	ficeholder and Candidate ampaign Statement –			7/23/2/(1) Date Stamp CALIFORNIA 470	
Short Form		Date of election if applicable: (Month, Day, Year)		CEIVED BY IGELES COUNTY L 26 PM 2: 45	
1.	Statement Covers Calendar Year 20		CAMP	AIGN FINANCE	
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Jacqueline Saldana STREET ADDRESS		3. Office Sought or Held OFFICE SOUGHT OR HELD Mountain View School District (JURISDICTION (LOCATION)	Governing Board Member DISTRICT NUMBER (IF APPUCABLE)	
	El Monte AREA CODE/DAYTIME PHONE NUMBER 626-290-0511	STATE ZIP CODE CA 91732 OPTIONAL: FAX / E-MAIL ADDRESS	El Monte		
4.	Committee Information List all committees of which you have knowledge COMMITTEE NAME AND I.D. NUMBER	that are primarily formed to rec	ceive contributions or to make expenditures on becommittee ADDRESS	pehalf of your candidacy. NAME OF TREASURER	
5.	Verification				
J.		ny knowledge I anticipate that I will I certify under penalty of perjury un	der the laws of the State of California that the forego	nan \$2,000 during the calendar year and that I have used bing is true and correct. RE OF OFFICEHOLDER OR CANDIDATE	