

Officeholder and Candidate
Campaign Statement –
Short Form

7/21/22 ③

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470 For Official Use Only
		RECEIVED BY LOS ANGELES COUNTY 2022 JUL 25 PM 3:38 CAMPAIGN FINANCE	

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Linda Salomon Saldana

STREET ADDRESS

CITY

Downey

AREA CODE/DAYTIME PHONE NUMBER

562-683-1242

STATE

CA

ZIP CODE

90242

OPTIONAL FAX/E-MAIL ADDRESS

lsaldana@dusd.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board of Education Member

JURISDICTION/COUNTY

Downey Unified School District

DISTRICT NUMBER

(IF APPLICABLE)

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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

and that I have used

Executed on _____
DATE