

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

0218-1 @/m

Date of election if applicable:
(Month, Day, Year)
11/8/22

Amendment (Expires Below)

2022 AUG 10 PM 2:38

CAMPAIGN FINANCE

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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

MARLAINE CASE

STREET ADDRESS

CITY

LONG BEACH

STATE

CA

ZIP CODE

90802

OPTIONAL: FAX / E-MAIL ADDRESS

347 566 9811

3. Office Sought or Held

OFFICE SOUGHT OR HELD

LONG BEACH COMMUNITY COLLEGE DISTRICT 3

JURISDICTION (LOCATION)

LOS ANGELES COUNTY

DISTRICT NUMBER
(IF APPLICABLE)

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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
<u>NONE</u>		
<u>NONE</u>		

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 8/3/22
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE