

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

No Post

5724

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

Amendment (Explain Below)

Date Stamp

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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Paola Human Trinidad Jellings

STREET ADDRESS

CITY Santa Clarita STATE CA ZIP CODE 91351

AREA CODE/DAYTIME PHONE NUMBER 661-904-4345 OPTIONAL: FAX / E-MAIL ADDRESS paola.trinidad@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Sulphur Springs Union School District Governing Board

JURISDICTION (LOCATION) Santa Clarita DISTRICT NUMBER (IF APPLICABLE) 3

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	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 foregoing is true and correct.

Executed on 7/24/24
DATE

By _____
OR CANDIDATE