

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

Date of election if applicable: (Month, Day, Year) 	<input type="checkbox"/> Amendment (Explain Below) 	RECEIVED BY LOS ANGELES COUNTY Date Stamp 2024 MAR 13 AM 11:27 CAMPAGN FINANCE 3/11/24	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Paul Duran

STREET ADDRESS

CITY STATE ZIP CODE
Rosemead, Ca. 91770

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Garvey School District

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
<u>N/A</u>		
<u>N/A</u>		

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 March 8, 2024 DATE

By _____

Clear Form

Print Form