


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

Date of election if applicable: (Month, Day, Year) <u>11-05-2024</u>	<input type="checkbox"/> Amendment (Explain Below)  	 <b>AUG 09 2024</b> <b>Imperial County</b>	<b>CALIFORNIA FORM 470</b> For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Amanda Lynn Pitones  
 STREET ADDRESS  
439 N. H. St.  
 CITY  
Westmorland STATE  
C.A ZIP CODE  
92281  
 AREA CODE/DAYTIME PHONE NUMBER  
(760) 222-5296 OPTIONAL FAX / E-MAIL ADDRESS  
mgyuffalo@cidland.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Westmorland Unified School District  
 JURISDICTION (LOCATION)  
Westmorland DISTRICT NUMBER  
 (IF APPLICABLE)  
N/A

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
N/A	N/A	N/A
N/A	N/A	N/A

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 08/09/2024 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE