

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

GWZ *GE24*

Date of election if applicable: (Month, Day, Year) <u>11/5/2024</u>	<input type="checkbox"/> Amendment (Explain Below) _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 AUG -5 AM 10:57 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 021818

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
TINA H. LERNO

STREET ADDRESS
Altadena, CA 91001

CITY STATE ZIP CODE
323-828-2836 Tinahlerno@gmail.com

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
Board of Trustees, Altadena Library district

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LA COUNTY 2

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 8/5/2024
DATE

By _____