

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

2024

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CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
11/08/2022

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Crystal Jones-Bacon Jones-Bacon,

STREET ADDRESS
Crystal Denise

CITY
San Dimas CA STATE ZIP CODE
91773

AREA CODE/DAYTIME PHONE NUMBER
714.919.1195 OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
Sanita Unified Governing School Board

JURISDICTION (LOCATION)

DISTRICT NUMBER (IF APPLICABLE)
#2

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>		

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 if all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that I have used

Executed on 11/18/2022
DATE

By _____