

Officeholder and Candidate Campaign Statement – Report Form

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

Amendment (Explain Below)

Date Stamp
 REC
 LOS ANGELES
 2024 SEP -3 PM 2:59
 CAMPAIGN FINANCE

CALIFORNIA FORM 470
 For Official Use Only

Statement Covers Calendar Year 20 24.

Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ANDREW RAMIREZ

STREET ADDRESS

CITY
Littlerock

AREA CODE/DAYTIME PHONE NUMBER

STATE
CA

ZIP CODE
91762

OPTIONAL: FAX / E-MAIL ADDRESS
aramirez@keppel-k12.ca.us

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Keppel Union School District Board of Trustees

JURISDICTION (LOCATION)

DISTRICT NUMBER (IF APPLICABLE)

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

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 Aug 28 2024
 DATE