Officeholder and Candidate Campaign Statement – Short Form				Date Stamp CALIFORNIA 470
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	- RECEIVED BY For Official Use Only Page 2024 JUL 15 AM 10: 35 014923
1.	Statement Covers Calendar Year 20 24		<u> </u>	CAMPAIGN FINANCE
2.	Office holder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Rechards "Shelley" Wenstein Street ADDRESS CITY STATE ZIP CODE Wensteins O Strajobal net OFFICE SOUGHT OR HELD Sulphur Springs Union School District JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE) CITY STATE ZIP CODE Wensteins O Strajobal net OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS			
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	orary onder penalty or perjory unit	By	SIGNATURE OF OFFICEHOLDER OR CANDIDATE