

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

1

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

Amendment (Explain Below)

8/24/23

Date Stamp

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CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Maria M. Caceres

CITY West Covina STATE CA ZIP CODE 91790

AREA CODE/DAYTIME PHONE NUMBER (626) 347-7867 OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
School Board Trustee Area 5

JURISDICTION (LOCATION) LA County 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
NA		

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

Executed on 8/23/23 DATE