

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

Date Stamp

CALIFORNIA FORM 470

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CAMPAIGN FINANCE

For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 22.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
Marisela Ruiz

STATE ZIP CODE
Laurel, CA 90260

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(310) 897-5774

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
Board Member, CVUHSD

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Laurel
Centinela Valley Union High School

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>N/A</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

Executed on 8/2/22 DATE