Officeholder and Candidate Campaign Statement – Short Form				Date Stamp	Date Stamp CALIFORNIA 170	
Sn	iort Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	LOS ANGELES COUNT	For Official Use Only	
_		<u>₽¶.07.22</u>		CAMPAIGN FINANCE	<u></u>	
1.	Statement Covers Calendar Year 20 22					
2.	Officeholder or Candidate Information		3. Office Sought or	Held		
	Terrify De Baca Sandwel Writtin City School District					
	Whittier CA goldolp Writting LA County DISTRICT NUMBER (IF APPLICABLE)					
	AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS				
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	I.D. NUMBER COMMITTEE ADDRESS		NAME	NAME OF TREASURER	
	NA					
					,	
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 correct.					
	Executed on LAng. 81, 2022		Ву)R CANDIDA	TE	