

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

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp RECEIVED LOS ANGELES 2021 SEP 13 PM 2:25 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 Simone Zulu Diol

STREET ADDRESS

CITY STATE ZIP CODE
 Palmdale Ca. 93551

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
 661 492 5944 Szulu350@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 Palmdale School District Board of Trustee

JURISDICTION (LOCATION) Palmdale	DISTRICT NUMBER (IF APPLICABLE)
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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
NA		

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 9/8/2021
DATE

Clear Form **Print Form**