

Officeholder and Candidate
Campaign Statement –
Short Form

90C

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

Amendment (Explain Below)

Date Stamp
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2022 AUG 12 AM 8:19
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

Lola Skelton

OFFICE SOUGHT OR HELD

Hughes Elizabeth Lakes Union School Trustee

CITY
Lake Hughes

STATE ZIP CODE
CA 93532

JURISDICTION (LOCATION)

Lake Hughes, Los Angeles County

DISTRICT NUMBER
(IF APPLICABLE)

AREA CODE/DAYTIME PHONE NUMBER

661-733-6642
661-724-1096

OPTIONAL: FAX / E-MAIL ADDRESS

molda76@gmail.com

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>NA</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

08/27/2022

DATE

By

Lola J. Skelton

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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