Form	Date of election if applicable; (Month, Day, Year)	Amendment (Explain Below)	ANGELES COUNTY	For Official Use Only
2. Officeholder or Candidate Information NAME OF OFFICE SOUGHT OR HELD Sclene Lockerble STREET ADDRESS OFFICE SOUGHT OR HELD School Board JURISDICTION, D.CCATIONN Monrovia USD Monrovia USD APPLICABLE) TOTY STATE 2P CODE APPLICABLE) OPTIONAL: PAX I E-MAIL ADDRESS 323.842.5159 SCACE A 91016 OPTIONAL: PAX I E-MAIL ADDRESS 323.842.5159 SCACE A 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				i	620380
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