

0718

Officeholder and Candidate
Campaign Statement -
Short Form

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

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM 470
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006179

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Bonnie J. Coronado
STREET ADDRESS
CITY Lawndale STATE CA ZIP CODE 90260
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Member of the Governing Board
JURISDICTION (LOCATION)
Lawndale School District DISTRICT NUMBER (IF APPLICABLE) Area 1

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

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 in contributions and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of t

Executed on 7/18/22
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

2M