

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

RECEIVED BY LOS ANGELES COUNTY 2022 AUG 11 PM 12:12 CAMPAIGN FINANCE	Date Stamp 400	CALIFORNIA FORM 470
	For Official Use Only	

Date of election if applicable: (Month, Day, Year)	<input checked="" type="checkbox"/> Amendment (Explain Below) To correct year to 2022
---	--

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Dolores Castro Rivera
 STREET ADDRESS

CITY STATE ZIP CODE
La Puente Ca. 91746

AREA CODE DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626) 506-8220

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Bassett Unified

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
N/A		

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 8/11/22
 DATE