

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

5723

Date of election if applicable: (Month, Day, Year)  <u>11/8/2022</u>	<input type="checkbox"/> Amendment (Explain Below)  _____ _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY 7/21/23 2023 JUL 24 PM 2:09 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM <b>470</b> For Official Use Only 020403
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1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Lisette Idalia Mendez

STREET ADDRESS  
 \_\_\_\_\_

CITY STATE ZIP CODE  
El Monte CA 91732

AREA CODE/DAYTIME PHONE NUMBER  
626-627-5755

OPTIONAL: FAX / E-MAIL ADDRESS  
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3. Office Sought or Held

OFFICE SOUGHT OR HELD  
El Monte City School District - Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Los Angeles

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 7/20/2023  
 DATE

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