

Officeholder and Candidate
Campaign Statement –
Short Form

5723

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| Date Stamp RECEIVED BY LOS ANGELES COUNTY 7/28/23 2023 JUL 31 PM 2:09 CAMPAIGN FINANCE DISCLOSURE SECTION | CALIFORNIA FORM 470 For Official Use Only 619129 |
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|---|--|
| Date of election if applicable: (Month, Day, Year) 11/08/2022 | <input type="checkbox"/> Amendment (Explain Below) _____ _____ |
|---|--|

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

3. Office Sought or Held BOARD OF EDUCATION

NAME OF OFFICEHOLDER OR CANDIDATE

VERONICA SIFUENTES

STREET ADDRESS

SOUTH EL MONTE, CA 91733

CITY

STATE ZIP CODE

626 7151727

AREA CODE/DAYTIME PHONE NUMBER

V.Sifuentes_mvsb@outlook.com

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD

MOUNTAIN VIEW SCHOOL DISTRICT

JURISDICTION (LOCATION)

EL MONTE, CA

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 |
|---------------------------------------|-------------------|-------------------|
| <u>ACCT'S CLOSED</u> | | |
| <u>NOTHING TO REPORT. (V) 7/24/23</u> | | |
| | | |

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 _____ that the information provided is true and correct.

Executed on _____

July 24, 2023

DATE

By _____

CANDIDATE