

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

7/29/24 (1)

Date of election if applicable:
(Month, Day, Year)
Nov. 05, 2024

Amendment (Explain Below)

Date Stamp

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CAMPAIGN FINANCE

CALIFORNIA FORM **470**
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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
CHRISTINE SALAZAR

STREET ADDRESS

CITY STATE ZIP CODE
Hacienda Heights CA 91745

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
909) 583-4200

OFFICE SOUGHT OR HELD
Hacienda La Puente USD - Board Trustee Area 3

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Hacienda Heights/La Puente 3
Los Angeles County

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
<u>Salazar For HLPUSD Board 2024 #1471158</u>	<u>Hacienda Heights CA 91745</u>	<u>Christine Salazar</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 in contributions 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 I have used

Executed on 07/24/2024
DATE

By _____