

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

④DC

RECEIVED BY - LOS ANGELES COUNTY 2024 JUL 29 PM 4:46 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
--	---

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
Evelyn M. Avdalyan		
STREET ADDRESS		
CITY	STATE	ZIP CODE
Whittier	CA	90606
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS
562 822 0469		evelyn-avdalyan@LNSD.net

3. Office Sought or Held

LOS Nietos	
OFFICE SOUGHT OR HELD	
Board Trustee	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
L.A. County	

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 July 28, 2024
DATE

By _____