

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

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

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
8/2/22
2022 AUG -4 AM 11:57
CAMPAIGN FINANCE

CALIFORNIA FORM **470**
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613753

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
LaDrena Dansby

STREET ADDRESS

CITY STATE ZIP CODE
La Canada Flintridge CA 91011

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
818-790-4036

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of Directors

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
3

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
none		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the

during the calendar year and that I have used and correct.

Executed on 8/1/2022
DATE

By _____
OFFICEHOLDER OR CANDIDATE