

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

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY 2023 OCT 16 AM 11:57 CAMPAIGN FINANCE DISCLOSURE SECTION	
For Official Use Only	

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information Paul Lopez

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS _____

CITY Glendora STATE CA ZIP CODE 91740

AREA CODE/DAYTIME PHONE NUMBER (626) 327-9783 OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held Glendora USD School Board Area 3

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION) Glendora, 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>None</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 means to ensure that this information is true and correct. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed: 8/9/2023 By: _____

OR CANDIDATE