

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

8

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

Amendment (Explain Below)

Date Stamp

RECEIVED BY
LOS ANGELES COUNTY
① 08/03/2022
2022 AUG -5 PM 3: 16

CAMPAIGN FINANCE

CALIFORNIA FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
John Quintanilla

STREET ADDRESS

CITY STATE ZIP CODE
Rosemead CA 91770

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-676-3333 jq@johnquintanilla.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Rosemead School District Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County

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
n/a	n/a	n/a
n/a	n/a	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

Executed on August 1, 2022
DATE