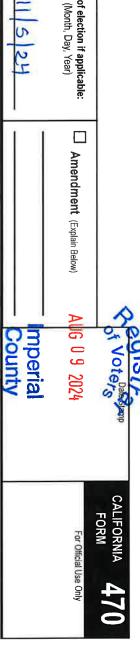
Snort Form	Campaign Statement –	Officeholder and Candidate
Date of election if applicable:	3	
Amondment (Exclair Below)		
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.2	Officeholder or Candidate Information			ယ	3. Office Sought or Held	
	NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD	
	Yolanda Tabarez				Board Trustee	
	STREET ADDRESS				JURISDICTION (LOCATION)	DISTRICT NUMBER
	57 W. Theasant St.				EL Centro	(IF APPLICABLE)
	CITY	STATE	ZIP CODE			
	Heber,	A.	94249			
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL	ÓPTIONAL: FAX / E-MAIL ADDRESS			
	(760) 235-6590					
ı						

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	List all contributes of which you have shownedge that are printially forther to receive contributions of to make experionates of behalf of your californias.
	COMMITTEE ADDRESS	ally formed to receive contributions or to make expenditures of
	NAME OF TREASURER	il beliali di youl caridinacy.

Verification

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 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

Executed on -

SIGNATURE OF OFFICE HOLDER OR CANDIDATE