

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

<p>Date of election if applicable: (Month, Day, Year)</p> <hr/>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/>
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<p><small>Date Stamp</small> RECEIVED BY LOS ANGELES COU</p>	<p>CALIFORNIA FORM 470</p>
<p>2022 AUG -5 PM 3:17</p>	<p><small>For Official Use Only</small></p>
<p>CAMPAIGN FINANCE</p>	

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
LaDrena Dansby

STREET ADDRESS
La Canada Flintridge

CITY	STATE	ZIP CODE
<u>La Canada Flintridge</u>	<u>CA</u>	<u>91011</u>
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	
<u>818-790-4036</u>		

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of Directors

JURISDICTION (LOCATION) <u>LOS ANGELES COUNTY</u>	DISTRICT NUMBER (IF APPLICABLE) <u>3</u>
<u>LA CANADA FLINTRIDGE, CA 91012</u>	

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

Executed on 8/1/2022 DATE By _____