

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

Date of election if applicable:
(Month, Day, Year)
11/08/2022

Amendment (Explain Below)

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CAMPAIGN FINANCE

CALIFORNIA FORM **470**
For Official Use Only

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Alma Rodriguez
STREET ADDRESS

CITY STATE ZIP CODE
661 208 9143 arodriguez 8215@yahoo.com
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of trustees Keppel Union School District
JURISDICTION (LOCATION)
Los Angeles County
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 |
|---|-------------------|-------------------|
| <i>(Handwritten diagonal line across the table)</i> | | |

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 7/29/2024
DATE