

5723 COPY

Officeholder and Candidate  
Campaign Statement -  
Short Form

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

Amendment (if any, below)

RECEIVED BY  
LOS ANGELES COUNTY  
7/25/23 EMAIL  
2023 JUL 26 AM 9:02  
CAMPAGN FINANCE  
DISCLOSURE SECTION

CALIFORNIA FORM 470  
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021345

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Melissa A. Salinas  
STREET ADDRESS  
  
CITY STATE ZIP CODE  
La Habra CA 90031  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
562-572-9519 alphaomega\_66@msn.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Governing Board Member, Lowell Joint School District  
JURISDICTION: (LOCATION)  
Orange & Los Angeles Counties  
DISTRICT NUMBER (IF APPLICABLE)  
Area 1

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
N/A		
N/A		

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 July 25, 2023 DATE

By \_\_\_\_\_