

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

Date Stamp
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LOS ANGELES COUNTY
 2022 OCT -3 PM 12:05
CAMPAIGN FINANCE

CALIFORNIA FORM 470
 For Official Use Only

Date of election if applicable:
 (Month, Day, Year)
11/10

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 22.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
William A. Hinz

STREET ADDRESS
LANKSPUR

CITY
CO

STATE
CO

ZIP CODE
80118

AREA CODE/DAYTIME PHONE NUMBER
714 906 5198

OPTIONAL: FAX / E-MAIL ADDRESS

3. **Office Sought or Held** Lowell Joint School

OFFICE SOUGHT OR HELD
DIST. BOARD OF TRUSTEES

JURISDICTION (LOCATION)
Valley Whittier, 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
<u>None</u>	<u>N/A</u>	<u>N/A</u>
<u>Resigned 6/6/22</u>		

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 9/26/22 DATE

By _____

DATE _____