Officeholder and Candidate Campaign Statement –						RECEIVED BY CALIFORNIA 470		
	ort Form	Date of election if applicable: (Month, Day, Year)		☐ Amendment (Explain Below)		2024 OCT -8 PM 3: 04		
		November 5,2024	_			CAMPAIGN FINANCE 021842		
1.	. Statement Covers Calendar Year 20 <u>24</u> .							
2.	Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  THZOL G. Herrera  STREET ADDRESS  Baldwin  LOZGO 772-1211 her  AREA CODEDAYTIME PHONE NUMBER	Park CA 91706 STATE ZIPCODE  VEVAITURE 947@griai) OPTIONAL: FAX/E-MAIL ADDRESS	.(0	3. 	Office Sought or Help OFFICE SOUGHT OR HELD School Board JURISDICTION (LOCATION) LOS Angoles			
4.	Committee Information List all committees of which you have knowledge the COMMITTEE NAME AND I.D. NUMBER	hat are primarily formed to rece	ive		utions or to make expendit	ures on behalf of your candidacy.  NAME OF TREASURER		
	N/A	N	A			N/A		
	NIA	N	//	A		N/A		
5.	Verification I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I c  Executed on October 7, 2024	knowledge I anticipate that I will re ertify under penalty of perjury under	eceiver th	e laws o	han \$2,000 and that I will spe of the State of California that	end less than \$2,000 during the calendar year and that I have used the foregoing is true and correct.		