

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

5724

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

**Amendment** (Explain Below)  
Omitted section 3

Date Stamp  
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CAMPAIGN FINANCE

**CALIFORNIA FORM 470**  
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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  
Jacqueline Saldana

STREET ADDRESS

CITY STATE ZIP CODE  
El Monte CA 91732

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(626) 290-0511 Saldana.mvsd@gmail.com

OFFICE SOUGHT OR HELD  
Mountain View School District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Los Angeles

**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 08/06/2024  
DATE

By \_\_\_\_\_