

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

Date of election if applicable: (Month, Day, Year) 11/08/2022	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp 402 RECEIVED BY LOS ANGELES COUNTY 2022 JUL 22 AM 11:36 CAMPAIGN FINANCE	CALIFORNIA FORM 470 <small>For Official Use Only</small>

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
MARITZA FLORES-TRAVANTI

STREET ADDRESS

CITY STATE ZIP CODE
MONROVIA CA 91016

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-824-0826

3. Office Sought or Held

OFFICE SOUGHT OR HELD
MONROVIA UNIFIED SCHOOL BOARD

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LOS ANGELES

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
COMMITTEE TO RE-ELECT MARITZA FLORES-TRAVA	MONROVIA, CA 91016	NEIL TRAVANTI

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 th

Executed on 7/20/2022 DATE

By _____