

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)
Nov. 8, 2022

Amendment (Explain Below)

Date Stamp
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CALIFORNIA FORM 470
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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Melissa A. Salinas

STREET ADDRESS

CITY

La Habra

STATE

CA

ZIP CODE

90631

AREA CODE/DAYTIME PHONE NUMBER

(562) 572-9519

OPTIONAL: FAX/E-MAIL ADDRESS

alphaomega-bb@msn.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member, Lowell Saint School District

JURISDICTION (LOCATION)

Orange & Los Angeles Counties

DISTRICT NUMBER
(IF APPLICABLE)

Area 1

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>N/A</u>		
<u>N/A</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, all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the SI

that I have used

Executed on

July 13, 2022

DATE

By _____