Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
NOVEMBER 5, 2024		RECEIVED BY LOS ANGELES COUNTY 2024 JUL 24 AM 10: 22 CAMPAIGN FINANCE	For Official Use Only 020053

(4) DC 5724

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: LAYLA ABOU-TALEB

STREET ADDRESS:

CITY: WALNUT STATE: CA. ZIP CODE: 91789

AREA CODE/DAYTIME PHONE NUMBER: 909-964-6185

OPTIONAL: FAX / E-MAIL ADDRESS:

3. Office Sought or Held

OFFICE SOUGHT OR HELD: BOARD OF TRUSTEES MEMBER

JURISDICTION (LOCATION): WALNUT VALLEY U.S.D

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
Committee to Re-elect LAYLA ABOU-TALEB FOR WVUSD	WALNUT CA 91789	LAYLA ABOU-TALEB

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive le [illegible] ng the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the la [illegible] correct.

Executed on JULY 24, 2024 (DATE)

[illegible] R CANDIDATE