

Officeholder and Candidate
Campaign Statement –
Short Form

7/29/24 (3)

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2024 JUL 31 PM 2:51
CAMPAIGN FINANCE

CALIFORNIA FORM 470

For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Larry Rodriguez

STREET ADDRESS

CITY

South El Monte

AREA CODE/DAYTIME PHONE NUMBER

626-255-9442

STATE

CA

OPTIONAL: FAX / E-MAIL ADDRESS

larryrodriguez@sd.vallelindo.k12.ca.us

ZIP CODE

91733

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board Trustee

JURISDICTION (LOCATION)

Valle Lindo School District (South El Monte)

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
N/A		

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

7/29/24
DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE