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CAMPAIGN FINANCE

8/11/21 ①

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
			For Official Use Only

1. Statement Covers Calendar Year 20 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
BARBARA R. SAMPERIGOVERNING BORAD OF EDUCATION MEMBER

STREET ADDRESS

CITY STATE ZIP CODE
DOWNEY CA 90242

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-861-1378

3. Office Sought or Held

OFFICE SOUGHT OR HELD
GOVERNING BOARD OF EDUCATION MEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
DOWNEY UNIFIED SCHOOL DISTRICT 7

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
NONE		

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 8/21/2021 JULY 20, 2019
DATE

Clear Form

Print Form