

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

960 5724

<p>Date of election if applicable: (Month, Day, Year)</p> <p>11/5/2024</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>	<p>Date Stamp</p> <p>RECEIVED BY LOS ANGELES COUNTY</p> <p>2024 AUG -6 AM 11:13</p> <p>CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p> <p>020911</p>
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1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Stephanie Serrano

STREET ADDRESS  
West Conha

CITY CA STATE 91792 ZIP CODE

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

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
HLPUSD Board Member Trustee Area (1)

JURISDICTION (LOCATION) \_\_\_\_\_ 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

**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.

Executed on 8/6/24 DATE

By \_\_\_\_\_