

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

Date of election if applicable: (Month, Day, Year) <u>8/9/24</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp <b>Register of Voters</b> AUG 09 2024 Imperial County	CALIFORNIA FORM <b>470</b> For Official Use Only

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE: \_\_\_\_\_  
 STREET ADDRESS: Mona Smith  
5240 South A Dr  
 CITY: Westmoreland STATE: CA ZIP CODE: 92281  
 AREA CODE/DAYTIME PHONE NUMBER: \_\_\_\_\_ OPTIONAL: FAX / EMAIL ADDRESS: \_\_\_\_\_

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD: \_\_\_\_\_  
 JURISDICTION (LOCATION): Westmoreland Board Member  
Westmoreland 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

**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 8/9/24 DATE

By Mona Smith SIGNATURE OF OFFICEHOLDER OR CANDIDATE