

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> <b>Amendment</b> (Explain Below)	Date Stamp RECEIVED BY ANGELES COUNTY 2022 AUG 11 PM 12:18 CAMPAIGN FINANCE	<b>CALIFORNIA FORM 470</b> For Official Use Only
---	---	---	---

1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Daniela Sanchez

STREET ADDRESS

CITY

Lancaster

AREA CODE/DAYTIME PHONE NUMBER

1661-209-1631

STATE

CA

ZIP CODE

93535

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Wilsona School Board Member

JURISDICTION (LOCATION)

LA County

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

**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 information provided is true and correct.

Executed on \_\_\_\_\_

08/11/22

DATE

By \_\_\_\_\_

DATE

*DS*