

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

7/25/22 (3) 5722

| | | | |
|---|--|----------------------|---------------------|
| Date of election if applicable: (Month, Day, Year) | <input type="checkbox"/> Amendment (Explain Below) | RECEIVED BY | CALIFORNIA FORM 470 |
| | | ANGELES COUNTY | |
| _____ | _____ | 2022 JUL 27 PM 2: 34 | 013671 |
| _____ | _____ | CAMPAIGN FINANCE | |

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Ronald Esquivel

STREET ADDRESS

CITY STATE ZIP CODE
Rosemead CA 91770

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
818-419-1970

OFFICE SOUGHT OR HELD
Governing Board Member, Rosemead School District

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 |
|--------------------------------|-------------------|-------------------|
| | | |
| | | |

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 the State of California that the foregoing is true and correct.

Executed on 7/24/2022
DATE

By _____