

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year)
11,05,2024

☐ Amendment (Explain Below)

Date Stamp
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CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 ²⁴ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Tom N Reyes

STREET ADDRESS

CITY

Duarte

AREA CODE/DAYTIME PHONE NUMBER

626-221-5880

STATE

Ca

ZIP CODE

91010

OPTIONAL: FAX / E-MAIL ADDRESS

N/A

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Duarte USD Governing Board Member

JURISDICTION (LOCATION)

Duarte, Ca

DISTRICT NUMBER
(IF APPLICABLE)

N/A

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
Tom Reyes for Duarte School Board 2024 I.D.1473326	2523 Bloomdale st. Duarte Ca. 91010	Tom N. Reyes

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 09,25,2024
DATE