

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

7/24/24 ① 5724

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
_____ _____	_____ _____

Date Stamp	CALIFORNIA FORM 470
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2024 JUL 26 PM 3:14	010234
CAMPAIGN FINANCE	

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
Barbara R. Samperi		
STREET ADDRESS		
CITY	STATE	ZIP CODE
Downey	CA	90242
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS
562-861-1378		

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
Governing Board of Education Member	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
Downey Unified School District	7

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 7/14/24
DATE

By _____
DATE