

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

310
1104

Date of election if applicable:
(Month, Day, Year)
11/8/2022

Amendment (Explain Below)

CAMPAIGN FINANCE

Date Stamp
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[Signature]

CALIFORNIA FORM 470
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020346

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information
NAME OF OFFICEHOLDER OR CANDIDATE
Yesenia Maria Cuarenta
STREET ADDRESS
Paramount
CITY STATE ZIP CODE
CA 90723
AREA CODE/DAYTIME PHONE NUMBER
(562) 588-8448
OPTIONAL: FAX / E-MAIL ADDRESS
ycuarentaforpusd@gmail.com

3. Office Sought or Held
OFFICE SOUGHT OR HELD
Paramount Unified School Board
JURISDICTION (LOCATION)
Paramount / LA County
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
<u>Yesenia Maria Cuarenta for Paramount Unified School Board 2022</u>	<u>Paramount, CA 90723</u>	<u>Yesenia Cuarenta</u>

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 8/22/2022 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE