

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

CPM

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

Amendment (Explain Below)

Date Stamp

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CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Dolores Castro Rivera

STREET ADDRESS

Bassett Ca. 91746

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Trustee

JURISDICTION (LOCATION)
Bassett Unified School District

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
<u>NONE</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive all reasonable diligence in preparing this statement. I certify under penalty of perjury under the la

Executed on Aug 8, 2023
DATE

EM