

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)

11/03/2026

☐ Amendment (Explain Below)



CALIFORNIA
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 26 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

LIDIA A. SIERRA

STREET ADDRESS

[REDACTED]

CITY

[REDACTED]

STATE

ZIP CODE

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

(760)2500920

3. Office Sought or Held

OFFICE SOUGHT OR HELD

SCSD Board Director

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 \$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

7/27/2026

DATE

By

[REDACTED]

OFFICEHOLDER OR CANDIDATE