

Officeholder and Candidate Campaign Statement - Short Form

① 6/9/22

RECEIVED BY LOS ANGELES COUNTY 2022 JUN 13 PM 2:27 CAMPAIGN FINANCE

CALIFORNIA FORM 470 For Official Use Only 019744

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: Veronica Castillo
STREET ADDRESS:
CITY: South El Monte STATE: CA ZIP CODE: 91733
AREA CODE/DAYTIME PHONE NUMBER: (626) 590-5328 OPTIONAL: FAX / E-MAIL ADDRESS: vcastillo@sd.vallelindo.k12.ca.us

3. Office Sought or Held

OFFICE SOUGHT OR HELD: Board Member
JURISDICTION (LOCATION): Valle Lindo School District
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.

Table with 3 columns: COMMITTEE NAME AND I.D. NUMBER, COMMITTEE ADDRESS, NAME OF TREASURER. Row 1: N/A

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 06/08/2022 DATE

B, SIGNATURE OF OFFICEHOLDER OR CANDIDATE