

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

W

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

Amendment (Explain Below)

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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Hilda A Zamora

STATE ZIP CODE
Santa Fe Spring Ca 90670

AREA CODE/DAYTIME PHONE NUMBER
562-271-7277

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Little Lake City School District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Governing Board Member Area 1

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>N/A</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 Aug 5 - 2022
DATE