

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

RECEIVED BY LOS ANGELES COUNTY 2024 AUG -1 AM 11:07 CAMPAIGN FINANCE	CALIFORNIA FORM 470
	For Official Use Only

Date of election if applicable: (Month, Day, Year) <u>11-05-2024</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Adriana Quinones

STREET ADDRESS

CITY STATE ZIP CODE
City of Industry CA 91715

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(626) 494 0319 Sagest3@sbcglobal.net

OFFICE SOUGHT OR HELD
Hacienda LA Puente USD

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Here in Los Angeles 3

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 8/01/2024
DATE

By _____
SIGNATURE