

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

0164-1

Q57

Date of election if applicable:
(Month, Day, Year)
6/7/22

Amendment (Explain Below)

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY**
2022 APR 28 AM 8:59
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only
021245

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Melissa Pitts
STREET ADDRESS
CITY Lakewood STATE CA ZIP CODE 90712
AREA CODE/DAYTIME PHONE NUMBER (562) 544-1866
OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board - LBUSD District 5
JURISDICTION (LOCATION) Lakewood/Long Beach
DISTRICT NUMBER (IF APPLICABLE) 5

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>N/A</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 3/9/22^{mp.} DATE 4/26/22

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE