

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

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LOS ANGELES COUNTY
2023 FEB -7 PM 2:47
CAMPAIGN FINANCE

CALIFORNIA FORM 460
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Statement covers period
from 09/25/2022
through 10/22/2022

Date of Election if applicable
11/08/2022
(Month, Day, Year)

1. Type of Recipient Committee

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
 General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
 Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

Pre-election Statement
 Semi-Annual Statement
 Termination Statement
 Amendment

Quarterly Statement
 Special Odd-Year Statement
 Supplemental Pre-election Statement - Attach Form 495

to add Candidates Original Signature & to add end cover Page

3. Committee Information

I.D. Number 1448396

COMMITTEE NAME
Kelsey Iino for LACCD Trustee 2022

STREET ADDRESS (NO PO BOX)

CITY Encino STATE CA ZIP CODE 91436 AREA CODE/PHONE 323/655-4065

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Jane Leiderman

STREET ADDRESS

CITY Encino STATE CA ZIP CODE 91436 AREA CODE/PHONE 323/655-4065

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and review complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and correct.

Executed on 1/31/23 By _____

Executed on 10/27/2022 By _____

Executed on _____ By _____

Executed on _____ By _____

ny knowledge the information contained herein is true and going is true and correct.

OR ASSISTANT TREASURER _____

THE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT _____