

**Officeholder and Candidate
Campaign Statement –
Short Form**

7/27/23 (3) 5723

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	2023 JUL 31 PM 2:11	CALIFORNIA FORM 470 For Official Use Only 019646
		RECEIVED Date Stamp LOS ANGELES COUNTY CAMPAIGN FINANCE DISCLOSURE SECTION	

1. Statement Covers Calendar Year 20 23 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Linda Salomon Saldana

STREET ADDRESS

CITY STATE ZIP CODE
Downey CA 90242

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-683-1242 lsaldana@dusd.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board of Education Member

JURISDICTION (LOCATION)
Downey Unified School District

DISTRICT NUMBER (IF APPLICABLE)
4

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 \$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

Executed on _____ DATE