

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

9/12/24

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

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2024 SEP 16 PM 4:00  
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  
Yesenia Maria Cuarenta

STREET ADDRESS  
EA 90723

CITY  
Paramount

STATE  
CA

ZIP CODE  
90723

AREA CODE/DAYTIME PHONE NUMBER  
(562) 588-831

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Paramount Unified School Board Member

JURISDICTION (LOCATION)  
Paramount

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
<u>N/A</u>		

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

Executed on 9/11/2024  
DATE

By \_\_\_\_\_