

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

9/29/22 (3)

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
For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Mark Dutton

STREET ADDRESS

CITY Tujunga STATE CA ZIP CODE 91042

AREA CODE/DAYTIME PHONE NUMBER 818-693-2763 OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
Los Angeles Community College District Board of Trustee

JURISDICTION (LOCATION) Los Angeles County DISTRICT NUMBER (IF APPLICABLE)

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>Mark Dutton for Los Angeles Community College District Special Election Seat 7 2022</u>	<u>Tujunga CA 91042</u>	<u>Mark Dutton</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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State

that I have used

Executed on 9/29/22 DATE

By _____