

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below) 2021 SEP -1 PM 3:43 CAMPAIGN FINANCE	Date Stamp RECEIVED BY LOS ANGELES COUNTY CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Marisela Ruiz

STREET ADDRESS

CITY STATE ZIP CODE  
Lawndale, CA 90260

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
310) 897-5774 mr Ruiz@cosabellawsa.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
CVUHSD

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 of the State of California that the foregoing is true and correct.

Executed on 8/27/21 By \_\_\_\_\_  
DATE