Campaign Statement – Short Form				RECEIVED BY CALIFORNIA FORM FORM		
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	THE RECEIVED COUNTY THE STANGELES COUNTY 2022 SEP 23 PM 3: 59	For Official Use Only .	
		04 33.5033		CAMPAIGN FINANCE		
1.	Statement Covers Calendar Year 20 22	-•		A		
2.			3. Office Sought o			
	NAME OF OFFICEHOLDER OR CANDIDATE Dinoral Timenez STREET ADDRESS		Mountain Jurisdiction (Location)	iew School Distrat	DISTRICT NUMBER (IF APPLICABLE)	
	₹ r	STATE ZIP CODE				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX/E-MAIL ADDRESS				
	(626) 890-7443	OPTIONAL; FAX / E-MAIL ADDRESS				
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					
,	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 laws o					
	Executed on 9-23-2023		Ву	OR CANDIDAT	E .	

Officeholder and Candidate