

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) <u>11/05/24</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp <u>aw</u> (4) <u>6E24</u> ↑ NF RECEIVED BY LOS ANGELES COUNTY 2024 AUG -7 PM 2:18 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only <u>020383</u>
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Maricruz Sanchez

Lynwood CA 90262
AREA CODE/DAYTIME PHONE NUMBER ZIP CODE
OPTIONAL: FAX / E-MAIL ADDRESS

562-889-8483 maricruzsanchezadvocate@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Lynwood Unified School Board

JURISDICTION (LOCATION)

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 in contributions 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 08.07.2024
DATE

By _____