

Officeholder and Candidate
Campaign Statement –
Short Form

7/27/2024
Date Stamp

5724

CALIFORNIA FORM 470
For Official Use Only
021412

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

Amendment (Explain Below)

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ANGELES COUNTY
JUL 30 AM 11:58
CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE:
Paul Lopez

STREET ADDRESS

CITY: Glendora STATE: CA ZIP CODE: 91740

AREA CODE/DAYTIME PHONE NUMBER: (626) 327-9283

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD:
Glendora Unified School District Trustee Area 3

JURISDICTION (LOCATION): Glendora Unified School District

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
<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 in contributions 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 in this statement is true and correct.

calendar year and that I have used

Executed on 7/26/2024 DATE

By _____ DATE