

RECEIVED BY
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CAMPAIGN FINANCE

7/27/21 (1)

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year)	Amendment (Explain below)	Date Stamp	CALIFORNIA FORM 470 For Official Use Only 020981
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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Paola Human Trinidad Jellings

STREET ADDRESS

CITY STATE ZIP CODE

Santa Clarita, CA 91351

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL FAX/E-MAIL ADDRESS

1661-904-4345 paola.trinidad@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

School Board Member

JURISDICTION (LOCATION)

Sulphur Springs School District

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 ID NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>N/A</u>	<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 \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used 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 7/27/21 DATE

By _____

dc