

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable:  
(Month, Day, Year)  
Nov, 5, 2024

☐ Amendment (Explain Below)

LOS

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CAMPAIGN FINANCE

CALIFORNIA FORM 470

For Official Use Only

02/904

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Angel David Arellano

STREET ADDRESS

CITY

Pomona

STATE

CA

ZIP CODE

91767

AREA CODE/DAYTIME PHONE NUMBER

909-689-6211

OPTIONAL: FAX / E-MAIL ADDRESS

Arellano4Pomona@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member TA#3

JURISDICTION (LOCATION)

Pomona USD

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 the State of California that the foregoing is true and correct.

Executed on

August 9, 2024

DATE