

Officeholder and Candidate
Campaign Statement -
Short Form

Date Stamp	CALIFORNIA 470 FORM For Official Use Only
RECEIVED OCT 14 2022	

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)
November 8, 2022	

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		3. Office Sought or Held	
Julie Duarte		OFFICE SOUGHT OR HELD	
STREET ADDRESS		School Board Member	
CITY	STATE	JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
		Holtville, CA	
AREA CODE/DAYTIME PHONE NUMBER	ZIP CODE		
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
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 10/14/2022
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form