

Officeholder and Candidate  
Campaign Statement -  
Short Form

9/9/21

Date Stamp

CALIFORNIA FORM 470

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LOS ANGELES COUNTY

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2021 SEP 13 PM 2:21

CAMPAIGN FINANCE

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

11/6/18

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Marisol Madrigal Uribe

STREET ADDRESS

CITY

Los Angeles

STATE

CA

ZIP CODE

90022

AREA CODE/DAYTIME PHONE NUMBER

323-430-0227

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board of Education member

JURISDICTION (LOCATION)

Montebello Unified School District

DISTRICT NUMBER  
(IF APPLICABLE)

323-887-7900

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

9/8/21

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form