

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

7/22/24 (1)

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

Amendment (Explain Below)

Date Stamp
**RECEIVED BY
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2024 JUL 24 AM 11:20
CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Dominique Ballante

STREET ADDRESS
Pearblossom, CA 93553

CITY
(661) 269 6599

STATE ZIP CODE
CA 93553
OPTIONAL: FAX / E-MAIL ADDRESS
DBallanted@keppel.k12.ca.us

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Keppel School Board Trustee

JURISDICTION (LOCATION)
Pearblossom

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
<u>N/A</u>	<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 the State of California that the foregoing is true and correct.

Executed on July 19, 2024
DATE

By _____
CANDIDATE