

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

✓

Date of election if applicable:  
(Month, Day, Year)  
11/8/2022

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
④ NG  
2022 SEP 29 PM 3:24  
CAMPAIGN FINANCE

CALIFORNIA FORM **470**  
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
ANGELO GANDALF MALDONADO

CITY LA MIRADA STATE CA ZIP CODE 90638

AREA CODE/DAYTIME PHONE NUMBER (253) 495-9462  
OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
CERRITOS COLLEGE TRUSTEE

JURISDICTION (LOCATION) AREA 7 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 |
|--------------------------------|-------------------|-------------------|
|                                |                   |                   |
|                                |                   |                   |

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2, all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the St

the calendar year and that I have used rect.

Executed on 9/29/22 DATE

By \_\_\_\_\_ CANDIDATE