

ST21 7/21/21 (1)

Officeholder and Candidate Campaign Statement - Short Form

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

Amendment (Explain Below)

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CALIFORNIA FORM 470 For Official Use Only 07041

Statement Covers Calendar Year 20 21 22

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Keppel Elementary School District
STREET ADDRESS:
CITY: Peach Blossom CA STATE: CA ZIP CODE: 93553
AREA CODE/DAYTIME PHONE NUMBER: 661-944-2155
OPTIONAL: FAX / E-MAIL ADDRESS:

3. Office Sought or Held

OFFICE SOUGHT OR HELD: Keppel School Board Trustee
JURISDICTION (LOCATION): Keppel School District
DISTRICT NUMBER (IF APPLICABLE):

2. 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.

Table with 3 columns: COMMITTEE NAME AND I.D. NUMBER, COMMITTEE ADDRESS, NAME OF TREASURER. Content: None

4. 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 7/15/21 DATE

By: Georgiattalliman SS

Clear Form Print Form

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