

Officeholder and Candidate
Campaign Statement –
Short Form

5724

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp RECEIVED BY LOS ANGELES COUNTY ④ TM 2024 JUL 15 AM 10:35 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 014923
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Rochele "Shelley" Weinstein

STREET ADDRESS

CITY

STATE
Canyon County

ZIP CODE
91387

AREA CODE/DAYTIME PHONE NUMBER
661-713-4695

OPTIONAL: FAX / E-MAIL ADDRESS
Weinsteinspschool.net

OFFICE SOUGHT OR HELD
Sulphur Springs Union School District

JURISDICTION (LOCATION)
Board member

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 7/15/2024
DATE

By _____
TE