

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

5724

Date Stamp: 7/26/24 PM
 RECEIVED
 LOS ANGELES COUNTY
 2024 JUL 30 AM 11:43
 CAMPAIGN FINANCE

CALIFORNIA FORM 470
 For Official Use Only
 021517

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Daniela Sanchez

STREET ADDRESS
Lancaster

STATE: CA ZIP CODE: 93535

AREA CODE/DAYTIME PHONE NUMBER: (661) 209-6131

OPTIONAL: FAX/ E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
SCHOOL BOARD MEMBER

JURISDICTION (LOCATION)
DALMDALE, CA

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

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of t

alendar year and that I have used

Executed on 7/24/24

B)