

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

7/21/22 (3)

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	RECEIVED BY LOS ANGELES COUNTY	Date Stamp	CALIFORNIA FORM 470
		2022 JUL 25	PM 3: 38	
		CAMPAIGN FINANCE		

1. Statement Covers Calendar Year 20 22

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) _____ DISTRICT NUMBER (IF APPLICABLE)
Downey Unified School District 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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of _____ and that I have used _____

Executed on _____ DATE