

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

5723

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

Amendment (Explain Below)

7/18/2023
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**CALIFORNIA
FORM 470**
For Official Use Only
06234

1. **Statement Covers Calendar Year 20** 19 23

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
Barbara R. Samperi

STREET ADDRESS

CITY STATE ZIP CODE
Downey CA 90242

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-861-1378

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
Governing Board of Education Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Downey Unified School District 7

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 July 18 - 2023 By _____
DATE

Clear Form

Print Form