

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 AUG -8 AM 8:13 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 012467
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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
GARY MENDEZ

CITY: Whittier STATE: CA ZIP CODE: 90605

AREA CODE/DAYTIME PHONE NUMBER: 626 278 4118

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
Whittier Union High School Dist

JURISDICTION (LOCATION): Area 5

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

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 California that the information provided is true and correct.

Executed on 8/8/2024
DATE