

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

*n*

Date of election if applicable:  
(Month, Day, Year)  
November 2018

**Amendment** (Explain Below)

Date Stamp	<b>CALIFORNIA FORM 470</b>
RECEIVED BY LOS ANGELES COUNTY 2022 AUG -4 PM 4: 19 CAMPAIGN FINANCE	For Official Use Only

1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Gabriela Arellanes

STREET ADDRESS

CITY

Azusa

STATE

CA

ZIP CODE

91702

AREA CODE/DAYTIME PHONE NUMBER

(026) 428-5961

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Azusa Unified School District School Board

JURISDICTION (LOCATION)

Azusa / LA County

DISTRICT NUMBER  
(IF APPLICABLE)

Member

**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

Executed on

8/4/22  
DATE

By