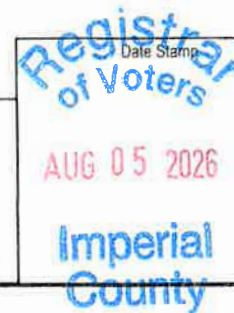


Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) <u>11/3/26</u>	☐ Amendment (Explain Below) _____ _____
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CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 26

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

MIROSLAVA CLINE

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL FAX / E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

SUSD Trustee

JURISDICTION (LOCATION)

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

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$ [REDACTED] 00 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 8/5/26 DATE

By [REDACTED] OFFICEHOLDER OR CANDIDATE