

7/22/22 (1) 5722

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)
Nov 2020

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM 470

1. Statement Covers Calendar Year 20 21-22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Dominique Ballante

STREET ADDRESS
Pearlblossom

CITY STATE ZIP CODE
Pearlblossom CA 93553

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(661) 269 6599 Tierra 2002@aol.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Keppel Union School Board Member

JURISDICTION (LOCATION) 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

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 July 21, 2022
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE