

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

5724

Date of election if applicable: (Month, Day, Year)  NOVEMBER 8 2022	<input checked="" type="checkbox"/> <b>Amendment</b> (Explain Below) NONE TO REPORT
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CALIFORNIA FORM 470

For Official Use Only

RECEIVED  
LOS ANGELES COUNTY  
2024 SEP 16 PM 4:01  
CAMPAIGN FINANCE

019129

Date Stamp  
9/12/24

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
 VERONICA SIFUENTES

STREET ADDRESS

CITY STATE ZIP CODE  
 SOUTH EL MONTE CA 91733

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
 626 715 1727 v.sifuentes.mvsb@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
 MVSD BOARD OF EDUCATION

JURISDICTION (LOCATION) EL MONTE, CA	DISTRICT NUMBER (IF APPLICABLE)
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**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
NONE	NONE	NONE

**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 information provided is true and correct.

Executed on SEPTEMBER 12, 2024  
DATE

By \_\_\_\_\_  
OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form