

Officeholder and Candidate
Campaign Statement –
Short Form

6/16/21 (1) 572^{copy}

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

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LOS ANGELES COUNTY
2021 JUN 21 PM 3: 24
CAMPAIGN FINANCE

CALIFORNIA
FORM 470

For Official Use Only

018226

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Melissa A. Salinas

STREET ADDRESS

CITY

Lathabra

STATE

CA

ZIP CODE

90631

AREA CODE/DAYTIME PHONE NUMBER

(502) 572-9519

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION)

Lowell Joint School District

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
<u>N/A</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than the amount stated in this statement. I certify under penalty of perjury under the law

calendar year and that I have used

Executed on

June 14, 2021

DATE

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