

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

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

11 08 2022

Amendment (Explain Below)

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CALIFORNIA
FORM **470**
For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
VERONICA SIFUENTES

STREET ADDRESS

CITY STATE ZIP CODE
SOUTH EL MONTE CA 91733

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626 715 1727 v.sifuentes.mvsb@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
MOUNTAIN VIEW SCHOOL BOARD GOVERING BOARD MEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
EL MONTE

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
Veronica Sifuentes for MVSD Board of Education	EL MONTE, CA 91732	VERONICA SIFUENTES

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 information provided is true and correct.

Executed on SEPT 2, 2022
DATE

By _____
HOLDER OR CANDIDATE