

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

7/21/22 (1)

Date of election if applicable: (Month, Day, Year)  N/A	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp  RECEIVED BY LOS ANGELES COUNTY 2022 JUL 25 PM 3:35	CALIFORNIA FORM <b>470</b> For Official Use Only
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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 22

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
**Dr, Sue ElHessen**

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

CITY STATE ZIP CODE  
**Bellflower CA 90706**

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
**562-413-0699 SELHESSEN@GMAIL.COM**

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
**BELLFLOWER UNI SCH DIST GOVERNING BOARD**

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

**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
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 the foregoing is true and correct.

Executed on JULY 20, 2022 By \_\_\_\_\_  
DATE