

Officeholder and Candidate  
Campaign Statement –  
Short Form

Amendment

7/27/21

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CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
November 2020

Amendment (Explain Below)

1. Statement Covers Calendar Year 2021

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Dominique Ballante

STREET ADDRESS

CITY STATE ZIP CODE  
Pearblossom, ca 93553

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
6619446365

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
School Board Trustee, Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Pearblossom, LA County, CA 019690

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
na		
na		

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 July 19, 2021  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE