

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

7/21/23 ①

Date of election if applicable:  
(Month, Day, Year)  
11 / 2020

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2023 JUL 24 PM 1:55  
CAMPAIGN FINANCE  
DISCLOSURE SECTION

CALIFORNIA FORM **470**  
For Official Use Only

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Dominique M. Ballante

STREET ADDRESS

CITY  
Pearblossom

AREA CODE/DAYTIME PHONE NUMBER  
(661) 269 6599

STATE  
CA

ZIP CODE  
93553

OPTIONAL: FAX / E-MAIL ADDRESS  
DBallanted@Keppel.k12.ca.us

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Trustee, Board of Trustee

JURISDICTION (LOCATION)  
Pearblossom CA

DISTRICT NUMBER (IF APPLICABLE)  
019690

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>N/A</u>		
<u>N/A</u>		

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 t

Executed on July 19, 2023 DATE

B) \_\_\_\_\_