Officeholder and Candidate Campaign Statement – Short Form				, Date Stamp	CALIFORNIA 470	
Short Form	Date of electi (Month,	on if applicable: Day, Year)	Amendment (Explain Below)	RECEIVED BY	For Official Use Only	
	ļ. <u>— i — — — — — — — — — — — — — — — — — </u>			— 223 JUL'21 PM 2: — CAMPAIGN FINAN	CE	
1. Statement Covers Calendar Yea	20 23			MACTOSURE SECT	10 m	
2. Officeholder or Candidate Inforr	nation		3. Office Sought o	r Held		
NAME OF OFFICEHOLDER OR CANDIDATE GIGGY PEREZ S	aab			Unified School D	istrict School Board Ma	
STREET ADDRESS			JURISDICTION (LOCATION)) Juney	DISTRICT NUMBER (IF APPLICABLE)	
Donney	STATE	90240				
AREA CODE/DAYTIME PHONE-HOMBER SW2-740-5904	OPTIONAL: FA	Whey e g	mai) (des	1		
4. Committee Information List all committees of which you have	knowledge that are primaril	y formed to rece	ive contributions or to make exp	penditures on behalf of your car	ndidacy.	
COMMITTEE NAME AND 1,0	. NUMBER		COMMITTEE ADDRESS		NAME OF TREASURER	
none		none			non-e	
hon-e			none		non-e.	
5. Verification						
I declare under penalty of perjury that to tall reasonable diligence in preparing this						
7/17/23						
Executed on	DATE		Ву	CEHOLDER OR C	ANDIDATE	