

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>11/8/2022</u></p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>	<p>Date Stamp</p> <p>RECEIVED BY LOS ANGELES COUNTY ④ LIW 2022 AUG -9 AM 10: 23 CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM <b>470</b></p> <p>For Official Use Only</p>
---	---	--	--

1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Griselda S Olivares

STREET ADDRESS  
\_\_\_\_\_

CITY  
El Monte

STATE  
CA

ZIP CODE  
91732

AREA CODE/DAYTIME PHONE NUMBER  
(562) 201-7296

OPTIONAL: FAX / E-MAIL ADDRESS  
gris0923@gmail.com

OFFICE SOUGHT OR HELD  
Mountain View School District Governing Board

JURISDICTION (LOCATION)  
Los Angeles

DISTRICT NUMBER (IF APPLICABLE)  
~~El Monte~~ G.O

**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 \$2,000 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 information provided herein is true and correct.

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive 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 information provided herein is true and correct.

Executed on 8/9/2022  
DATE

By \_\_\_\_\_  
NAME OF OFFICEHOLDER OR CANDIDATE

*tm*