

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) <u>Nov 8, 2022</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>	Date Stamp <u>Aug 12 A 10:54</u>	CALIFORNIA FORM 470 For Official Use Only:
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Linda E. Placencia

STREET ADDRESS
[REDACTED]

CITY
Livingston

STATE
Ca.

ZIP CODE
95334

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Council member

JURISDICTION (LOCATION)
Livingston

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 Aug 12, 2022
DATE

By Linda E. Placencia
SIGNATURE OF OFFICEHOLDER OR CANDIDATE