

5723

Officeholder and Candidate
Campaign Statement -
Short Form

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Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)

1. Statement Covers Calendar Year 20²³

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Linda H. Stori

STREET ADDRESS

CITY CA STATE ZIP CODE 91354

661.313.8960 AREA CODE/DAYTIME PHONE NUMBER ltori@harddistrict.org OPTIONAL FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Santa Clarita, LA County

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the la

ng the calendar year and that I have used correct.

Executed on 17 July 2023 DATE

OR CANDIDATE