

5723

Add N to 5124

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	RECEIVED BY LOS ANGELES COUNTY	Date Stamp	CALIFORNIA FORM 470 For Official Use Only
		2024 FEB 28 AM 11:35	CAMPAIGN FINANCE	

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Paola H. Trinidad Jellings

STREET ADDRESS
CA 91351

CITY
661-904-4345

AREA CODE/DAYTIME PHONE NUMBER
paola.trinidad@gmail.com

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Sulphur Springs Union School District Governing Board

JURISDICTION (LOCATION)
Santa Clarita CA

DISTRICT NUMBER (IF APPLICABLE)

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
N/A	N/A	N/A

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 2/20/23 DATE

By _____