

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

Date of election if applicable:
(Month, Day, Year)

11/8/22

Amendment (Explain Below)

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CAMPAIGN FINANCE

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**CALIFORNIA
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

Pui Shan Joanna Lam

STREET ADDRESS

CITY

026-757-7005

AREA CODE/DAYTIME PHONE NUMBER

CA 91108

STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD

San Marino Unified School District Board of Education

JURISDICTION (LOCATION)

San Marino

DISTRICT NUMBER
(IF APPLICABLE)

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 ID. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
N/A		

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

Executed on 10/17/22
DATE

By _____