

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

Date Stamp	CALIFORNIA FORM 470 For Official Use Only
RECEIVED BY LOS ANGELES COUNTY ① 8/20/24 2024 AUG 21 PM 2:31 CAMPAIGN FINANCE	

Date of election if applicable: (Month, Day, Year) <u>November 8th, 2022</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
---	--

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

Valencia CA 91355

CITY STATE ZIP CODE

(661) 262-9340 rachelle@rachellehaddock.com

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

OFFICE SOUGHT OR HELD

Newhall School District Board Trustee

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

Santa Clarita, CA Area 2

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>No Committee at this time</u>	<u>N/A</u>	<u>N/A</u>
<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 08/19/2024
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE